

HOUSE OF ASSEMBLY

Tuesday 22 February 2011

The **SPEAKER (Hon. L.R. Breuer)** took the chair at 11:00 and read prayers.

The SPEAKER: Honourable members, I respectfully acknowledge the traditional owners of this land upon which this parliament is assembled and the custodians of the sacred lands of our state.

CLASSIFICATION (PUBLICATIONS, FILMS AND COMPUTER GAMES) (EXEMPTIONS AND APPROVALS) AMENDMENT BILL

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (11:02): I move:

That the sitting of the house be continued during the conference with the Legislative Council on the bill.

Motion carried.

HEALTH SERVICES CHARITABLE GIFTS BILL

Adjourned debate on second reading.

(Continued from 10 February 2011.)

Dr McFETRIDGE (Morphett) (11:02): I indicate that I am the lead speaker for the opposition on this bill and, as my colleague the member for Bragg indicated last time this bill was debated in this place, we will not be opposing this legislation. However, I do want to put on the record a number of things about medical research in South Australia and why we do need to make sure that we are funding medical research not only through charitable gifts and benevolent funds but also through the government coffers. The role of medical research cannot be underestimated in South Australia, and I will be putting some examples of that on the record today as well.

I will go back to the 2008 report by Professor John Shine and Alan Young about the importance of medical research in South Australia. The report starts by stating:

The South Australian Generational Health Review conducted in 2003 stated: Research is an integral part of the health system...It is an enabler for many aspects of health care delivery, including informing the promotion of health and wellbeing and strengthening the evidence base for decision-making...Health related research should be integrated in all aspects of health care...

We see health in all policies being put out by the government and we should remember that health-related research should be integrated into all aspects of health care across all portfolio areas. The report continues:

Health and medical research makes a major contribution at many levels:

- Involvement in research is crucial in developing knowledge and linkages to improve service delivery and to structure health services.
- Investment in research promotes staff development, promotes high professional standards, and fosters a culture of inquiry, excellence and evidence based practice.
- It plays a significant role in attracting and retaining medical and other health professional staff.
- Economically, research contributes directly to high quality jobs, earnings from the Intellectual Property (IP) developed, commercial spin-off companies, building the reputation of hospitals and universities, and attracting Australian and international students. It provides capacity to respond to new and emerging health, medical and system-level issues.
- It fosters innovation and improvements in health service delivery, including primary health care and public health initiatives, leading to improved health outcomes for the community and cost savings for expenditure on health by governments.

Health research is also a key enabler of the South Australian Strategic Plan. The Access Economics report 'Exceptional returns: the value of investing in health research and development in Australia' indicates that the annual rates of return to Australian health and medical research and development have been up to \$5 for every \$1 spent on health research and development, and the investment in health R&D is a major contributor to rising living standards in our time.

Health and medical research and development in South Australia involve our three universities, the hospital sector, the South Australian Department of Health, the Department of Further Education, Employment, Science and Technology, research institutes of varying independence, the private sector, and the community. A significant amount of research, however, is conducted in the public health system.

Research centres in South Australia include our three universities, as I have said (the University of Adelaide, the University of South Australia and Flinders University), all of which have internationally recognised capabilities in life sciences. Major teaching hospitals are active at the forefront of clinical care. The Royal Adelaide Hospital, The Queen Elizabeth Hospital, the Repatriation General Hospital, the Women's and Children's Hospital, the Lyell McEwin hospital and Flinders Medical Centre are all active in medical research.

Three medical research institutes that are closely aligned with specific hospitals and universities include: the Institute of Medical and Veterinary Science, the Hanson Institute and the Women's & Children's Health Research Institute; and we also have cooperative research centres in South Australia. South Australia participates in 21 of the 71 Australia-wide CRCs.

We should all remember that South Australia has a long history of high performance in health and medical research funding and publications compared to its share of the national population. We really do punch above our weight in medical research. A major factor in this has been the close relationship between the universities, the teaching hospitals, the clinicians and the research scientists.

In today's *Australian* newspaper on page 3 I was very pleased to read about two of my favourite research scientists in South Australia, that is, Professor Tanya Monro and Professor Rob Norman, who are developing fibre optics to monitor the health of IVF embryos. The work being done by professors Norman and Monro is world class. Professor Monro was recognised as South Australian of the Year in 2010 and Professor Norman was South Australian of the Year in 2009, so we have high calibre, high quality scientists on our own doorstep—going back many years, obviously, to our Nobel award-winning scientists, the Braggs.

The other very exciting thing that is happening in South Australia, as I mentioned previously, is the value of the intellectual property coming out of research in South Australia. Not only are we seeing the terrific stuff in fibre optics and photonics that Professor Monro is involved in but also we have seen a lot of work with stem cell therapy and other cellular level biology that is being undertaken at the Institute of Medical and Veterinary Science and the Hanson Institute.

One of the very exciting products of that is a company called Mesoblast, which was established in 2004 by scientists at the IMVS and the Hanson Institute. It is now a publicly listed company and its share price was \$5.17 as of a few days ago. It is a company we should be very proud of, particularly when you look at the last ASX announcement by the Chairman, Mr Brian Jamieson. At an extraordinary general meeting of Mesoblast, Mr Jamieson told shareholders and others:

Mesoblast will now have a market capitalisation of...\$1.5 billion.

I will repeat that. He said:

Mesoblast will now have a market capitalisation of approximately \$1.5 billion, [it will have] \$280 million cash on hand, increasing numbers of new strategic domestic and international institutional investors, and a growing number of commercial opportunities.

That started in 2004 at our Hanson Institute and the Institute of Medical and Veterinary Science. That is just an indicator of what we can do if we foster research in South Australia.

We need to ensure that we are listening to our scientists, and when the Royal Institution opened here I asked the Premier at the time, 'Will you listen to the scientists?' He quipped back that of course he will because he is a scientist, he is a political scientist. I find 'political scientist' to be a bit of an oxymoron. We need to make sure that we do listen to our scientists. Where we should be putting funding for research is vital, because that money we have for research is sometimes not as adequate as it might be. That is why this bill is here with us today. We are looking at where the money is going, where it is coming from and making sure that we are getting the best bang for our buck.

I was concerned to read in the press today that the Chief Scientist for Australia, Professor Penny Sackett, resigned a little while ago. She is speaking at the Senate estimates in Canberra tomorrow, and she is very concerned that the federal government is not listening to the

advice that she has been giving to it. In fact, in this newspaper report, she says that she met with the former prime minister Kevin Rudd on only one occasion. In contrast, Professor Sackett is quoted as saying:

In contrast, as of last month, every British government department, aside from Treasury, has its own science adviser, in addition to Britain's Chief Scientific Adviser, John Beddington. All contribute to policy discussions.

With respect to what I was saying before, science and health in all areas is very, very important. We need the money to do it. We need to make sure that we are getting the very best value for our dollar and building on our long and strong history of research in South Australia.

South Australia has an excellent environment for conducting clinical trials, and it has a reputation for meeting recruitment time lines and targets and in data quality. South Australian companies play a major role in the design, implementation and management of all phases of pre-clinical and clinical studies being of the highest international standards. The 2004 KPMG report, 'Competitive Alternatives', ranked Australia third for cost effectiveness for conducting clinical trials; and South Australia is again at the forefront of that.

I am just making these points to emphasise to everyone who is listening to this and who will possibly read this that we do need to make sure that we are getting the best value for our money by supporting our scientists who are here and encouraging scientists to come to South Australia. I hope that the government does listen to our scientists, not because they are political scientists—far from it. It is because we need to make sure that our chief scientists—whether they be state or federally based—are being listened to and our opportunities built on.

The latest big development in South Australia with scientific research institutions building on those we already know a lot about—the Hanson Institute, the Basil Hetzel at The Queen Elizabeth Hospital, the Women's and Children's Research Institute at Flinders and, of course, the IMVS—and the latest development for infrastructure in South Australia (as we all know; and we cannot miss the crane on North Terrace) is the South Australian Health and Medical Research Institute (SAHMRI).

This facility is fully funded by the federal government at a cost of \$200 million. This will be building on South Australia's proud history of research and will be providing further infrastructure for research in South Australia.

I do have a problem with the chance that funding may go away from our other research facilities, such as the Hanson Institute and the Basil Hetzel facility and into SAHMRI, and I will be making some further points about that later in my speech with respect to some of the clauses of the bill. It is important, though, that we do have the infrastructure; it is important that we do have the research facilities—the places where scientists can gather, collaborate and build on each others knowledge. The synergy that can be developed is not to be underestimated.

The SAHMRI is going to be built down there. There is a picture in the paper this morning of the artist's interpretation of what the building is going to look like. It looks to be a very spectacular building. I just hope that the recurrent funding is going to be there for the research without bleeding other research facilities dry. That is a real concern for me. I hope that the minister can assure the house that that is not the case and that bequests, gifts and other income will be fairly spread around.

The annual report of the Commissioners for Charitable Funds is out, but, unfortunately, the latest is the 2008-09 annual report. A 2009-10 report is coming out fairly shortly, I understand. The commissioner, Judith Worrall, in her letter to the minister dated 9 March 2010—so nearly 12 months ago—was apologetic in saying that the annual report was late due to delays within the Auditor-General's office. I understand there is exactly the same issue this year. I would like to see that problem overcome, because I know that it happens with other organisations. I think the Health and Community Services Complaints Commissioner voiced the same problem with her annual report being late.

We need to look at the audits of these reports. I am sure it is not as onerous as auditing a department like the health department. So, whether it be outsourced or whether the Auditor-General could make sure that it is given the due attention that it requires in the appropriate time, it would be nice to have up-to-date financial reports, particularly when you are debating legislation like this, and it would be of assistance to all of us.

I wish the commissioner well in achieving that, and those on this side of the house and, I assume, the government, will be doing all that they can to assist the commissioner in doing what

the commission wants to do. I will read a little from the 2008-09 report. I do not know whether much will have changed; we will find out when the 2009-10 report comes out.

I will give a bit of background about what the Commissioners of Charitable Funds' job really is and what the commission does so that we can make sure that people then understand that the money that is being cared for and used and invested by the commission is being used for the best outcomes for research in South Australia.

The Commissioners of Charitable Funds was proclaimed under the Public Charities Funds Act 1935. The bill we are dealing with today will be updating that act because there is a lot of outdated wording and the context has changed, although there is a case to hang on to some of our long history of the way we express and conduct ourselves. Certainly, we see that in the protocols within this place and the respect that we pay to you, Madam Speaker, and your position in this place and the long traditions of the Westminster Parliament.

Throwing out the language may not always be the best thing but in this particular case, while I know that some of my colleagues have some issues with the changes in the language, I am a veterinarian not a lawyer and so I am prepared to be guided by parliamentary counsel with the new wording. So, what I am really saying there is that we are moving on from the 1935 wording.

The Commissioners of Charitable Funds is a body politic and corporate created in October 1875 for the purpose of administering gifts made for the maintenance and support of Public Charitable Institutions in South Australia.

The responsibilities of the Commissioners can be summarised as follows:

- to receive assets gifted to public charitable institutions;
- to administer the assets vested in the Commissioners of Charitable Funds and to ensure that the security and integrity of the vested assets are maintained;
- to ensure that the assets are used appropriately for the benefit of the public charitable institution;
- to ensure that as a prudent manager, the investments are made in order to optimise the return in accordance with the provisions of the PCF Act.

Funds vested in the Commissioners are only used for the benefit of the particular institution for which the assets are held. These funds and other assets have been given to proclaimed institutions and vest in the Commissioners by way of:

- bequests;
- donations and gifts...
- the proceeds from other corporate, community and institutional fundraising programs.

I am not sure what the current balance is but during 2008-09 the net assets actually declined. I think that was probably part of the global financial crisis (GFC) effect. It was \$75.7 million in total; it went down by \$4.2 million. I understand that it is back up to around \$77.5 million now held in trust.

Payments to Charitable Institutions for fellowships, education, research, patient assistance and equipment were \$7.6 million [in 2008-09] compared to \$5.8 million in the prior year.

I am looking forward to seeing that increasing again in the report that we are about to receive. It continues:

Funds received were comprised of contributions from estates and different units of the Royal Adelaide Hospital and other institutions that have discrete fundraising programs.

There are 11 of them listed in the report here, but I will not read them all out. The point there about hospitals and proclaimed institutions is one we should note. The proclaimed institutions in South Australia under the PCF Act are the Royal Adelaide Hospital, including Glenside Campus, The Queen Elizabeth Hospital, Modbury Hospital, Mount Gambier Hospital, Port Augusta Hospital, Port Lincoln, Port Pirie, Wallaroo and Whyalla hospitals, Strathmont Centre and the South Australian Dental Health Service. 'The existence or not of a board of commissioners in the institutions is not relevant to the commissioners' responsibilities under the PCF Act,' it states in the annual report.

There is a need to make sure that the money that is given or invested to the commission is given to the right institutions and that those institutions are appropriately managed. However, 'the existence or not of a board of management in the institutions is not relevant to the Commissioners' responsibilities...' it states here. So, we do need to just make sure that we have a commission that has been in the past and still is one that is cognisant of that and is going to make sure that the

funds, if they are given to an institution, are used for the main purpose that they were intended for when initially donated.

If for some reason the funds cannot be used for the initial intent, then I think the classical case there is the Mount Gambier Hospital hydrotherapy pool. If that is the case, then the commission, I think, under this bill—and the minister might be able to enlighten me—will then be able to divest those funds to another institution or purpose that is similar to the one that was initially intended if the initial donors cannot be found or they do not want their money returned.

Some of the investments that the commission made in trying to build up the pool of funds are listed in the annual report. It is interesting to see—and I did not know this until I did some research on this bill—that the property assets of the commission are mainly in six properties. They are at Greenhill Road, Wayville; Torrens Road, Croydon Park; Waymouth Street, Adelaide; Archer Place, Clare; Halifax Street, Adelaide; and the big one is the Town Acre 86. Town Acre 86 is down the eastern end of Rundle Mall. The buildings on that Town Acre were recently revalued at \$18 million, and the income from the rentals, the leasing arrangements, for that property is a significant piece of income for the commission.

That Town Acre 86 originally started out as the Thomas Martin Estate. As I said, the location is at the eastern end of Rundle Mall by Pulteney Street where the Citi Centre Building is. The Citi Centre building was completed in August 1988. The head lease for that is currently owned by the Minister for Infrastructure.

The other thing we should note about Town Acre 86 is that the income pays for many important programs at the Royal Adelaide Hospital. That is something that we will probably have some questions about in committee—where that income is going to be directed in the future.

The other significant estates that provide income for the commission are the Nimmo Estate. The late Rowland Harrold Nimmo, who died in 1956, conducted a hotel business at Mile End. When he died the estate was valued at \$4.7 million and the bequest finances a visiting professor's position at the Royal Adelaide Hospital. Again, the Royal Adelaide Hospital is one of the main recipients of bequests and income from the commissioners' funds.

The Overton estate is another significant bequest. Ida Mary Overton, who died in 2002, was a generous donor to the arts and medical research. Mrs Overton bequeathed a half share of the residue of the estate to the Royal Adelaide Hospital Research Fund and the Flinders Medical Centre Foundation. This was valued at \$4.2 million as of 30 June 2009.

One that is interesting is the Helpmann Family Foundation. While the Public Charities Funds Act 1935 does not allow the commissioners to fulfil the testamentary requirements of the late Sheila Helpmann by performing the role of trustee for the purposes of administering the Helpmann Family Foundation, the commissioners continue to play an active part in monitoring the Helpmann Family Foundation investment portfolio. There are clauses in this bill which will clarify the arrangements between the Helpmann Family Foundation and the Commissioners of Charitable Funds, because there are some legal technicalities that complicate the way the Helpmann Family Foundation is being administered and its relationship with the Commissioners of Charitable Funds.

The income from the Helpmann Family Foundation is significant, and investments were for the benefit of the Royal Adelaide Hospital's cardiovascular investigation unit. Since these gifts were made by the late Sheila and Maxwell Helpmann, in excess of \$1.9 million has accumulated from the foundation, so we are really talking about very significant amounts being donated. As I said, I think the total amount held in trust at the moment is \$77.5 million, which is by no means a small amount of money to be responsible for.

The way that money is invested is interesting. In the past there have been some investments in shares and share portfolios, but there were some questions about the way that money could be invested which would have affected its ability to have fully franked dividends on investments. Now, I do not claim to be an economist or a stockbroker, or to have any deep understanding of the accounting procedures or tax requirements involved here, but I do know that the Australian Taxation Office has determined that the Commissioners of Charitable Funds is not a government body carrying out the functions of government, and is thus considered to be a charitable institution.

This status is important, since income received by the commissioners in the form of fully franked dividends from Australian-listed companies is tax exempt. This means that the Commissioners of Charitable Funds is able to claim the full value of franked dividends when

companies pay these dividends. If the Commissioners of Charitable Funds were not a charitable institution, the imputation credit would be forgone. The commissioners claimed \$480,000 in imputation credits and dividends from the ATO during 2008-09; it will be interesting to see what they could claim in 2009-10. So, it is a significant amount, there is a significant benefit in being declared a charitable institution. That is something we do not want to interfere with, and I think this bill will strengthen that position for the commission.

I will not go through the comprehensive income statements for 2008-09 because they are clearly outdated, and we look forward to seeing the latest report on income and expenditure. However, I will mention just quickly that income from trust funds in 2008-09, gifts to public institutions vested in the commission, were \$4.3 million. So they are coming in, and they are coming in strongly; South Australians are supportive and are making sure that we get a good financial base for our institutions through donations and bequests to our various hospitals and research facilities around the place. We need to make sure that that is in no way weakened, and that no government—whether Liberal or Labor—can divert funds off to what might be pet projects.

In the minister's second reading speech he talked about some of the background, history and language that is being used, and about some of the changes that will be put in place with this bill. One of the dot points the minister made on the first page was, 'Maintains the independent decision-making powers of the commission.' That has to be paramount, that the commissioner or other commissioners have to be able to make those decisions completely independently of any political or other outside pressure, so that the original intent of the donors can be achieved to the very best of their ability.

I believe that there are circumstances where that original intent cannot be achieved, through various circumstances, or where you can actually improve the benefit for the recipients with, say, small amounts of money. Rather than investing just the interest on a small amount of money, you could use the capital in some better way to maximise the benefit, which was the original intent. Had the donor received some other advice (possibly better advice, in some people's opinion), then that money may have been used in a different way in the first place.

The bottom line is that we would need to make sure that the commissioners are kept independent and able to make those decisions without any political influence for the benefit of the research committee in South Australia and fulfil the wishes of those who are putting up the money in the first place.

The Health Services Charitable Gifts Board will be established under this bill, and we will talk a bit more about that in committee. There are some concerns in the bill itself, though, as you read through the various clauses, and we will go through some of those concerns in committee, but one I will mention now is the establishment of the advisory committees, in particular the Investment Advisory Committee. On reading this bill, my understanding is that Treasury officials will be on this committee.

My concern (and it may be undue) is that in the past Treasury has tried to get its hands on this money, and I just see this as a possible backdoor way of doing that. I would like some assurances from the minister that this is not going to happen because, as I have been saying and will continue to say, it is very important that the money is used for its intended purposes via this independent commission.

It is interesting to note that our health advisory councils, which were established under the 2008 legislation, will not be proclaimed as public health entities, and that is because they do not want to be. Most of them are receiving small amounts of money (and sometimes larger amounts of money) which they want to be able to use in their own ways. They can actually ask to be proclaimed, but in most cases they do not want to be proclaimed, so we will watch where that goes. We do not want the central government, the central decision-makers, to be taking any more power from our country hospitals and our country communities than has already been the case.

The legislation has some other concerns, which we will go through in committee. With the regulations, once again the devil is in the detail. I have not seen draft regulations, and it would have been nice to have seen them before the bill was debated in this place, but the bottom line is that we have not seen them yet.

I spoke before about the South Australian Health and Medical Research Institute. The existence of that organisation will come up in committee because there are real concerns—whether they be justifiable in reality, I do not know, but I expect the minister should be able to answer the questions—and certainly perceptions out there that this bill is nothing more than a money grab to

take money away from the other institutions, particularly the Royal Adelaide Hospital, and divert it across to the South Australian Health and Medical Research Institute (SAHMRI). In his second reading explanation, the minister said:

The current act converts the specific purposes of a gift held on trust by the commissioners given for a particular hospital to a more general one of being applied for the benefit of that hospital. The bill maintains this power of the current act and, in addition, enables the board to apply a gift to a different hospital or a prescribed research body.

I do not have any problem with that on face value, but what I do have a problem with is the fact that we have a Treasury official involved in the investment committee. I have some real concerns that pressure will be put on the commission to move funds across and that the fears of this being a cloak-and-dagger piece of legislation to move funds across to SAHMRI from other research institutions will come to fruition. I hope that is not the case, and I expect the minister to give assurances not only to me but also to those people who have contacted me from the various research institutes and the medical professions.

During the consultation process on this bill, I spoke to the AMA about some of its concerns, and the AMA's concerns basically boiled down to concerns about what I have just spoken about—not a cash grab from the SAHMRI so much as money being moved around to recipients who may not have been those intended by the donors.

The AMA said it had concerns about the transparency of the bill and the fact that there is no immediate public transparency on decisions. The AMA has concerns with the fact that funds that were originally donated to a dedicated recipient could be utilised for purposes other than that for which they were originally intended; so it is important to have public transparency whilst the decision is being made rather than information being provided after the fact through an annual report. The AMA also expressed some concerns about what sort of advice would be given on how funds were going to be invested in the sharemarket.

In the bill the definition of 'prescribed research body' has changed a little and now means 'a person or organisation that is involved in health or medical research and is prescribed by regulation for the purposes of this definition'. As I have said before, the health advisory councils (HACs) are prescribed health entities and certainly not prescribed research bodies.

The amendments we have to this bill, which have been placed on file, are pretty straightforward in most cases, apart from amendment No. 3, which we will talk about at the committee stage, and that relates to payment of remuneration and expenses to the commissioners in the execution of their duties. Clause 15—Certain gifts vest in board as part of charitable assets provides:

...the property must be transferred to the board by the executor, trustee or other person

I assume that is talking just about the exclusion in the section of such things as when someone donates a TV or couch, or something like that, they will not be grabbed by the commission.

The concern I think most people have relates to the application of funds for various purposes. However, I will go back to schedule 2—Investment advisory committee, which is one area of concern for me. I will be asking questions in relation to that during the committee stage, and I know that some of my colleagues will certainly be asking questions about the involvement of Treasury in relation to this so that we can make sure that the commission will not be lent on by people with particular agendas—I am not saying that would be the case, but you never know what might happen in the future.

Schedule 3, clause 4 provides:

The committee must, on or before 30 September in each year, deliver to the board a report on the performance of the board's investments...

That is something that will be interesting to watch, that is, how those investments work. We hope to see the annual reports coming out in a timely fashion so that, if the investments are not available at the time of their being put through, at least the information will be available as early as possible and we will not have to wait, as is the case in this instance, well over six months to see what is happening.

That is probably all I need to say at this stage. We will be going into committee on this bill, and I certainly have some questions and I know the member for Bragg has a number of questions. The member for Bragg has an extensive history of involvement with many of these organisations. I am sure the minister will be able to put all of our concerns to rest to make sure that the fine, long

history of medical research in South Australia can continue and that people such as Professor Monro and Professor Norman, and the many others, continue their work.

These people are out there every day trying to build on that reputation and also improve the life not only of South Australians but everybody in the world, and that is not being too enthusiastic; that is an actual fact. When you see that Mesoblast now has a market capitalisation of \$1.5 billion in research projects, it is something that we should be very, very proud of.

This bill will bring the 1935 act into current terminology. It will expand some of the things it is able to do. It will tidy up some of the things that it was doing in the past (and perhaps were questionable from a technical/legal sense) but I do not think that we should in any way doubt the fact that in the past we have had very fine commissioners for charitable gifts, and we have a long history of giving to our institutions in South Australia, so anything that will throw any shadow of doubt on that whatsoever must be avoided. With that, I commend the bill to the house.

Mr VAN HOLST PELLEKAAN (Stuart) (11:40): I appreciate the opportunity to talk about the Health Services Charitable Gifts Bill. Our shadow health minister (the member for Morphett) has gone into a lot of detail, and there is obviously still more to come in the committee stage. We will be supporting this bill, as he said. I support anything that ensures and improves the way that donations from the public get spent exactly where they are intended to be spent, regardless of who is in government; that is an extremely important principle. I would like to speak on this from a country and rural perspective for a few minutes.

There is a tremendous history of donating and giving for health projects, hospitals and research in South Australia, as the member for Morphett just said, and that is no better shown than in country South Australia. There have been enormous concerns about the operation of the health system in the country. As the minister knows, many people have come to me over the past few years, as a candidate and now as a member of parliament. I will not be dwelling on those at the moment but, certainly with regard to donations, people in relatively senior positions in the community have come to me with their very genuine and serious concerns that donations to hospitals in country areas have been slowing and drying up over the past year or so.

Much of that has to do with the change from hospital boards to health advisory committees (HACs), and people are telling me that, totally separate from all the other issues that exist around that change, donations are getting harder and harder to get. In the rural environment at the moment, where things are going pretty well—and we would all understand that donations wax and wane with people's ability and concerns or optimism about the economy and their own personal circumstances—certainly we are entering into a pretty good time as far as the economy goes in country areas from most primary producers' perspective—certainly not all of them, but most of them—yet donations to hospitals are drying up.

The reason for that, I am told, is that people are really concerned that their money will not be spent where they want it to be spent. I certainly support the minister if this change in legislation is going to improve that situation, because it is a very genuine concern in the country at the moment, as I have been told by many people who are involved with community health in their areas.

Another specific example of where people in rural areas (and certainly in Stuart) are very concerned about their donations going exactly where they want has to do with the transfer of St John Ambulance into the SA Ambulance Service. Very recently, ambulance officers have been telling me that they are concerned about recent changes and particularly the fact that they have been told of a change to the local ambulance brigade choosing which community events to attend (so, nothing to do with attendance at accidents or emergencies) and, in return for their voluntary attendance, as is the custom for donations (and I have been on the other side of this where I have been running community events that required an ambulance to be in attendance), receiving a donation out of the fundraising proceeds from that event specially back to that ambulance group.

Ambulance officers are telling me that they are very concerned that the money is now not going to go back to the specific ambulance group but will go into the central pool. In fact, one ambulance officer said to me that he believed that, instead of that traditional situation where volunteers turn up and then the event (whether it happens to be a gymkhana, a rodeo, a football grand final or whatever) giving a donation back, it is very likely that the South Australian Ambulance Service will actually be asking for a fee for attendance and the money would go back into the central pool. That is something that requires further investigation, but I can assure everybody present that that information has come to me first-hand. This is another example where

people are concerned that money that is donated may not be used exactly where they intended it to be used.

I was also told very recently of a person who is a very generous donator. Instead of donating cash to a hospital, for fear that the money might end up somewhere else, this person asked the director of nursing and the hospital directly, 'What would you like your money to actually be spent on, and I will buy that. I would rather purchase whatever it is that you request for your hospital and give you that rather than the money, because I am concerned about where it might end up.'

I certainly welcome anything that will improve this area and that will give people more comfort, because it is the comfort of the donators that is extremely important in this issue. Regardless of what legislation is in place, regardless of what systems are in place and regardless of what assurance they receive from the government, the hospital or the people, if they remain uncomfortable then that will have a negative impact on donations. I certainly welcome anything that will improve that.

People in the country understand that their donations to their hospital go a lot more broadly and have a far more wide-ranging positive impact than just specifically the health service, because people understand that, if they lose their hospital in their country town, then they lose so much more. They lose the opportunity for older people to stay in the town and for young families to want to come to the town. They lose all of the business that the hospital creates in the town, too; whether it is the local pharmacy, the butcher or the grocer, and those things are in fact under attack at the moment with regard to centralised purchasing. However, people really do understand that their donations to their hospital in a country town are far more beneficial than they are just to the specific health service and that they do support the town in general.

I, together with all members of this house, I am sure, am extremely grateful for people all over the state who donate to our health system. I am particularly grateful for the people throughout Stuart who donate to the hospitals in Stuart. There are nine hospitals in the electorate of Stuart and every single one of them is extremely important. I certainly welcome any improvement to legislation that gives donators greater comfort that the money that they would give to the health system will be spent exactly where they would like it to be spent.

Mr PEDERICK (Hammond) (11:48): I rise to speak to the Health Services Charitable Gifts Bill. I note that on 24 November last year the minister introduced and moved the Health Services Charitable Gifts Bill to provide for the administration of gifts to public health entities and to repeal the Public Charities Funds Act 1935.

The Commissioners of Charitable Funds through the Public Charities Funds Act 1935 administers gifts for the maintenance and support of public charitable institutions in South Australia. Funds (this includes bequests, donations and gifts from corporate and community groups and individuals, and proceeds from institutional fundraising programs) vested in the commissioners are only used for the benefit of the particular institutions for which the assets are held.

Proclaimed institutions under the Public Charities Funds Act 1935 include the Royal Adelaide Hospital (Glenside campus), The Queen Elizabeth Hospital, Modbury Hospital, Mount Gambier Hospital, Port Augusta Hospital, Port Lincoln Hospital, Port Pirie Hospital, Wallaroo Hospital, Whyalla Hospital, Strathmont Centre and the South Australian Dental Health Service.

There was a delay by the Commissioners of Charitable Funds in lodging the 2008-09 annual report and financial statements as there had been a number of matters concerning difficulties with the administration of the Public Charities Funds Act 1935. Many of the matters that arose were in relation to the administration of gifts relating to the Hanson Centre for Cancer Research and their impact on the presentation of financial statements. This resulted in a qualified auditor's opinion from the Auditor-General, Simon O'Neill, on 18 February 2010.

The Auditor-General outlined that the gifts received on behalf of these institutions, including the Institute of Medical and Veterinary Science and the Hanson Centre for Cancer Research, do not vest with the commissioners. They were therefore incorrectly recognised as revenue, assets and trust funds (equity) within the statements and were overstated. There were a number of matters relating to this that the commissioners need to address and resolve. The commissioners, under advice from the Crown Solicitor's Office, continue to hold these donations as a 'constructive trust' until they can be properly dealt with.

This has created divisions within the research committee as the Hanson Institute received over \$21 million in research grants in 2009 and works closely in collaboration with the Royal Adelaide Hospital and the University of Adelaide. Concerns about how these funds will be used in the future, through changes introduced in this bill, will be discussed. The minister has argued that the act needs to be updated with current terminology as the act has remained virtually unchanged since its introduction in 1875.

Consultation: the establishment of advisory committees and investment advisory committees and the requirement for commissioners to seek advice has been a concern. There are concerns that the bill specifically precludes health advisory councils from being proclaimed a public health entity and the property they hold on trust from being vested with the Health Services Charitable Gifts Board that is proposed to be established by the bill. The changes the government has made to country hospitals, and the introduction of health advisory committees to replace country hospital boards, places questions over whether country hospitals and health services will be able to receive donations and bequests or property unless the minister provides an exemption.

This bill will allow for the South Australian Health and Medical Research Institute to access funds, although originally the funds were donated specifically for the use of a dedicated recipient. This bill also allows commissioners to invest in the share market where previously they were not able to do so.

Some concerns have been raised by the AMA about the transparency of the bill and the fact that there is no immediate public transparency on donations. The AMA has had concerns that funds that were originally donated to a dedicated recipient could be utilised for purposes other than for what they were originally intended. So, it is important to have full transparency whilst the decision is being made rather than information being provided after the fact about where a donation has ended up, and this would only happen through an annual report.

I certainly support the comments by the member for Stuart in regard to country hospitals and the way people have donated funds or specific gifts to hospitals in rural regions. Country health, certainly on this side of the house, is taken very seriously. Hospitals can be hundreds of kilometres apart. Hospitals in my electorate include, in the Mallee, Pinnaroo and Lameroo, both 100 kilometres or so from other major hospitals in the Riverland. Then I have Karoonda, Taillem Bend, and obviously, a larger central hospital in Murray Bridge. Servicing the edges of my electorate is the Mannum hospital, the Strathalbyn hospital, Victor Harbor and Meningie.

We certainly must make sure that we support all of these hospitals in the regions because the interesting thing is that they do not just support country people. You get the view sometimes from the other side of this place that city hospitals are the only hospitals that need investment. Certainly we have seen funding cut back by the Labor government in regard to hospitals like the Keith hospital and those at Moonta and Ardrossan. I have a very real fear in regard to the Keith hospital, in that if it shuts I hope that does not have any ramifications, especially for people travelling on the Dukes Highway or for locals down around the Bordertown, Keith, Tintinara area who need health care. They have the right to health care just as anyone does in urban areas—they absolutely do.

In our country electorates, we need our health services, and we need people, and I am sure the minister will tell us either in his closing remarks or in committee how gifts will be handled in country hospitals. People have raised money in various ways; it can be by something as small as cake stalls and trading tables, or by people who want to give significant amounts in their will to their local country health centre. It is a great way for people to put back into the community, and a lot of people want to do this because they have the capacity and, perhaps, in the last years of their lives acknowledge the support they have had from the local health services.

One thing that is certain about health services right across the board in my electorate of Hammond is that they are now also a vital part of the aged-care network. The link is right there. The aged-care sections of hospitals work with the emergency sections, and it is a very good way to get services into the community, so there is that direct link that makes things work. I know that they are both state-funded and federally-funded—I acknowledge that here today—but it is absolutely vital in the first instance that these hospitals do not turn into just aged-care facilities, because they need the health and the accident emergency sections of these hospitals as well.

I think that, if you looked at it in a business sense, it is very much common sense that these two areas of health work together, and I hope that they work together for a long time yet in this state because it seems to be operating very well in the bush. It irks me at times that, over the

last 20-odd years, we have had to stand up and fight for our rural hospitals, and I think we will probably have to keep doing it in the future.

All we are asking for in the bush is a fair go for services because they are needed not just for people who live in the regions but also for people who travel through them. I can tell you that they are more than happy when they get health services if something happens—especially if they are travelling through and a car accident or something similar occurs—and they can get localised services and be linked into road ambulance services or picked up by air evacuation, whether that be by helicopter or fixed-wing aircraft.

I seek some clarification from the minister to make sure that, when people working in their local communities donate money, the money will go to the right place and stay locally so that our hospitals can remain viable. I seek that assurance from the minister because it is absolutely vital in our rural areas of South Australia.

VISITORS

The SPEAKER: I draw members' attention to the presence in the gallery of students from the Emmaus Christian College, who are guests of the member for Ashford. We welcome you here today and hope that you enjoy your time here.

Also, I understand there has been a massive earthquake in Christchurch in New Zealand with many casualties. Members may be interested to check that out.

HEALTH SERVICES CHARITABLE GIFTS BILL

Second reading debate resumed.

The Hon. J.D. HILL (Kurna—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (11:59): I thank members on the opposite side for their support of this important piece of legislation, and I will go through each of the contributions as best I can. I have the advantage of having had a week or so to study the member for Bragg's contribution, so I have more detail there but less in relations to the other members.

I will start by saying that, as the member for Morphett said, this is a pretty old piece of legislation. It was introduced in the 1930s and, as I understand it, it was a rewriting of legislation that was introduced sometime in the 19th century, so it has not really changed a lot in over 100 to 120 years. So it is one of those really nice, quaint pieces of legislation that is still around, and somehow or other it has really not had a proper and very detailed look at.

I have to say, when I first became health minister, I met with the commissioners. The then chair commissioner was the Hon. John Darley, now a member of the other place. He impressed upon me strongly the need to review this legislation and I said that I would do it in the course of my time as minister. It has taken a bit longer, but we have gone through a lot of processes of discussion and consultation. I do thank everybody who has participated in that. The thing that John Darley particularly wanted me to do was to change the investment rules and I will get into that later on in my contribution.

I have provided the member for Bragg with an update on the current assets held by the commissioners, and so, for the benefit of the house, I will just provide that information summary to the chamber. They advise me that on 30 June last year—so the end of the last financial year (I guess these will be the figures in the audited reports eventually)—they had assets which were worth, on my calculations, \$85.3 million.

Town Acre 86 was valued at \$20.9 million; commercial real estate was valued at \$11.2 million; equities, \$19.7 million; cash, \$32.2 million; and accrued revenues, etc., \$1.3 million. My calculation is that that comes to \$85.3 million. They also tell me that, on 31 January this year, they had \$36.7 million in cash. That is not in addition to the \$85.3 million, but it just shows the cash amount has increased by \$4.5 million over that time. They also tell me that they are holding assets for the following trust funds:

- the Royal Adelaide Hospital General (including funds held on behalf of the Hanson Centre for Cancer Research and the Institute for Medical and Veterinary Science), \$81,985,000;
- the Royal Adelaide Hospital Glenside campus, \$593,000;
- the Metropolitan Domiciliary Care Services, \$435,000;

- Hillcrest Hospital, \$75,000;
- Port Augusta Hospital and Regional Health Service Incorporated, \$39,000;
- Port Lincoln Health and Hospital Services Incorporated, \$283,000;
- Port Pirie Regional Health Services Incorporated, \$510,000;
- Queen Elizabeth Hospital, \$514,000;
- Intellectual Disability Council Incorporated, \$53,000;
- SA Dental Service, \$6,000;
- the Whyalla Hospital and Health Services Incorporated, \$205,000;
- Mount Gambier and District Health Services Incorporated, \$678,000;
- Northern Yorke Peninsula Regional Health Service, \$21,000; and
- the HG Symonds Bequest (split between the Hillcrest Hospital and Glenside campus), \$1,000.

They are the assets that the fund currently has and the purposes for which they are held.

Now I will just go through some of the issues raised by the member for Bragg in her contribution. She made the issue about whether or not we could sell the Citi Centre building. The advice I have, and as I guess she would already understand, DTEI owns the lease and, of course, the lease on the building can be re-leased, which is the technical way it would happen.

The member said that there was a draft bill which was a predecessor to this bill. That previous draft would have required the commissioners to invest their funds through Funds SA. That draft bill that the member refers to was the SA Health and Medical Research Bill 2009 that was released for public consultation. In the end, we decided not to go ahead with that piece of legislation. In fact, we established a SAHMRI under existing legislation, so it is not really a predecessor to this bill. We used the commonwealth Corporations Act 2001, so we did not need to go ahead with that.

It was intended under that legislation to provide that the South Australian Health and Medical Research Fund, which is currently held within the Department of Health, would be managed by the commissioners and invested through Funds SA. It did not make any changes to the investment powers of the commissioners under the current act, so it was a different matter.

As the member for Bragg said, the bill enables the board to apply funds to a body other than the one intended. An example given by the member was:

Where a certain institution is given money to undertake breast cancer research and it is found that the institution does not undertake that research, they need to find somebody else who might be able to carry out the research; it is to facilitate that circumstance.

A related statement suggests that the purpose of the clause is to enable or require the board to give money to a body nominated by the government. The example given by the member, about breast cancer research not being conducted in a certain institution to which money was given, is a good example of the kind of situation these provisions are intended to deal with. The relevant clause, clause 17, avoids having to unnecessarily go to the Supreme Court to seek a variation to a trust, taking up the court's time and costing the board money, which would come out of funds vested in them.

While providing the board with the flexibility to be able to deal with the situation described, clause 17 expressly requires the board to consider the intention of the donor and, as far as reasonably practicable, to give effect to that intent. So, if money is given for a particular purpose, the duty of the board, as trustees, is to ensure that that purpose is honoured to the letter if that is possible; if not, that it is honoured as closely as possible.

I make it plain to the member for Bragg and everybody else who is listening that the bill does not allow the government or any other person or body to direct the board in any way as to the application of the charitable assets vested in it. By way of further example, currently the commissioners hold approximately \$70,000 for Hillcrest Hospital for the benefit of mental health patients, but that hospital no longer exists so they have not been able to use those funds. The bill will enable them to use the funds for mental health patients, say, at Glenside Hospital.

Ms Chapman interjecting:

The Hon. J.D. HILL: I hope that was a joke the honourable member was making. It is clearly untrue that they would be able to use it for a purpose other than for mental health. This example was provided by the commissioners after the departmental officers briefed the opposition, as I understand it.

The government has not acted on legal advice, according to the member for Bragg, that the commissioners improperly hold assets for the Hanson trust and the IMVS. The same advice that informed the commissioners that they had erred in holding these funds also advised that they should continue to hold and manage the funds as a constructive trust until the situation was addressed.

This is an important issue. For some years I understand the commission had been receiving money for the Hanson trust, and a number of members on the other side raised concerns held by those people. The advice was that they were not properly set up to hold such funds. That was one of the reasons the Hon. John Darley and others wanted the legislation changed to fix that situation. Our legal advice was that until that occurred they could continue to hold funds in a constructive trust; that is, the law invents the trust that is required. So, the bill does address this issue.

The member for Bragg also says that the disability sector has not been able to access funds held for IDSC or Metro Domiciliary Care. I am advised this is a good example of the problems caused by the restrictions on the commissioners' powers on the application of capital under the current act. The current act prevents the commissioners from applying the capital of a gift except in very limited circumstances.

That was one of the issues with the hydro money they were looking after down in Mount Gambier because, theoretically, I do not think they could have given the capital once it had been accumulated; only the interest. This applies to nearly all other funds vested in them. This limitation on the application of capital is corrected by this bill. The member for Bragg stated that former minister Dr Armitage had the Helpmann Family Foundation named in the schedule of the act. It is unclear what other actions Dr Armitage may have taken that are being referred to, I am advised by the member for Bragg.

For members' information, the Helpmann Family Foundation is not listed in the schedule to the act, and nor could it be, because the foundation is not an institution for the purpose of the act. The Helpmann Family Foundation names the commissioners as co-trustees of that trust; however, the current act does not empower the commissioners to so act.

The commissioners have received legal advice stating that they would be personally responsible for any liability arising from any actions or advice that they gave should they have acted in the capacity of a co-trustee for the Helpmann Family Foundation. The bill remedies this and enables the commissioners to act as a co-trustee or trustee, where they are so named, or asked to act in that capacity. That will actually correct that particular problem.

The member said that the government's agenda is to continue to allow the commissioners to have qualified annual reports by the Auditor-General and to enable the government to get hold of the assets vested in the commissioner. That is not the case. The Auditor-General made the first and so far only qualified report in the 2008-09 annual report in relation to the assets held for Hanson and IMVS. I have talked about those matters previously. There is no mechanism in the bill to allow the government 'to get hold of the \$75 million' to quote the member for Bragg. The bill ensures that the board will remain completely independent of government in the management of the charitable assets in the same way that the commissioners are currently.

The member said that the government is using the excuse of modernising the bill as a scheme to access the money held by the commissioners for the government's own purposes. That is just not true. The member for Bragg claimed that the removal of terminology such as 'lunatic' was unnecessary as it was still used in other bills. That may be the case, but I think in the 21st century that is not a term that we currently use in normal discourse, and it is certainly not a term that mental health consumers would want to have used in reference to them. While perhaps the term 'lunatic' would continue to have a legal meaning, lunatic asylum, I am advised, is not only meaningless but is also of course offensive.

The Investment Advisory Committee is unnecessary according to the member for Bragg and will in some way enable the government to access funds vested in the board. The bill gives

wider investment powers to the board than the commissioners currently have. This is an important point and this is one of the things that the Hon. John Darley put to me. At the moment, people give assets to the commissioners, and if it is real property, they can hold that real property; if it is cash they can hold that cash. They can invest in real property. If they are given shares they can hold those shares for a period of time, I understand, but not indefinitely and they are obliged to sell shares, but they cannot buy shares.

That is a real restriction on them and that is something that they wanted to have changed, so that is one of the things that is corrected by this bill. This bill does give wider investment powers to the board than the commissioners currently have. Given this, it is good public policy to have a body that can provide independent advice to the board that it should consider. This was raised by a number of members: that Treasury officials will sit on an advisory board about how the funds can be invested.

At the moment, we—and when I say 'we', I am talking about the parliament—protect the assets that are provided to the commissioners for investment in funds by restricting what the commissioners can do with those assets. They cannot play the stock market, if you like, under the current arrangements. They are saying, 'Let us be able to speculate in the stock market.' It is inherently a riskier activity than many other ways, so we said, 'Sure, we are prepared to let you do that but we want to put in a safety mechanism which in some way balances that greater freedom.' The safety mechanism we are talking about is an investment advisory committee which would have somebody from Treasury, somebody from the private sector (presumably a stockbroker or somebody with those kinds of skills) and the chair, I think, of the commissioners.

I think that is a balance thing. I understand some people may want to remove that. If that is the case, then what we are saying is that the commissioners, who are not necessarily chosen because they are stockbrokers or investment bankers, would then have that direct responsibility themselves. As I understand it, they would still have the investment responsibility: they would just have to seek advice from this third party, if you like. I think that is a sensible balancing act, and I certainly encourage the opposition to consider the implications of not having it and how we would all feel if, at some future stage, they blew the money in some speculative way. I know they are very cautious people, and I would not want to suggest in any way that the current commissioners would do anything untoward. They are very cautious people.

The Investment Advisory Committee will report through the board's annual report on the performance of the board's investments providing public transparency for performance of these. The independence of the board is preserved since they are not bound to act, as I said, on that advice and the government cannot direct the board through this committee, nor does it seek to. This is really about having a level of scrutiny and some balance so that this greater power that we are proposing to give them is balanced by some external advice. I think that is an eminently sensible thing. It is not a mechanism for Treasury to try to get a hold of the cash. It is not about how the money is spent: it is about how the money is invested.

I now turn to the contribution made by the member for Morphett who is the lead speaker for the opposition. He made much of the research in South Australia, and I agree with him. We have a stunning record of health and medical research in South Australia, and I congratulate those who have contributed over many years.

When I became health minister some five and a bit years ago, one of the first groups I met with was an advisory committee on research matters that had been set up. They told me that things had become somewhat dark in our state, that the share of medical research funds that we were getting through the national bodies—NHMRC and other bodies—had declined some years before that. I think maybe five or 10 years before that, we were getting about 15 or 16 per cent of the national research dollar, so we were getting more than our share as a state, and that was because of the excellence of research programs and researchers in our state.

However, it had declined over time—if not the year I am referring to, which was 2005-06, certainly one of the years that followed. We went below our fair share for the first time ever. So, we were getting more money in cash terms because the pie was growing, but our proportion of the pie was declining. The advisory committee was concerned about that and it wanted some leadership, I think, in terms of addressing the situation. We commissioned a review to look at how to do this—and the member referred to the Shine Young Report.

It is this worth mentioning briefly the leaders of that review. John Shine, who is the Director of the Garvan Institute, which is one of Australia's top research institutes, is a wonderful, very

philanthropic human being and a great researcher in his own right. He was essentially the lead researcher on that review. Alan Young, as some members would know, is not only a prominent stockbroker but also the Chair of the Flinders Medical Centre Foundation, so he has an interest in research but he also knows where to get the money from. Alan Young was also a very philanthropic individual, another great South Australian. Together, they had a good business acumen.

Together, those two individuals talked to the research community, to the universities and to us in health and came up with a proposition to improve our capacity to grow our research sector. Essentially, SAHMRI flows from that. It is about collaboration, it is about combining and getting a large enough institution to allow us to compete. We were being beaten in the research dollar race by bigger institutions in the Eastern States in particular. There was no way that smaller institutions in our state—of which we have many—could hope to compete. So, the way of getting there was to muscle-up and create a larger institution, and that is really the thinking behind SAHMRI.

All three universities in South Australia have signed up to it and are partners in it. The health department is a partner. It is an independent institution with its own board, chaired by Raymond Spencer, another outstanding South Australian, a philanthropic person with great business credentials as well. That body has been established. We have now appointed a director, Steven Wesselingh, who is the current Dean of Medicine—I think is the description—at Monash University. He will take up full-time work in October, I think, and that followed an international search.

What we are creating is a new institution which will be powerful. It will have a new building, as members referred to, adjacent to the new Royal Adelaide Hospital. We are very pleased that the building itself won an architectural award in Europe, the only Australian building to do so this year, I understand, so that is a great achievement. Researchers have said that we need a new building, we need more physical space, we need greater access to funds and we need to be bigger. SAHMRI does all of that.

We are in the process of creating the building and, once researcher Steven Wesselingh comes on board, the advisory committee on research matters (the scientific panel, of which John Hopwood I think is chair—another outstanding South Australian scientist) will determine what the priorities are for the SAHMRI. So I think it is fair to say that there is some nervousness in the research community as to who will be in and who will be out. My guess is the really outstanding researchers should have nothing to worry about because they will definitely be in this institute. That is not to say that other research institutes cannot exist and coexist and that will continue.

I am sorry to go on about research a bit but it is important that people understand this, but SAHMRI will have its own research fund. That is currently growing at the rate of \$8 million, \$9 million or \$10 million a year, largely driven by its share of the commercialisation of the research that Professor John Hopwood has undertaken. He has commercialised treatments and there is a big flow of money coming into our state as a result of that. A share of that money is going into a research fund, which will be applicable to those who are part of SAHMRI. So that will be a discrete fund which will be managed by the trust.

All the other funds managed by the Commissioners of Charitable Funds will be used for the purposes for which they have been donated. If it is to do cancer research in a particular location, that is what will happen. If, over time, say, for example, the Hanson Institute were to become part of SAHMRI, the funds would follow where those researchers would go. That is obviously up to the research team itself and it would be up to SAHMRI, and then it would be up to the commissioners. This is the reality that we are talking about. There is no intention or plan by government to direct the commissioners how to do their job. We trust them to do the right thing in all of the circumstances that they will find in the future.

The member for Morphett made the point about the Auditor-General's consideration of this matter. I agree in part with him that it is a bit frustrating, but there are a lot of audits that need to be done and I suppose the Auditor-General gives priority to the bigger areas of government and some of the small areas just happen to be a bit slower. It does happen from year to year. I am not sure if anything can be done. As I understand it, a lot of the work is done in the private sector, so the point he has made I think is an appropriate one. I guess everyone is busy at this time of year.

There was an issue about Mount Gambier that the member raised. That was the hydrotherapy pool and I think I have already mentioned that. I have talked about the advisory committee: it is about investments, not expenditure.

A number of members raised issues about health advisory councils. There would be some who would say that all donations to hospitals for charitable purposes should be directed through the commission. I guess when the commission was established in 1930, or whenever it was (even earlier than that), it probably did cover the field and, subsequently, other hospitals have been added. I decided that that was not the appropriate way to go. If individual country hospital advisory councils want to be part of it, they can be. They can go into it for a time and leave it for a time. It is really up to them. They can choose.

If a small country hospital had a sum of money—and I have mentioned some of the country hospitals; for example, Mount Gambier has \$678,000 held by the trust, and that is appropriate—they might think it is more prudent to have a body that is specially set up to manage those funds (hold them and investment them wisely) rather than try to do it all themselves but, ultimately, that would be up to them. They could put those funds in for a while and, if they reached the volume that allowed them to do whatever the thing is they wanted to do, they could take out the funds and do whatever they wanted to do. I understand that is the way it would work. Whatever assurances members were seeking, I am happy to provide that there is no intention to insist or even encourage the HACs to put their funds in there. It is just something that they can do if they choose to do it.

The member for Stuart made a point, and I think that it was a political point which I need to address politically—and I do not mean to be offensive to him when I do this. The honourable member made the point that donations are now harder to get in the country because we have got rid of boards. He said—and I quote him, I think:

People are concerned money will be spent where we want it rather than where the community wants it.

They were words to that effect. It is true that he said that, but it is not true that we want to direct them where to spend money.

Mr van Holst Pellekaan: It is true that I was told that.

The Hon. J.D. HILL: No, I am not disputing—just to be clear, the honourable member just said that it is true that he had been told that. I am not saying that he is not telling the truth when he says that, but the question has to be asked: why are people in the country worried? Well, the reason they are worried is that the Liberal Party in our state has run a campaign trying to scare the crap out of them over the last two or three years about the government's intentions with respect to country hospitals.

I apologise, Madam Deputy Speaker, for using language which might offend the dignity of the house, but that is the reality of it. If you have your local members saying that the government's intentions are to do disastrous things to your hospital, is it a wonder that people suddenly develop this attitude? Madam Deputy Speaker, I know that this is not the place to debate country health, but can I say to the member for Stuart that I am happy to have a Legislative Council committee—indeed, I would have been happy for one in this house, too—to investigate issues to do with country health.

I would say to him—in parenthesis—that I would want to ensure that the terms of reference did not contain argument, as they currently do in the Hon. Michelle Lensink's propositions, and make the assumptions that she wants to prove in the investigation in the language that she uses. However, if we can come up with a neutral form of words I would be happy to support it, because it is my view that we have a very good story to tell; and I think it is important that members of the Liberal Party actually go out there and find out what is really happening rather than what they think is happening, or rather what they have told themselves we are intending to do.

The reality is that we have put more services into country hospitals and we want to put more services into country hospitals. Members opposite might think that, because we are the Labor Party and we have mostly metropolitan seats, we do not care about people who live in the country. I can assure members that that is not the case.

The point that one of the members made—I think it was the member for Hammond—is true: country hospitals provide services to all South Australians, not just people who live in the particular community; and it is absolutely important that we have a network of hospital services across our state that can provide citizens with the level of service they need.

The point that the member for Hammond made is that we just assume, I think he was suggesting, that country hospitals are for country people and that we spend all our money on city hospitals. Well, I would say to him that the reverse is also true: city hospitals are used by country

people. In fact, if anyone in the country has a major health need they go to a city hospital—500 or so patients a day on average are in a city hospital from the country.

Our hospital system should not be divided. It is a united, integrated system, and what we want to do is to make sure that we have the very best standard wherever you happen to be in the state. You cannot have brain surgery at every hospital and you cannot have intensive care at every hospital, but you can have a range of services applied across our state to make sure that people can get better attention. I could go on at great length.

I would welcome a proper inquiry which is neutral in its language, rather than the member for Stuart trying to make an argument by way of motion. I would welcome a discussion about country health, and I would be happy to talk to him about appropriate terms of reference. I have asked my colleagues in the upper house to speak to the Hon. Michelle Lensink about that. That is the political point I make.

The member for Stuart also raised an issue with the St John Ambulance. He came to see me after he had sat down to say that inadvertently he said 'St John Ambulance'. He meant the South Australian Ambulance Service, the state ambulance service, because the state service has been divorced from St John for almost 20 years now, I think. I assume he was talking about the fact that, in country South Australia, many of the ambulance services are provided by volunteers. I think that was the point he was making. I said to him privately, and I will say it publicly, that if he has particular issues and examples that he would like me to follow up then I am happy to do so. I am just not aware of the general issue that he was talking about.

All I would say is that the ambulance service is an integrated service. Professional and volunteer ambulance officers work side by side. Our intention, of course, is to make sure that we have a service which is capable of providing what is required in country South Australia, backed up by MedSTAR, the Flying Doctor Service and other services.

On the point of donations to country hospitals, I do know, anecdotally, as well, that donations have been difficult right across the board over the last year or so. Arts organisations, which I am responsible for, have had similar problems. So, the economy, despite the good year that people are having in the country, I think it is on the top of several not so good years. Hopefully, a bit of positive action on the part of the member and some good crops this year should see that turn around.

The member for Hammond raised the issue of the Hanson Institute, the RAH and the university. The point I would make, and I think I have already referred to it, is that what is donated for particular functions will continue to be provided for those functions. There is nothing we will do about that.

There were a few political points made by others which I will not address at this stage; I may at some other stage. That concludes the remarks that I would make. This is about modernising the Public Charities Funds Act. It changes the language but also changes some of the powers. It creates a contemporary framework for the provision of charitable funds.

I join with at least one member on the other side, but I am sure that the sentiment would be shared by all members, in thanking all of those South Australians who have chosen, from time to time, to give money to the hospital system. It is something that people do value very strongly and they do like to contribute.

I know that if you have had a family member who has been helped, or even who has died, in a hospital or allied health institution, it does give you a particular affinity with and affection for that place and you do want to help them where you can. So, I thank all of those donors and I thank the opposition for indicating its support for the legislation. I understand that we will now go into committee.

I would also thank the public servants who have assisted me with this legislation: Andrew Thompson and Rob Smetak and also Mark Emery and Aimee Travers, parliamentary counsel, for their assistance.

Bill read a second time.

In committee.

Clause 1.

Ms CHAPMAN: As the minister is aware, this is a complete new bill to replace, in total, the Public Charities Funds Act, which is to be repealed. I am assuming that the title is being amended to accommodate the fact that not only is this to establish a new structure, under which there will be considerably greater investment powers and new rules to apply to their role, but the definition of who they are going to be receiving moneys for and who they can apply it to will be substantially expanded.

They are moving from an institution scheduled basis, with the supplement of proclamation, to health services as defined under the Health Care Act 2008. I just want to ask some questions about that, assuming, minister, that that is the case, that the health services, which later on is defined as being as per the meaning in the Health Care Act, is quite extensive. I will just refer to that. That is set out in section 3 of the Health Care Act 2008. It provides:

health service means—

- (a) a service associated with:
 - (i) the promotion of health and well-being; or
 - (ii) the prevention of disease, illness or injury; or
 - (iii) intervention to address or manage disease, illness or injury; or
 - (iv) the management or treatment of disease, illness or injury; or
 - (v) rehabilitation or on-going care for persons who have suffered a disease, illness or injury; or
- (b) a paramedical or ambulance service; or
- (c) a residential aged care service; or
- (ca) a research, pathology or diagnostic service associated with veterinary science; or
- (d) a service brought within the ambit of this definition by the regulations, but does not include a service excluded from the ambit of this definition by the regulations;

I think on anyone's assessment, minister, that is just about anything that is in that list, plus anything that you as minister might regulate to be a service. It seems to me that apart from the fact that quite commonly our hospitals, as we have formerly known them, are now places of multiple services of health and, therefore, it is not unreasonable that they have moved away from simply acute care clinical, but that they provide a broader number of services within those facilities.

If that were the definition that we are expanding from, that would be a logical extension of what the commissioners currently do, or what will now be board members. This, in fact, goes to anything that is even associated with the provision of services, including educational work. On my assessment, minister, just about all of those lead back to your department; that is, the health department, whether it is in public health provision, that is, for the protection against disease, contamination, etc., or whether it is in the provision of treatment services, but particularly in educational services, your department, is in control.

Why is it necessary for us to have the health service definition under the Health Care Act to so broadly incorporate this, which will now include all of your department's organisation, its regional bodies, Pathology SA, for example, which has taken over the Institute of Medical and Veterinary Science areas of responsibility, and the like?

The Hon. J.D. HILL: I thank the member for her point. I think history explains why we have moved on. I suppose in the 1930s—in fact, the first minister for health was appointed in the 1930s—the Hon. somebody Ritchie, a former conservative member.

Ms Chapman: Lyell McEwin?

The Hon. J.D. HILL: No, he was the second. He was health minister from 1939 until 1965, which is a record I intend to not beat. I am not sure what his name is, but he was the first health minister, appointed in the mid-thirties. Before then, government interest in health was probably minimal. There would have been a few hospitals. They were set up by charitable groups and they operated on that basis.

This legislation creates an opportunity for people who want to give money to a hospital to have that looked after in a particular way. So, hospitals were the beginning, the middle and the end of health care. Well, we have moved on a long way since then. If somebody, for example, now wanted to give money to Breast Screen SA for a particular purpose—they might want to buy a bit of

machinery or undertake a bit of research—it is arguable that that is not a hospital in a technical sense because it is part of the Adelaide Health Service and the Adelaide Health Service has been declared as a hospital; it is covered in that way. The Dental Service is a similar service. We now have GP Plus healthcare centres, which are subacute and primary healthcare services, and people might want to give donations to those kinds of entities. The member says that they are in the government remit; of course, hospitals are too. That is the reality.

This is about public healthcare services. If someone wants to donate to the IMVS for a particular reason, that is one of the problems with the existing bill; people have been donating to the IMVS or the Hanson Institute not improperly, as such, but the commissioners have been holding onto that money yet not according to the legislative framework. This will allow them to do that. It is really accepting the reality that we now live in, that health services are delivered not just from public hospitals but from a whole range of services. The application of those funds, though, would be by the mechanisms that are established under this bill.

The CHAIR: The minister may wish to know that the former member to whom he was referring was the Hon. Sir George Ritchie.

Ms CHAPMAN: Do you agree, minister, that health services as now defined are all under your control?

The Hon. J.D. HILL: Health services are under the government's control. I am not sure what point the member is making, because the hospitals that are covered by the current legislation are, too. We are just extending the range of services. Individual services would have to be proclaimed under clause 4(1), I think. For example, we might proclaim—and I am sure we would—SA Pathology or IMVS as a service to which people might want to give money. They do currently, but technically we should not be holding money for that particular group. So, it is to allow that kind of donating to occur.

Ms CHAPMAN: I am not sure whether the minister has actually read the 1935 act or the original legislation from the previous century, but I think one of the helpful summaries of this legislation and its history was provided by the Hon. Legh Davis MLC, who was the chair of an inquiry into the review of this act in the late 1990s. He provided a report to the parliament titled 'Review of Commissioners of Charitable Funds: Report of the Statutory Authorities Review Committee' (of which he was chair) dated 22 April 1998.

He covered a number of the things that the minister asserts—I think quite fairly—are to be remedied under this act; namely, the expansion of powers to invest, etc., and to deal with assets (for example, to sell, encumber or sublease and the like). Whilst it is under a structure that I am not overly happy with—and I think I have made that very clear—the expansion of investment powers is something, as the minister also said, that the Hon. John Darley has in more recent years has urged the government to do something about.

There is no issue with me in relation to the expansion of capacity to invest and to apply capital in addition to income. However, one of the things the Hon. Mr Davis said in his report—which is summarised in the preamble to the report, and signed by him—apart from the history of it being established in 1875 and the like, was that:

The Commissioners were originally established because of a concern that donations and bequests would not be managed separately from the operational funds of public hospitals.

He went on to say that since that time hospitals now dealt with multimillions of dollars, but the highlight of that reference is the importance of separating funds that are donated and directed to the application of a specific purpose so that they are independent of those who have operating control of the service. So, my next question is: is it the intention of the health services under your control, such as SA Pathology, to apply for funds from the Commissioners of Charitable Funds, for projects that they propose to undertake?

The Hon. J.D. HILL: I was just getting advice on a broader issue that I think is pertinent to the general question the member was asking. I am aware that there were a couple of select committees or standing committees that looked into this matter, and I think that one or two of them suggested we should get rid of the act altogether. That was my initial starting point when I started looking at this is: do we really need this? I was persuaded, in fact, that it was a good idea to keep it, to be honest. It is a fair question, since I think there has been reasonably bipartisan support to get rid of it altogether; but I was persuaded, and I think it is the right way to go.

The question was really whether IMVS is put on the schedule, if it is put on the schedule (and we could, I assume, do that) and somebody left money to, say, the Hanson Institute for cancer research. The Hanson Institute does not really exist; it is kind of a name, but it is not a legal entity; it is a part of the IMVS as I understand. We have provisions in the bill to deal with this particular issue, but it does not exist as a stand-alone identity; it has marketing identity and a whole range of other things, but it is really just part of SA Pathology now.

So, if somebody left money for the Hanson Institute, for whatever purpose, then of course they would be able to apply to the fund for it. This is really to correct a problem, where technically at the moment that should not be happening. It would be the same with any of the other institutions that we look after within the health portfolio: they cannot ask for money that was given for some other purpose. It is not a bucket of cash that any part of the health department can apply to support itself.

In fact, one of the things I want to do—and the commissioners support this—involves a provision later on in the legislation to allow them to set up an advisory committee on the proper application of requests for expenditure. Mostly what the legislation does is look at how we hold money and how we manage money, but it does not look very much at how we spend money. In fact, what this bill does is remedy the sin the member for Bragg is suggesting that I am trying to commit by using this legislation. What the member is really saying is that I just want to get my hands on the money and prop up the health system—if I can summarise it in a crude way.

That is not the case, but at the moment the hospital says, 'We want a million dollars' worth of this,' and the commissioners essentially have to take the word of the hospital. There is no scrutiny as to whether or not that is a good use of the money as long as it is generally in the area. The current legislation does not prescribe or even assist in any way in how the money should be expended other than for the purposes for which it is granted. Is this a good use or a poor use of it? Value does not come into it. It is in accordance with the gift.

What we want to do is to create a mechanism so that the commissioners can get some good clinical advice about whether it is a worthwhile activity that has been requested, so we are putting some quality control in there—well, the commissioners will put the quality control in, because it will be a committee that advises on that. It will not take away their power—they can still do whatever they like—but it will try and put some scrutiny into it. I hope that helps to explain what we are trying to do. That certainly was not something that was contemplated 100 plus years ago.

Dr McFETRIDGE: On that same point, minister, you are using the IMVS as an example of an organisation to which money can be donated. However, further on in the bill, it talks about a prescribed research body may not be declared as a public health entity. So, how does that fit in where moneys can go in relation to health services?

The Hon. J.D. HILL: Sorry, member for Morphett, we are not quite sure what you mean by that reference.

Dr McFETRIDGE: The member for Bragg was talking about the ramifications of changing the name of the act, under clause 1, to Health Services Charitable Gifts Act. Later on in the bill (and perhaps we might wait until we get to that clause), under clause 4—Public health entity, I refer to subclause (2).

The Hon. J.D. HILL: I follow what you are saying, but shall we deal with it when we get to it? The basic thing is that we will proclaim SAHMRI, and that will be a prescribed research institution; so it will be outside of the provisions. We will be setting up a separate fund for SAHMRI, and the commissioners will look after that fund. It will be managed by the same people, but it will be a separate trust fund, which has its own dynamic. It will be managed by the commissioners under a trust. So, that is what that refers to.

Ms CHAPMAN: I would like to clarify something, and I am happy to take it as a supplementary. The Health Services Charitable Gifts Act short title is what we are still considering. Minister, you mentioned that you did consider whether you would abolish the act completely. I think we do need to know why you moved away from that and, having moved away from it, why you did not go to a model that every other institution has, and that is the powers and obligations under the Trustee Act, including the obligation to go to the Supreme Court, although the Attorney-General could make those decisions, as you know, under that act.

The Hon. J.D. HILL: That is a reasonable question. When I said that it was my initial predisposition, that is what I had heard put before. So, I said, 'Oh, well, let's have a look at it. It's an

old bit of legislation, do we really need it?' What would have happened, of course, is that those funds would have had to go somewhere else. Most of the funds—95 per cent of the funds—are held for the Royal Adelaide Hospital, so we could have transferred the management of those funds to the Royal Adelaide Hospital. There is no Royal Adelaide Hospital foundation, although there might be a smaller one. The Queen Elizabeth Hospital and the Women's and Children's Hospital have a foundation, so we could have established something like that, which could have held onto the funds.

To be honest, what persuaded me against it was talking to the commissioners. They go through the processes they go through and the kind of scrutiny they give to the management of the funds, and I was persuaded that it was a good model and it seemed to work. I was not convinced that some of the individual foundations were operating at a level I thought was professional; in fact, I had some serious questions about at least one or perhaps a couple of those foundations. However, I do know that this trust reports annually to parliament, it has a whole range of processes of scrutiny and I think it operates in a very good way, and I was persuaded that the improvements the commissioners wanted would make it work even better. I did not have a strong position; it was just my initial thought, 'Oh, yes, that makes sense. It's old legislation; do we need it?' But, in the end, I was persuaded.

Ms CHAPMAN: I can ask this on another general clause, but I did indicate in my second reading that I had been advised by your department, because there is provision in this bill to enable foundations and auxiliaries to come in, as to why they were not consulted at all about this bill, so I ask you that question. You are giving them an option to come into this structure, so why were they not consulted about that opportunity, if you want to describe it as that?

The Hon. J.D. HILL: This is about donations directly to hospitals, not to foundations. As I mentioned, there are a number of foundations (Queen Elizabeth foundation, Women's and Children's foundation and so on) which exist, if you like, in competition with this. We do not control some of those foundations, and do not see inside them, other than whatever the law says in terms of annual reports, in the same way that we see inside this organisation.

Some of those organisations would like us to transfer the money to them, to be perfectly frank, because every organisation likes to have as much as it can. However, it is not about them: it is about this particular organisation. It is not about those foundations, and it should not have any impact on them one way or the other. I have just been told that there is a provision in the bill which allows me to exempt those foundations. The point is that the bill is specifically worded in such a way that the impact on those foundations should not be affected by the operations of this legislation which, I think, is the practice currently.

Ms CHAPMAN: There are two areas: one is the example you used of The Queen Elizabeth Hospital Foundation, which currently has its own autonomy and may not ever want to join your proposal and may wish to maintain its independence; and then we have the Royal Adelaide Hospital Ladies' Auxiliary, which currently has to put its money in with the charitable trust but may not want to do that in the future. My understanding is that your bill is going to relax that so they do not have to but, in addition to that, it is going to give those who are not in it an option to come into it and have the new board look after their funds. So, it puzzled me as to why, in the establishment of this act where it does affect them—you may say not adversely—and there will be a procedure for them to adopt, they were not consulted. They were not even asked, as I understand.

The Hon. J.D. HILL: All I can say is that if they feel that they should have been consulted, I apologise to them, but the advice I have is that it does not affect them in practice. I invite anybody who wants to have discussions about it with us between houses to do so. We are happy to talk to them if they have some issues. If you know people who are particularly aggrieved I am happy to meet with them.

Progress reported; committee to sit again.

[Sitting suspended from 12:59 to 14:00]

SUPPLY BILL

His Excellency the Governor, by message, recommended to the house the appropriation of such amounts of money as might be required for the purposes mentioned in the bill.

**CRIMINAL LAW (SENTENCING) (SENTENCING POWERS OF MAGISTRATES COURT)
AMENDMENT BILL**

His Excellency the Governor assented to the bill.

VISITORS

The SPEAKER: Members, I draw your attention to the presence in the gallery of a group of year 11 students from Concordia College, who are guests of the member for Unley. Welcome to our parliament. I hope you enjoy your time here, and our question time. I hope our members behave very well for you, particularly your local member today. I am sure he will be on his best behaviour for you.

LARCOMBE, SAPPER JAMIE

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) (14:03): I move:

That the House of Assembly expresses its deep regret at the tragic death of Sapper Jamie Larcombe of Kangaroo Island, who lost his life serving our country in Afghanistan, and that we place on record our appreciation of his dedication and service to our nation, and that as a mark of respect to his memory the sitting of the house be suspended until the ringing of the bells.

On Sunday morning we woke to the tragic news that Sapper Jamie Larcombe, born and raised on Kangaroo Island, had become the 23rd Australian serviceman to be killed since Operation Slipper began in Afghanistan in 2002. Jamie Larcombe loved his country and was as Australian as it gets. He grew up playing football and cricket. He rode motorbikes and went hunting in the bush with his group of close mates. He was a volunteer with his local Country Fire Service unit and his heroes were Ned Kelly and the Adelaide Crows' Andrew McLeod. He was the adored son of Tricia and Steve, beloved partner of Rhiannon and doting older brother of Ann-Marie, Emily and April.

The hauntingly poignant photograph that we have seen in the media over recent days of Jamie with his arm wrapped protectively around his sisters captures in a split second the essence of a young man who lived for his family and died for his country.

From the time he graduated from Parndana Area School in 2007, Jamie's ambition was to join the army. He achieved that aim within weeks of leaving school and his first overseas assignment was to help out in the wake of the 2009 Sumatran earthquake.

This is precisely why, despite his tender age, Jamie Larcombe was a man his local community was proud to call one of its own. He could be relied upon to get things done and to get them done with a smile. He was always one of the first to lend a hand. On Saturday, shortly after he reached the third anniversary of his enlistment into the Australian Defence Force, that willingness to serve cost him his life.

It goes without saying that all military conflicts are dangerous, but in a campaign such as the current operation in Afghanistan, the job of combat engineer, the role that Jamie served with the 1st Combat Engineer Regiment, is undoubtedly one of the most dangerous. It is the combat engineers who take the lead role in checking out areas of potential ambush or contact. Combat engineers, sometimes accompanied by their dogs, must clear a safe path through any carefully concealed bombs and elaborate booby traps. Often, they are required to step out of the armoured vehicle in which they are travelling and begin sweeping for explosive devices hidden beneath or alongside the road. They are exposed and vulnerable to enemy sniper fire as they move ahead of their comrades, inspecting, prodding and making the ground safe for others—one agonising meter after another.

Combat engineers lead their own units through unknown country, knowing full well that they are often in the rifle sights of an unseen enemy. They undertake this work in the knowledge that, if enemy fire is drawn, they are the most obvious target. In other words, the job of a combat engineer is a byword for bravery.

Soldiers like Sapper Jamie Larcombe epitomise the spirit and the courage of our service men and women that we trace back to the story of ANZAC, almost 100 years ago. They are the characteristics that are immortalised in the stained-glass windows that rise above the tomb of the unknown soldier at the Australian War Memorial in Canberra: the fearlessness and the comradeship, the gallantry and the loyalty that we recognise and remember every ANZAC Day and at memorial events that honour the sacrifices made by so many on our behalf.

No expression of national or community sorrow can ease the pain of Jamie's family, his partner, his neighbours or his mates. Nor can they adequately farewell a young hero so recently at school and now lost to us all, but his courage to serve will always be honoured as it should, on the island, throughout our state and across the nation.

The photographs that show him laughing and loving will gain power over the years, as will the dreams he treasured and the principles that he lived for. We mourn for Sapper Jamie Larcombe who did his very best and gave his all. We are forever grateful for his sacrifice and we will continue to honour his memory. We extend our very deepest sympathies to his family, friends and colleagues at this terrible time.

Honourable members: Hear, hear!

Mrs REDMOND (Heysen—Leader of the Opposition) (14:09): I rise to second and support the Premier's motion, and it is with great sadness, in the face of such an awful loss of such a young life. Sapper Jamie Ronald Larcombe is the 23rd Australian fatality in Afghanistan since Australia sent troops there in 2001, and the second South Australian, after Sergeant Andrew Russell, an SASR member, who died in action on 16 February 2002.

He is the fifth Australian Army combat engineer to be killed in action in Afghanistan, and the second member of the Darwin-based 1st Combat Engineer Regiment to die this month, following the death of Corporal Richard Atkinson less than three weeks ago.

Every death is a tragedy, but two deaths from the same regiment so close together is a devastating blow for the troops who served with Jamie and Richard in that regiment. Sapper Larcombe was shot dead by insurgents while on patrol in the Mirabad Valley on Saturday night.

A sapper is a military engineer who detects and disarms mines. It is a term with which I am familiar. My father was a sapper in the 9th Division in Tobruk and El Alamein. When patrols leave the security of an operating base, the sappers lead the way. They are out in front of the vehicle patrol with their dogs and their detectors seeking out mines. They are often required to clear out buildings, testing every metre to make sure it is safe. Sappers put their lives at severe risk each and every day, and the nature of their work means that they also have a much higher rate of injury than many other regiments. They put themselves at great risk to ensure the safety of their mates and of the locals who call war-torn Afghanistan home.

Jamie was only 21 years old. He had his 21st birthday just last September. He was performing perhaps one of the most harrowing and little-known tasks in war. Jamie was not alone on Saturday night and his is not the only family mourning a loss. I think it is important to also acknowledge the Afghani interpreter who was also killed in the same attack. There are many faces to war, many people making sacrifices, and each loss is unbearable for the friends and families of the victims.

Sapper Jamie Larcombe called the small Kangaroo Island community of Parndana home. He was born in Kingscote and, after graduating from Parndana Area School in 2007, joined the Army soon after his 18th birthday. I understand that an Army career was always his aim.

His first deployment in his short three-year career was to Sumatra in 2009 for Operation Padang Assist following an earthquake there. Jamie was on his first tour of Afghanistan, and he had been there only since September, that is, since around the time he turned 21. The sad news of the death of Sapper Jamie Larcombe will no doubt remind all South Australians of the incredible dangers being faced on a daily basis by our brave soldiers in Afghanistan and in other conflicts around the globe. Jamie's young life was full of promise. He was loved by his family, his partner, his friends and his close-knit community. Tragically, his life has ended too soon.

The loss of such a fine young man, who was prepared to put his own life at risk for his country and who has now paid the ultimate price, will continue to be felt by his family, his friends and the wider community. I cannot imagine the heartache and desolation his family must be enduring. I can only think that it must seem that their unbearable sorrow will never end.

On behalf of the Liberal parliamentary team, I extend our deep condolences to Jamie's parents, Tricia and Steven, his younger sisters, Ann-Marie, Emily and April, and his partner, Rhiannon Penhall. We should all remember Jamie's sacrifice and, to the extent that we are able, support the Larcombe family and Jamie's loved ones in their grief. The family have asked the media to respect their privacy and give them space to grieve. I encourage everyone to respect that request. I commend motion to the house.

Mr KENYON (Newland—Minister for Recreation, Sport and Racing, Minister for Road Safety, Minister for Veterans' Affairs, Minister Assisting the Premier with South Australia's Strategic Plan) (14:13): I rise today to offer my sincere condolences and sympathy to the family and friends of Sapper Jamie Larcombe. His tragic loss—killed in action in Afghanistan last Saturday—is profound to his family, his mates, his friends, his home community of Parndana and the people of Kangaroo Island, along with all South Australians and the rest of the nation.

He will be well remembered for his commitment, his bravery and for making the supreme sacrifice in the service of his country. My thoughts are especially with his parents, Tricia and Steven, his three younger sisters, Ann-Marie, Emily and April, and his partner, Rhiannon Penhall.

Earlier today, I attended a meeting of the Veterans' Advisory Council, comprising representatives of veterans' organisations in South Australia, where we collectively stood and shared a moment of silence as a mark of respect for Sapper Larcombe.

I am advised that he is, sadly, the third South Australian soldier to be killed in Afghanistan since the Australian Defence Force commenced Operation Slipper in 2002. We lost Sergeant Andrew Russell in 2002, Private Thomas Dale last year and, now, Sapper Larcombe.

The death of Sapper Larcombe again reminds us in the starkest possible way of the constant danger faced by our troops wherever they are serving our nation. We have lost a fine young man and a brave South Australian. Lest we forget.

Mr PENGILLY (Finniss) (14:15): I rise to support the motion moved by the Premier and, in doing so, note that Sapper Jamie Larcombe is the 23rd Australian soldier to die in Afghanistan, some nine years after Sergeant Andrew Russell, the first Australian serviceman killed in Afghanistan.

Sapper Jamie Ronald Larcombe, of the 1st Combat Engineer Regiment, F Troop, was born on 14 September 1989 at Kingscote Hospital on Kangaroo Island. Jamie attended Parndana Area School, where he was loved by all. He loved his community and served as a CFS volunteer and played sport for his local footy club, Western Districts. His life ambition in high school was to finish year 12 and then to serve his country and to do it proud. This he did. As a dedicated son, brother and boyfriend, he could always be relied on.

Jamie was a fun-loving individual who loved life and gave where he could. Throughout his short life he never lost sight of his goal to serve his country. His determination to achieve was extraordinary. His role as a combat engineer in the Australian Army made him unstoppable in his quest to protect his country and the world from terrorism. Anyone who came in contact with Jamie grew to love him for his personality and his great sense of humour. He was cherished by his local Kangaroo Island community, friends, family and his close Army mates, who are now mourning his great loss. He will always be in our hearts.

I never thought, as a member of the South Australian parliament, that I would find myself in this place doing what we are doing today. On a small place like Kangaroo Island the pain has been intense since we learned of Jamie's untimely death. The island's heart bleeds for Jamie's parents Steve and Tricia, his sisters Ann-Marie, Emily and April, and his girlfriend Rhiannon and her family.

This condolence motion has a very personal sting. The member for Bragg and I know Jamie's family well and can relate immediately to their tragic circumstances. Steve, Tricia and their wider family are highly respected and extremely well-known, longstanding members of the Kangaroo Island community. Jamie's grandparents came to the island after World War II and took up a soldier settler block in the Stokes Bay area of Kangaroo Island. The family were, and are, very good farmers, but, more than that, members of the Larcombe family have always been great contributors. Steve and Tricia carry on being great assets to our community.

Over the years I have had considerable contact with Steve and Tricia in our small community, especially at sporting functions such as football, which, as I said, Jamie loved to play, but also through Steve and Tricia's building business, in which they are extremely high achievers. Their son was of that ilk. I do not think any one of us can begin to imagine just how much their small family is absolutely shattered. This grief is all the harder because never for one moment did they ever expect or want to be the centre of such widespread and persistent media attention across the nation as they have been in the last few days.

Kangaroo Island has had a proud record of providing service men and women to the Australian Defence Force, and Jamie stands proudly on that tradition with the other fallen heroes of the island. There have been fatalities from Kangaroo Island in both world wars, the Vietnam War

and now the war in Afghanistan. Three brothers from the Ayliffe family were killed in World War II and I can still vividly remember, until she died, their mother going down very early every ANZAC Day, well prior to dawn, to place three wreaths at the Kingscote war memorial. She did this until she passed away at a very old age. The loss of her sons was unbearable.

Likewise, the first national serviceman to die in Vietnam, Eroll Wayne Noack, had a close connection with Kangaroo Island. His father and uncles lived out their lives on the island. In that conflict, Private Timmy Turner of the 5th Battalion Royal Australian Regiment was killed in Phuc Tuy province on 15 June 1969. Tim was a national serviceman and had only been in Vietnam for 14 days.

The island's grief at the loss of these fine young men was then, as it is now as we mourn the loss of Jamie 42 years later, inconsolable. Jamie's family has received immense support from the Australian Defence Force, in particular, Lieutenant Colonel Matt Pierce, who was Jamie's commanding officer. The lieutenant colonel has been with the family supporting them since they were informed early on Sunday morning of Jamie's death and remains with them as we speak. His support has been incredible.

It says something about Jamie's commitment to his country that the Larcombe family takes great comfort in knowing that Jamie was part of the finest defence force in the world and, indeed, the most highly trained. He loved his family and his girlfriend—and, equally, he loved his army family.

Jamie's friends on the island have been abundant in their praise of Larco, as they called him. All Larcombes are Larco or Larci. Equally, his former teachers have been loudly unanimous in their respect and affection for Jamie, and well should they be. Everyone is consistent in their praise. Jamie was a fine young man who deserves the generous tributes that have been forthcoming since we learned of his death on Sunday.

Jamie has been particularly honoured by his mates at the Western Districts Football Club and by its President, Mr Jamie Boyle, who has been fulsome in his recognition of Jamie's character and ability. Western Districts footballers are lovingly known as the 'Wonkies'. It is a great term of endearment; and, as a former school friend and footy mate of Jamie's said, 'Jamie is a Wonk forever,' and I say that with the deepest respect.

As I make these remarks today, I can only begin to feel the terrible pain endured by families and friends of all Australian soldiers who have lost their lives in our name in Afghanistan. I cannot imagine the heartache of losing your husband, boyfriend, father, brother or son to that conflict, or any conflict.

These losses are not just headlines or radio and television news reports to be forgotten in a day or two. The losses are real. They are small children who will never be tossed laughing into the air by their fathers, or held by their mothers and loved ones. They are photographs in the front room of every-day Australian homes around our nation. They are wept over on birthdays and anniversaries, and they are empty seats at family gatherings and the Christmas table.

This tragic death will be an empty place on the boundary at the Western Districts Football Club. There is a huge emptiness felt by everyone. When people wonder why Australia maintains its presence in Afghanistan, the truth, I think, is this: we stay to honour the sacrifice of those who have died or been injured in this conflict.

Jamie died fighting for a world in which terrorism has no place to hide, a world in which ordinary Afghani men, women and children can live without hatred and religious extremism, and a world in which all of us can live in peace, security and harmony. For those brave men and women—and especially Jamie—who have fought and died or who have been injured physically or psychologically, and to their families, we stay in Afghanistan and say to them, 'This was a fight worth having,' and so their dreams remain undiminished.

We stay to honour their sacrifice and to finish the job they started. Words cannot express the feelings and emotions that accompany events such as this. However, whilst we grieve as an Australian community and as Jamie's mum, dad, sisters, girlfriend, extended family and mates grieve with a grief beyond anything many of us will ever understand, it is worth recalling the words of Field Marshall Viscount Slim who said in 1954:

As an old soldier, I tell you that the work you do and the way you do it are above others, the memorial the fallen fighting man would desire.

I believe that this is exactly how Jamie would have felt. Kangaroo Island, along with Jamie's Army mates, will not bend in their efforts to help Steve, Tricia, the girls and Rhiannon. The island will always remember with the greatest of pride and affection Sapper Jamie Larcombe. Just as his name will for ever be etched on the island's war memorial in Kingscote (and, indeed, on other memorials around the nation), his legacy will be etched forever in our—the KI community's—hearts and minds.

I have no doubt that Jamie's final farewell will be an occasion that will be incredibly moving and will be indelibly printed in the mind of all who attend. He may well be Sapper Jamie Larcombe, but Larco will always be remembered as a fallen hero of his family, girlfriend and mates. He will never be forgotten.

Jamie, may you rest in peace in our hearts forever as our hero. *Facimus et frangimus*—we make and we break.

Vale, Sapper Jamie Larcombe, 1 Combat Engineer Regiment, F Troop (1989-2011).

Mr HAMILTON-SMITH (Waite) (14:24): I rise to add my sincere and heartfelt condolences to the parents, the siblings, the partner and to the extended family of Sapper Jamie Larcombe. I extend that condolence to the friends of this family in the tight-knit community of Kangaroo Island. This is the news no mother or father ever wants to hear, and the news that no commanding officer ever wants to deliver. I do so not only as the member for Waite but also as a former soldier, who for 23 years followed the same pathway which Sapper Larcombe and his fellow soldiers have travelled.

On 8 May 2002 I had the sad duty to move, in a grievance debate, my sorrow on the death, on 16 February that year, of another South Australian, Sergeant Andrew Russell, a young man who grew up in Ingle Farm in Adelaide, the first Australian soldier killed in Afghanistan, now joined by Jamie Larcombe. May they both rest in peace.

Of the 23 young Australians so far killed in Afghanistan, four are from my first battalion, the 6th Battalion of the Royal Australian Regiment, including South Australian Private Thomas Dale; four are from my second regiment, the Special Air Service Regiment, including Sergeant Andrew Russell; and one is from the 1st Commando Regiment, of which I was the commanding officer in 1991 and 1992.

Each death since this war has begun has been particularly painful. I want to remind the house of the names of the brave 23 soldiers. Each one of them was a brother or a son, a grandson, a father, or a partner. They are:

- Sergeant Andrew Russell, SASR, died of wounds sustained when his patrol vehicle struck an anti-tank mine on 16 February 2002.
- Trooper David Pearce 2nd/14th Light Horse Regiment, QMI, was killed when his ASLAV was struck by an improvised explosive device on 8 October 2007.
- Sergeant Matthew Locke, SASR, was killed by Taliban insurgent small arms fire on 25 October 2007.
- Private Luke Worsley, 4RAR commando, was killed by Taliban insurgent small arms fire on 23 November 2007.
- Lance Corporal Jason Marks, 4RAR Commando, was killed by insurgent small arms fire on 28 April 2008.
- Signaller Sean McCarthy, SASR, was killed when the vehicle he was travelling in was struck by an improvised explosive device on 8 July 2008.
- Lieutenant Michael Fussel, 4RAR, Commando, was killed by an improvised explosive device during a dismounted patrol on 27 November 2008.
- Private Gregory Sher, 1st Commando Regiment, was killed in a rocket attack on 4 January 2009.
- Corporal Mathew Hopkins, 7th Battalion, the Royal Australian Regiment, was killed in an engagement with the Taliban on 16 March 2009.
- Sergeant Brett Till, Incident Response Regiment, was killed by an improvised explosive device during a route clearance task on 19 March 2009.

- Private Benjamin Ranaudo, 1st Battalion, the Royal Australian Regiment, was killed as a result of an improvised explosive device on 18 July 2009.
- Sapper Jacob Moerland, 2nd Combat Engineer Regiment, was killed as a result of an improvised explosive device on 7 June 2010.
- Sapper Darren Smith, 2nd Combat Engineer Regiment, died as a result of wounds sustained from an improvised explosive device strike on 7 June 2010.
- Private Timothy Aplin, 2nd Commando Regiment, died as a result of a helicopter crash on 21 June 2010.
- Private Scott Palmer, 2nd Commando Regiment, died as a result of a helicopter crash on 21 June 2010.
- Private Benjamin Chuck, 2nd Commando Regiment, died of wounds sustained in a helicopter crash on 21 June 2010.
- Private Nathan Bewes, 6th Battalion, the Royal Australian Regiment, was killed as a result of an improvised explosive device on 9 July 2010.
- Trooper Jason Brown, SASR, died as a result of gunshot wounds sustained in an engagement with insurgents on 13 August 2010.
- Private Tomas Dale, 6th Battalion, the Royal Australian Regiment, was killed as a result of an improvised explosive device strike on 20 August 2010.
- Private Grant Kirby, 6th Battalion, the Royal Australian Regiment, was killed as a result of an improvised explosive device strike on 20 August 2010.
- Lance Corporal Jared MacKinney, 6th Battalion, the Royal Australian Regiment, was killed during an engagement with insurgents on 24 August 2010.
- Corporal Richard Atkinson, 1st Combat Engineer Regiment, was killed as a result of an improvised explosive device strike on 2 February 2011.
- Sapper Jamie Larcombe, 1st Combat Engineer Regiment, was killed during an engagement with insurgents on 19 February 2011.

Jamie, you lie in good company. Sapper is a term described as a rank for a member of the Royal Australian Engineers. Their motto is 'First in, last out.'

I extend my sympathy to Jamie Larcombe's fellow soldiers who will miss him. I feel for his commanding officer, for his squadron commander and for his troop commander and section leader. It is a terrible thing to lose someone under your command or to see them savagely wounded. You spend the rest of your life wondering if there was something you could have done or some different decision you might have made that may have resulted in a different turn of events. I say to them, 'Do not blame yourself. You did all that could be done to fight the good fight.'

While serving in the SAS in the 1980s, I commanded Australia's first counterterrorist team, whose job it was to deal, as a course of last resort, with the same rotten souls who have ended the lives of these 23 brave young men. We are facing fanatics who have no respect for human life. We are facing an enemy who would throw our democracy, our freedom, and our way of life into the trash can of history. We are dealing with people who wantonly massacre civilians by the thousands—innocent men, women and children—using guns, using bombs, using chemical weapons or by driving planes into skyscrapers. We are dealing with people who are so fanatical in their theocratic vision for the future of mankind that they will stop at nothing.

We have looked them in the eye in previous wars—dictators, Nazis, zealots, on a mission to kill or destroy—the same evil dressed in different clothes. Today's disguise for this evil is terrorism. Can I assure the family of Jamie Larcombe that he died fighting a noble fight. He died for the ten Australians killed in the September 11 massacre, including South Australian Andrew Knox, aged 29. He died for the 88 Australians killed when the enemy he was fighting massacred innocent people in a bar in Bali, including South Australians Bob Marshall, aged 68; Joshua Deegan, aged 22; and teenager Angela Golotta, aged 19; and for those who were maimed, burned and wounded in Bali.

Jamie died for the freedoms we all hold dear. He died for his mates in Afghanistan, but also for his mates on Kangaroo Island. He died for an Australia where you are free to surf on the beach,

to gather at the pub, to move freely. He died for an Australia where his sisters enjoyed the freedom and the equality owed to them as a birthright. He died so that in kindergartens and schools and community gatherings around this great country, people could enjoy an education and share their views openly and freely in a diverse culture.

He also fought for a country where he, or any other Australian, can challenge a member of parliament without fear of being shot or imprisoned. Today there are reports from Libya of a dictator machine-gunning his own population, who seek nothing more than a right to speak freely and a right to vote in a free and fair election. Across the Middle East there is upheaval.

I have watched with mounting concern the imagery from Egypt where I lived in 1993 as commander of our peace keepers in the Sinai, charged with monitoring the Camp David accords along the border with Israel. I watch young Egyptians clamouring in the squares and the streets so familiar to me then, clamouring for the light of freedom, of democracy, but I fear that behind them stands the dark shadow of theocracy and dictatorship. Throughout history revolutions have started with Kerensky and finished with the Bolsheviks. They have started with the well meaning but finished up with something worse from whence they came. The world is a troubled place.

Jamie Larcombe has died so that we may be safe. In recognising Jamie's sacrifice, it is worth remembering—and I do—that he served in an army full of men and women who value the truth. Men and women who, by and large, hold to ideals we universally respect. These are people who value integrity, who look you in the eye and say what they mean—men and women who understand that to fight and win you must be true to yourself and true to your values.

Soldiering is unique. No other employment contract known to man has an unwritten provision which says: if required, you will die for your country. Soldiering is unique.

I recently watched vision of VC winner Corporal Benjamin Roberts-Smith looking uncomfortable at the formal ceremony to present the highest of bravery awards. Perhaps he was uncomfortable at the fuss. He would know, as brave soldiers do, that it is not the act of courage that you carry out in the heat of battle that necessarily defines the moment. Sometimes, it is what you did not do, the act of bravery by a fallen mate, but unseen or unrecognised, brave men all. These are the things that play on a veteran's memory and conscience in the years that will follow, and that will play on the mates of Jamie, with whom he served.

It is fashionable nowadays to throw the word 'hero' about. We have sporting heroes. We even have political heroes. What a load of nonsense. I ask myself whether, as members of parliament, we are worthy of this sacrifice. What can we do to honour Jamie Larcombe and the other 22 brave souls, including South Australian Andrew Russell, with whom he rests?

We could be more worthy. In the laws that we make and in the actions we take, we could seek to unite and not to divide. We could seek to build up and not destroy. We could act at all times to protect and nurture our democracy from the influences both within and from without that would envelop it and pull it down. We could, by our example, make sure that the terrorists never win.

We could ensure that, as members of parliament, we at all times seek to build a better South Australia and that we put the people first. We could ensure that this sacrifice being made on our behalf is forever valued and acts as our guide.

Jamie Larcombe, there is no greater sacrifice than to lay down your life for your friends, for your family and for your country. Thank you for helping to keep us free. Rest in peace.

Ms CHAPMAN (Bragg) (14:36): Thank you, Premier, for moving this motion, and for the sad but stirring words of many of my colleagues today.

I rise not to repeat what has been said, but to say that last Sunday morning I arrived at the Parndana store, and the proprietor of the general store, Michael, came out and said 'Vickie, the most terrible thing has happened.' I had gone in to buy the form guide for the local Kangaroo Island races, only to find that the races were later cancelled because of the rain, but I could not think immediately of what else could be so bad. There had been no bushfires or anything. Michael said 'Jamie Larcombe has been killed in Afghanistan and the chaplain is around with Steve and Trish at the moment.'

For the record, I do not want specifically to express my condolences to the Larcombe family, because that is a personal matter, but to say that Jamie sadly is not the first and he will not be the last of the Kangaroo Island community to sacrifice their life for our country, but he will be

remembered. There will be generations to come of men and women from Kangaroo Island who will continue to represent their community, serve their state and fight for their country.

It has dealt a bitter and raw blow to the community at present and the exchange between other members of the community on Sunday confirms that. But they will fight on, and they will continue to give. Jamie is the grandson of a returned serviceman who set up his home, his family and his descendants in Stokes Bay, and had later moved into the Parndana community—a township itself which was built to serve the soldier settlement scheme for the central and western end of Kangaroo Island after World War II. In the same week that Jamie died, a returned serviceman died and the widow of a returned serviceman died, so they will go on giving. I just say to the house they will never, never, never give up.

Dr McFETRIDGE (Morphett) (14:39): I did not know Jamie Larcombe, but I have worked on Kangaroo Island at the veterinary practice and I do know that the Parndana community will be feeling this very badly. I know the whole island community, being a very close-knit community, will feel Jamie's loss very significantly. With the support of the members for Finniss and Bragg, I know they certainly will move on from this, because they have a long history of military involvement and I am sure that will continue.

The words of Victoria Cross awardee Keith Payne yesterday stuck in my mind. I was listening to Keith Payne talking about the opening of a new gallery in the Australian War Memorial and he was talking about some of the good things that were happening. A reporter said to him, 'What do you think about what happened when you were awarded the Victoria Cross?' It really struck me: Keith Payne said, 'I did what was required.' I thought, 'That's a strange thing; you didn't do what was required. Perhaps you did do what was required, but you did it with extreme courage, extreme devotion to duty, and discipline; it wasn't just "what was required".'

Keith also went on to say there were others there that were supporting him, and that is what we should always remember: that with Jamie were all his mates, and in the army it is true mateship. I feel sorry for his mates, as well as for his family. Jamie Larcombe did not just do what was required; he did his job as a professional soldier, he did it with courage and he did it with discipline and, unfortunately, he paid the ultimate price.

Mr PEDERICK (Hammond) (14:41): I, too, rise today to give my condolences to the Larcombe family and their friends, and to pay tribute to the service of Jamie Larcombe and the fact that he made the ultimate sacrifice for this country and for this country's freedoms. I do so as the brother of a former soldier who served for 23 years, and who served in Rwanda and Iraq. I was fortunate and could welcome my brother home.

It is very tough seeing people go away, but it is much tougher to have to welcome Jamie back to Australia in the way Jamie's family and friends will be doing. Our hearts and minds are with you, our thoughts are with you and our prayers are with you. May you forever be proud of your son's service.

The SPEAKER (14:42): Members, we hear many condolence motions in this place, but today's seemed to be very personal. I think that the faces and the tears and the silence of members while listening to the words of honourable members from both sides today really said it all. I think it is a tragedy beyond comprehension and, as a mother, my heart particularly goes out to his mother. Most of us here are parents; our feelings go out to the parents. It is a very, very sad situation.

I think particularly the words of the member for Waite brought it into perspective for us. I found them particularly poignant, and a very big insight too. But wonderful words from everyone. I ask that the motion be now carried in silence, following which the sitting of the house will be suspended until the ringing of the bells.

Motion carried by members standing in their places in silence.

[Sitting suspended from 14:44 to 14:54]

BLACKWOOD AND DISTRICT COMMUNITY HOSPITAL

The Hon. I.F. EVANS (Davenport): Presented a petition signed by 4,002 residents of Blackwood, Mitcham Hills and greater South Australia requesting the house to urge the

government to do all in its power to re-open the Blackwood and District Community Hospital and the after hours GP clinic.

BLACK FOREST PRIMARY SCHOOL PEDESTRIAN OVERPASS

The Hon. S.W. KEY (Ashford): Presented a petition signed by 1,500 families attending Black Forest Primary School and residents of Black Forest, Glandore and surrounding suburbs requesting the house to urge the government to take immediate action to install a pedestrian overpass to replace the current pedestrian-activated crossing to ensure pedestrian safety when traversing South Road at Black Forest Primary School.

ANIMAL HEALTH BIOSECURITY FEE AND PROPERTY IDENTIFICATION CODE

Mr Pederick (Hammond): Presented a petition signed by 37 residents of South Australia, requesting the house to urge the government to halt the implementation of the biosecurity fee so as not to adversely impact on the welfare and keeping of livestock and horses in our community.

POINT LOWLY DESALINATION PLANT

Mr Brock (Frome): Presented a petition signed by 512 residents of Port Lincoln, Whyalla, Port Augusta, Port Pirie and greater South Australia requesting the house to urge the state and commonwealth governments to place a condition on the approval of BHP's environment impact statement that the desalination plant be relocated to ensure effluent discharge is not into the oceanic environment.

ANSWERS TO QUESTIONS

The SPEAKER: I direct that the following written answers to questions as detailed in the schedule I now table be distributed and printed in *Hansard*.

HEALTH PORTFOLIO

In reply to **Dr McFetridge (Morphett)** (13 October 2010).

The Hon. J.J. Snelling (Playford—Minister for Employment, Training and Further Education, Minister for Science and Information Economy, Minister for Road Safety, Minister for Veterans' Affairs): The Minister for Health has advised that:

1. The Sustainable Budget Commission (SBC) process was subject to Cabinet requirements.

2. The overall intention of the Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities policy is to work towards increasing healthier food and drink options whilst restricting less healthy options for staff, patients and visitors.

The policy allows for up to 20 per cent of the food and drinks displayed to come from RED category items, which includes lollies, chocolates and other confectionary.

3. The Smoke-Free Health Services policy is designed to protect people from passive smoking. Many of the people who stay in, or visit our hospitals are particularly vulnerable to passive smoking, such as veterans with pre-existing respiratory conditions.

The implementation of the new policy at the Repatriation General Hospital has gone well.

ITALIAN LANGUAGE TEACHERS CONFERENCE

In reply to **Mr Williams (MacKillop—Deputy Leader of the Opposition)** (10 November 2010).

The Hon. J.W. Weatherill (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy): A National Immersion Program for Teachers of Italian was convened by Flinders University in Adelaide on 12-16 July 2010 and was developed in partnership with the University of Salento, Lecce.

Flinders University has also established a recognised profile in European Languages, having established the first Discipline of Italian in South Australia in 1971. As a member of the Innovative Universities European Union Centre, Flinders actively pursues research and higher education collaboration opportunities with European university partners.

Participants in the National Immersion Program were selected on a competitive basis from both South Australia and other states and all three school sectors were represented: State, Catholic and Independent.

Following a request for funding from Flinders University, the South Australian Government contributed \$20,000 to be expended in accordance with the budget set out in the Grant Deed, that is:

Shared accommodation for participants	\$13,650.00
Meals and refreshments for participants	\$2,850.00
International airfare and accommodation for keynote speaker	\$3,000.00
Teaching materials, resources and printing	\$500.00
Total	\$20,000

EDUCATION FUNDING

In reply to **Mr PISONI (Unley)** (28 October 2010).

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy): Each unit and program with the Department for Education and Children's Services is provided with an annual budget that is categorised into salaries and goods and services. There are no budgets provided specifically for entertainment expenses.

INTERNATIONAL STUDENTS

In reply to **Mr PISONI (Unley)** (10 November 2010).

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy): As at Term 2 2010 (19 April 2010 to 2 July 2010) there were 944 international students at the secondary level and 136 at the primary level.

The annual tuition fees applicable are as follows:

- Primary school—\$8,000
- Junior secondary (years 8-10)—\$9,500
- Senior secondary (years 11-12)—\$10,500

EDUCATION ACT

In reply to **Mr PISONI (Unley)** (10 November 2010).

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy): The 13,827 quoted is a full time equivalent (FTE) figure and includes teachers and those in leadership positions who are employed under the Education Act (actively employed or on paid leave). The figure excludes teachers employed under the Children's Services Act.

The following shows the number of permanent teachers within the 13,827 FTE figure employed under the Education Act as both head count and FTE figures:

Head Count	FTE
10,424	9,680.37

SALARY OVERPAYMENTS

In reply to **Mr PISONI (Unley)** (10 November 2010).

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy): As at 30 June 2010 there were 912 overpayments totalling \$881,938.47.

772 overpayments were being monitored by Shared Services SA totalling \$632,254.75 with the balance of 140 totalling \$249,683.72 being monitored by the Department of Education and Children's Services.

EVEN START PROGRAM

In reply to **Mr GARDNER (Morialta)** (7 October 2010).

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development): National benchmarks have not existed since the introduction of the NAPLAN in 2008.

It could be considered that a comparable group in 2009 might have been the students below the National Minimum Standard (NMS) in the NAPLAN Assessments given a student below the NMS has typically not demonstrated the basic elements of Literacy and Numeracy to participate at their year level.

In 2009, there were 7,772 students below national minimum standard in one or more of the following elements: reading, writing and numeracy out of a total of 56,758 students for Years 3, 5 and 7.

CHRISTCHURCH EARTHQUAKE

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) (14:58): I seek leave to make a ministerial statement.

Leave granted.

The Hon. M.D. RANN: At approximately 10.20am Adelaide time, our sister city of Christchurch, New Zealand, was hit with a shocking, devastating, unexpected earthquake measuring a reported 6.3 on the Richter scale. The quake has resulted in widespread devastation throughout the city and, tragically, considerable loss of life and injury involving many people.

Reports of the fallout are still unclear—there are many people trapped in buildings—but our immediate response on behalf of the people of South Australia was to offer whatever emergency assistance is needed by the New Zealand government to help the victims of this disaster.

Not long after reports of the earthquake started to filter through, I spoke with New Zealand's foreign minister, Murray McCully, to offer South Australia's assistance. I told him that we are not just ready to be on standby but that we are very keen to help in any way possible. I have also contacted the Prime Minister, John Key, and the opposition leader, Phil Goff, to say that our prayers and thoughts are with the people of New Zealand at this tragic time, and I have made it clear that our emergency services will be on standby to deploy search and rescue and relief teams to Christchurch at the immediate request of New Zealand authorities.

I am informed that the New Zealand emergency management team is currently meeting. At the conclusion of that meeting, South Australia will be advised through the commonwealth government about what is required. In the meantime, we are assessing the availability of volunteers, and we will call on them when we know exactly what is needed.

I have spoken to the Minister for Health as well as to the Minister for Police and Emergency Services and, obviously, we are talking about resources available through Fire and SES or through the police or, indeed, through our hospitals with emergency medical teams of doctors and nurses.

I am told that authorities have confirmed multiple fatalities after the earthquake hit 10 kilometres southeast of Christchurch. I understand that the shaking intensity in the city was much greater for this earthquake than the magnitude 7.1 earthquake of last September, or any of its after shocks. The damage is large, it occurred in the middle of the working day, and the earthquake has not been deep from the surface.

I am advised that New Zealand has requested international assistance for urban search and rescue personnel from Australia, with the New South Wales USAR Taskforce being deployed at the first instance. I have spoken with the Metropolitan Fire Service Chief Officer Grant Lupton (a former New Zealander) and he has directed South Australian search and rescue personnel to begin planning for a potential deployment request. I am informed that South Australian Urban Search and Rescue can deploy a task force, including equipment and 42 personnel, within 24 hours.

At this stage, New South Wales has been requested to send a search and rescue task force involving 72 personnel to New Zealand. Queensland, Victoria and South Australia are all on standby. If necessary, our medical teams will also be available to be deployed and our hospitals

can provide assistance as required. Anyone with concerns for family or friends should contact the Department of Foreign Affairs and Trade emergency health line on 1300 555 135.

On behalf of all South Australians, we send our prayers and thoughts to the people of Christchurch. This is our sister city and we stand by ready to help in any way that we can.

MINING DEVELOPMENT

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) (15:03): I seek leave to make another ministerial statement.

Leave granted.

The Hon. M.D. RANN: Members of the house will be aware of this government's support for mining development in this state. Late last year I announced that the number of major mines approved in South Australia has risen to 16. The 16 approved mines represent a four-fold increase from the number of mining projects in this state when this government came to office.

This increase was driven in part by the government's introduction in 2004 of the Plan for Accelerating Exploration (PACE). These mining projects create jobs and underpin economic activity in regional areas throughout our state. They are evidence of this state's capacity to translate the almost \$1.3 billion of private mineral exploration expenditure since the introduction of PACE into new mines and new jobs.

Our recently revised Mining Act is a world-class regulatory framework for minerals exploration and development. This has been recognised by international commentators such as ResourceStocks and Canada's Fraser Institute, both of which have consistently placed South Australia among the world's top jurisdictions for mining investment.

The mining industry in South Australia will be further supported by the new approach to the highly prospective Woomera prohibited area (WPA) outlined in the Allan Hawke report commissioned by the commonwealth government. This report has recommended a range of policy measures, which would significantly increase the scope for co-existence between mining and defence activity in the Woomera protected area (an area, I understand, bigger than England), providing certainty to industry and unlocking much of the potential \$35 billion in mining projects located in this area, and it could be much more than that.

This will help us build on the success of PACE, which has been transforming our mineral sector. Mineral production values reached a record \$3.28 billion in 2009-10, achieving our South Australian Strategic Plan target of \$3 billion by 2014 ahead of time. Minerals have now become South Australia's largest single contributor to exports, worth \$2.8 billion in 2009-10—more than double their value of \$1.7 billion in 2003-04—and these increases occurred despite a fall in production at Olympic Dam due to the catastrophic Clark shaft incident in 2009.

We can expect even more growth in this sector when the Olympic Dam expansion comes on stream. The excellent profit results announced by BHP Billiton last week will support the company's investment in this project. The government is working closely with BHP Billiton to ensure that the exhaustive approvals process for this project is thoroughly and efficiently managed.

I will be working with the Minister Assisting the Premier with the Olympic Dam Expansion Project and the Minister for Mineral Resources Development to ensure that this critical project goes ahead and generates the maximum benefit for this state. The government's negotiating team will also include Bruce Carter and Paul Heithersay.

While we are unashamedly pro mining and pro jobs, this government demands that exploration and mine development occur in a way that is sensitive to the needs of the environment and to the community. Our exploration licence and mining lease approval processes ensure that strict environmental standards are met. There is a legitimate and healthy public debate about whether, despite these strict environmental standards, specific areas of our state should be off limits for mining altogether.

That debate has manifested itself over the Arkaroola Wilderness Sanctuary, which has been raised with me repeatedly. I certainly recognise the unique and sensitive environmental, cultural and heritage values of this site, which I visited last year. It is a stunning landscape, rich in flora and fauna, and I found its beauty to be compelling.

The government renewed the conditional one-year exploration licence for Marathon Resources to explore an area within the Arkaroola sanctuary at the beginning of this month as we were legally obliged to do. It is important to note that this is an exploration licence that in no way confers a right to mine. Before the renewal was granted, the company was advised that the government is examining options for the future conservation management of the Arkaroola sanctuary.

As the company was advised, these options could include the exclusion or limiting of future mining in the environmentally sensitive area of the Arkaroola sanctuary, including areas that are subject of the company's lease. Another option is the designation of the Arkaroola sanctuary as a national park under the National Parks and Wildlife Act 1972, which would demonstrate a commitment to the protection and enhancement of the conservation, landscape and heritage values of Arkaroola. Although there has been—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —some media speculation about this possible option, no decision has been made by the government. It needs to be understood that conferring national park status would not necessarily preclude mining and could leave the way open for future governments to allow mining at Arkaroola. It is suggested by the Sprigg family, operators of the Arkaroola sanctuary, that declaring the area a national park would pose serious problems for existing tourism operations at Arkaroola, whereas a definitive ban on mining could allow their tourism operations to proceed unchanged.

Another option is to have Arkaroola placed on the National Heritage List and thereafter on the World Heritage List in conjunction with a ban on mining. Such listings would reflect the significant heritage values of Arkaroola and would provide an additional level of protection to the area for all time.

We will be considering all of the available options to preserve the iconic Arkaroola sanctuary. To be clear, all options, including a definitive ban on mining at Arkaroola, are on the table. It would, however, be inappropriate for the government to make a decision like this without consulting native title holders, pastoral leaseholders, and holders of the exploration licences, not just Marathon.

The government will announce its intentions about how to best protect Arkaroola once that consultation has been completed. To this end, I have asked the Minister for Environment and Conservation and the Minister for Mineral Resources Development to lead the consultation process on the conservation management of Arkaroola. Following the consultation process, recommendations for the future management of Arkaroola will be brought to cabinet and an announcement made.

PAPERS

The following papers were laid on the table:

By the Attorney-General (Hon. J.R. Rau)—

Regulations made under the following Act—

Spent Convictions—General

Rules made under the following Acts—

Legal Practitioners—Legal Practitioners Education and Admission Council—
Amendment No. 5

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

Public and Environmental Health Council—Annual Report 2009-10

Death of—James William Wallace—Report of actions taken following Coronial Inquest
23 February 2008

By the Minister for Education (Hon. J.W. Weatherill)—

Local Council By-Law—

City of Adelaide—

No. 6—Rundle Mall

By the Minister for Families and Communities (Hon. J.M. Rankine)—

Regulations made under the following Act—

Liquor Licensing—

Dry Areas Short Term—

Rymill Park and Adelaide Park—Area 3

POLICE CALL CENTRE

The SPEAKER: I call the Minister for Defence Industries.

Members interjecting:

The Hon. K.O. FOLEY: Given none of you will ever serve nine years as a minister, you wouldn't know what it's like.

Members interjecting:

The SPEAKER: Order!

Mrs Redmond: You'll eat those words one day.

The Hon. K.O. FOLEY: I'll eat those words? What will you be then—74?

The SPEAKER: Order!

The Hon. K.O. FOLEY (Port Adelaide—Minister for Defence Industries, Minister for Police, Minister for Emergency Services, Minister for Motor Sport, Minister Assisting the Premier with the Olympic Dam Expansion Project) (15:12): Madam Speaker, I seek leave to make a ministerial statement.

Leave granted.

The SPEAKER: Minister, could you keep your remarks to your statement?

Members interjecting:

The Hon. K.O. FOLEY: There will be calls for fresh faces by then. On 14 September 2010 my predecessor, the Hon. Michael Wright MP, announced that a comprehensive review would be conducted into a call to the 131 444 police assistance line on 11 September 2010 by Ms Pirjo Kempainen.

The review was wide ranging and examined the handling of the matter of the call centre, including action taken in response to the call, standard operating procedures, level of training and supervision for call centre operators—

Members interjecting:

The SPEAKER: Order!

Mr Williams interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: —deficiencies in the manner in which the call was handled, any matter—

Mr Williams interjecting:

The Hon. K.O. FOLEY: What's your problem, Mitch? You want to listen?

Mr Williams: Get on with it!

The SPEAKER: Order! Minister, could you go back to your statement, please, and ignore the comments coming from my left.

Mr Williams interjecting:

The Hon. K.O. FOLEY: Well, it's an important matter, and I would have thought that the Deputy Leader of the Opposition would actually want to listen, but, clearly, he has other things he wants to talk about.

Mr Williams interjecting:

The SPEAKER: Order, member for MacKillop!

The Hon. K.O. FOLEY: Well, how about you shut up and listen?

Members interjecting:

The SPEAKER: There will be no quarrels across the floor.

The Hon. K.O. FOLEY: —deficiencies in the manner in which the call was handled, any matter—

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The Hon. K.O. FOLEY: Well, I'm just not going to talk above the interjections and noise from members opposite today.

Mr Williams: Just get on with it. Just because you're no longer the deputy leader—

The SPEAKER: Order! Member for MacKillop, behave!

The Hon. K.O. FOLEY: —any matter which may have contributed to the way the call was handled, and whether any changes to policy and procedures, training, supervision or any other matters, are needed. I can advise the house that the review has been completed and I have had the opportunity to consider the final report. I am also able to advise that Ms Sarah Bolt, head of the Independent Police Complaints Authority, has reviewed the conduct of the investigation, its conclusions and recommendations. In a letter dated 6 January 2011 to the Commissioner of Police, Ms Bolt advises:

I am satisfied that Superintendent Barr of State Intelligence Branch, SAPOL, conducted a thorough and comprehensive investigation into the incident.

Ms Bolt goes on to say:

Suffice to say the report raises a number of significant points and recommendations with which I concur.

The seven recommendations, all of which the Commissioner of Police has actioned, and are currently being implemented, are as follows:

1. General Orders will be amended to include guidance to employees as to when a police patrol should be sent.
2. The call centre standard operating procedures, Criteria for Taking Police Incident Reports (PIRs), will be amended to reflect that PIRs can be taken for minor crime with no other criteria.
3. The call centre standard operating procedure regarding the taking of PIRs will be amended to have operators ask victims if there are any other related incidents, and include this information on PIRs.
4. A disciplinary inquiry into the call centre operator will be conducted in relation to the way that call was handled.
5. The call centre training regime will be documented in call centre branch policy.
6. The call monitoring program will be documented in the call centre branch policy.
7. The implementation project will consider the efficacy of the call centre survey.

The report concludes that the handling of the call by the operator represented a serious lapse in judgement in providing an appropriate police response to Ms Kempainen's circumstances. The call was not handled in accordance with the call centre's standard operating procedures and a patrol should have been dispatched in response to her call. The report rules out staffing levels within the call centre as a factor in the way this call was handled. In fact, during Ms Kempainen's call, there were no other calls waiting to be answered.

While staffing levels were not a factor, it is important to point out that resourcing and the operations of the call centre are continuously assessed and adjustments made to ensure services are of a high standard. Furthermore, South Australia Police receive thousands of calls every year to the 131 444 assistance line, and the number of formal complaints compared to the contacts indicates there is a high level of customer satisfaction with the service. In the past five years, the

131 444 police assistance line received over 1.8 million calls. In that same period, just 24 complaints against call centre personnel were made.

Advice from the officer in charge of Major Crime Investigation Branch, Detective Superintendent Grant Moyle, recommends that the full report—

Members interjecting:

The SPEAKER: Order!

The Hon. K.O. FOLEY: —should not be released at this time whilst the prosecution of the alleged offender is proceeding. In addition, the conduct of the investigation, its conclusions and recommendations have been scrutinised by the independent Police Complaints Authority, therefore, the public interest in accountability has been satisfied. For these reasons, I will defer further consideration of the tabling of the report until all legal proceedings are finalised.

There is no doubt that Ms Kempainen's call should have been handled differently and a patrol car should have been sent. Lessons have been learnt and SAPOL has begun implementing changes to practices, procedures, policies and general orders, which I am confident will prevent a repetition of the shortcomings identified.

SAPOL is not perfect, but it continuously strives to improve its internal and external service delivery. It recognises that the community is its first priority and its services should meet the community's needs and expectations. The reality is, there are thousands of police officers doing an outstanding job on a daily basis. They have millions of public contacts and, on the whole, provide an exceptional service to the public and to the people of South Australia.

SCHOOL VIOLENCE AND BULLYING

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy) (15:20): I seek leave to make a ministerial statement.

Leave granted.

The Hon. J.W. WEATHERILL: We all viewed with shock and disgust the vision we saw just over a week ago of a young student being savagely assaulted at one of our northern schools. Our sense of outrage was compounded by the knowledge that this young man had a disability and that the assault was filmed and posted on the internet in a way which could only have been calculated to add to his distress.

The assailant was immediately suspended from school and has been excluded. This student has been charged by police with the offence of assault causing harm. As a result of investigations into this incident, three other students were also excluded. Of these students, one has been charged with assault and threaten harm and another has been reported for cause harm.

Violence can be a sad reality of our daily lives. It is in our streets, our workplaces, in social settings and in our homes. It is not learned in our schools but brought into our schools. It is inconsistent with the values of tolerance, non-violence and respect taught in our schools, but our schools have an obligation to deal decisively and assertively with violence and bullying when it presents itself. It is vital that the community has confidence that this is indeed happening.

I have therefore asked Mr Bill Cossey AM, former chief executive of the Courts Administration Authority and former acting chief executive of the Department of Education and Children's Services, to undertake an independent review of the circumstances of this incident, with particular reference to the following matters: violence and bullying policies and practices in government schools and their application in this case; the reporting relationship between schools and the department's regional and state offices; and the reporting relationship between schools, the department and SAPOL.

The review will also take into account the Queensland Schools Alliance Against Violence report, which is the most recent Australian work on this issue. I look forward to receiving Mr Cossey's report and considering its recommendation.

Despite the fact that each act of violence or bullying carries with it its own personal story of loss and suffering, South Australia is an acknowledged leader in tackling these issues in our schools. Drawing on research from Professor Donna Cross, the most recent report from the Council for the Care and Protection of Children notes that South Australia has the lowest rates of all forms of bullying across Australia and the lowest rate of covert bullying for public schools.

South Australia has provided much of the academic thinking behind school responses to bullying and violence, with Dr Ken Rigby from the University of South Australia the foremost Australian authority. In 2005, we created the Coalition to decrease bullying, harassment and violence, bringing government and non-government school leaders, eminent researchers (including Dr Rigby) and police together to provide expert advice on tackling violence and bullying in schools. Others have copied our initiative.

The coalition work has helped our schools meet the requirement that each school have its own written bullying policy. The coalition has also assisted in developing the principles underlying our Keeping Safe child protection curriculum, which teaches respectful relationships from preschool onwards. Its work led to South Australia being the first jurisdiction to assist schools to address the new menace of cyber bullying, including by explicitly bringing conduct taking place outside of school into school disciplinary policies and convening forums for parents and school staff on strategies to limit and address cyber bullying that has contributed to this.

This work was built on last year, with 45 schools receiving South Australian government grants to help them develop innovative practices to tackle cyber bullying. The results of this work will be shared with all schools this year. Dr Rigby's work has also informed the Queensland's October 2010 extensive report into violence and bullying, Working Together: the Queensland Schools Alliance Against Violence report.

It is appropriate we now review our policies and practices to see what lessons can be learnt from this incident and to consider what can be learnt from recent thinking on this issue. Our overriding aim is to ensure that our schools are places where the values of respect and non-violence are paramount and places where young people can focus on their learning.

I have visited over 100 schools in the last 10 months. I have seen the diversity of our schools and I have also seen excellence in our schools. I have seen both the commitment of teachers and staff and the enthusiasm and respect of students. I want all South Australians to have the confidence in our schools that I do.

QUESTION TIME

ROYAL ADELAIDE HOSPITAL

Mrs REDMOND (Heysen—Leader of the Opposition) (15:25): My question is to the Premier. Given that the Premier has announced that today marks the commencement of the RAH project at the rail yards, why won't he tell the people of this state the cost, the scope of the project and the length of the PPP contract? The government first advised that the PPP contract would be over 30 years, then revealed that the contract would be over 35 years. Today, the Minister for Health told media that the contract would be 25 to 30 years.

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL (Karna—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (15:25): I thank the member for her question. It is a question that has been asked multiple times before. The financial closure of the hospital will occur in the next six to eight weeks. When that occurs—

Mr Pisoni: You have started it already. You don't know how much it costs but you have started it. I wouldn't mind you as a customer.

The SPEAKER: Order!

Mr Pisoni: I tell you what, I would have made a fortune.

The SPEAKER: Order!

The Hon. J.D. HILL: Well, sharp practices by the member for Unley are probably one thing we will put to one side.

Members interjecting:

The SPEAKER: Order, the minister will get back to the question! The opposition will be quiet.

The Hon. J.D. HILL: Madam Speaker, if the member interjects with that kind of line, that is the kind of response he deserves to get. As I was saying, the financial closure will occur in the next six weeks or so. When that occurs, all of the details as to the cost will be revealed to the community, and to the opposition, and the detail of that will be plain for all to see.

The second element of the question is the scope of the project. I would refer members opposite to the website which goes through that in a lot of detail. The third question was in relation to the length of the contract. The contract will be for 35 years; it will complete in 2045. The first part of that contract is the construction side and then there is a 29-year period, I think, which is operational.

NATIONAL HEALTH REFORM

Mr BIGNELL (Mawson) (15:27): My question is to the Premier. Can the Premier inform the house about the new national health reform agenda, as agreed by all states and territories at the recent COAG meeting?

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) (15:27): I would like to thank the honourable member and congratulate—

Ms Chapman interjecting:

The SPEAKER: Order, the member for Bragg!

The Hon. M.D. RANN: —him on his new role as parliamentary secretary to the Minister for Health and the southern suburbs. I understand he has already started his role with great enthusiasm and vigour. A truly national agreement was reached last week at COAG—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —when premiers and chief ministers signed a deal that paves the way for a real partnership to deliver better health services. Health is critically important for this government, and since our election in 2002, health expenditure has more than doubled. We have employed more than 4,000 extra nurses and more than 1,000 extra doctors.

Ms Chapman: You were going to give away our GST last time.

The Hon. M.D. RANN: It is interesting that the honourable member wanted to interrupt on a point. Since we have come to office, more than double the expenditure on health and an extra 1,000 doctors and an extra 4,000 nurses, more than there was when the Liberals were in power when they wanted to run down our health services.

Members interjecting:

The SPEAKER: Order! Point of order, the member for MacKillop.

Mr WILLIAMS: I thought the question was about the new health agreement, not about someone's vacant idea of history.

The SPEAKER: I presume you are talking about relevance. I presume that is your point of order. I am sure the Premier will return to his answer.

The Hon. M.D. RANN: In addition, every metropolitan hospital is now being either rebuilt or redeveloped in the most comprehensive upgrade of our public health facilities in decades. I want to congratulate the Minister for Health for his advocacy around the cabinet table in the lead-up to each budget.

These include major upgrades of The Queen Elizabeth Hospital, the Women's and Children's Hospital, the Lyell McEwin Hospital and Flinders, of course. We are also building a brand new Royal Adelaide Hospital with construction due to start soon.

Our state has a very good healthcare system, and we have been working consistently to make it a great healthcare system. However, to achieve better results for South Australians, we needed a fair funding agreement from the commonwealth government. While we have been putting more and more funding into our health system, the previous federal Liberal government was reducing its share. And who was the health minister? Tony Abbott.

The agreement reached at COAG on Sunday 13 February opens the door to the federal government jointly funding growth for the future. That means that by 1 July 2017 efficient growth will be funded equally by the commonwealth and the states on a fifty-fifty basis.

Members interjecting:

The SPEAKER: Order! I am trying to hear the minister's response.

The Hon. M.D. RANN: That means that every dollar we commit to health system growth, based on the efficient price, will be matched dollar for dollar by the commonwealth and we will not be required to forgo the 30 per cent GST revenue.

The commonwealth has backed its commitment with an extra \$16.4 billion for hospital funding across the country between 2014-15 and 2019-20. This is more than the \$15.6 billion promised under the National Health and Hospitals Network Agreement, of which South Australia was expected to receive \$1.1 billion over that period.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: I am particularly pleased that I was able to secure a written guarantee from the Prime Minister that South Australia—

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: —would be no worse off when compared with the funding under the arrangements agreed last year. No worse off. Those arrangements of course, need to be renegotiated due to Western Australia's refusal to sign. The federal government has also guaranteed that all states will be better off in the long term relative to existing arrangements in the healthcare specific purpose payments, the \$15.6 billion guarantee in the National Health and Hospitals Network Agreement, and the \$3.4 billion National Partnership Agreement on Improving Hospital Services.

Under the COAG reforms, the commonwealth and the states and territories will establish a single national funding pool, administered by an independent body, to start in July 2012 so that we can track every dollar. Every dollar the state spends, every dollar the federal government spends. People will be able to know, just as they do with My Schools, where the money goes. The commonwealth will contribute to capital projects through specific grant programs such as the current Health and Hospitals Fund.

The agreement includes strong national standards, including, of course, our own commitment to a four-hour national access target to reduce emergency department waiting times. To put that into perspective, what we want to achieve in this state is that 95 per cent of patients going into an emergency department will be able to be seen, treated, discharged or found a bed within four hours.

In the meantime, we have secured \$306 million extra for the South Australian health system over the next three years to accommodate growth, including extra beds, more doctors and nurses and extra elective surgery procedures. This government has opened 200 additional beds in our public hospitals since 2002. And there are a further 250 beds planned and budgeted by 2015-16.

Members interjecting:

The Hon. M.D. RANN: Just remember the beds that you closed, including the beds you closed in country hospitals at record levels. This is in addition to the transition arrangements negotiated with the commonwealth as we move to the new funding arrangements. By adopting these reform proposals, we can finally create a seamless national healthcare system and patients will be the beneficiaries.

I am also pleased to inform the chamber that I have been able to secure mental health reform as a formal component of the future COAG health reform agenda. Since 2007, and in line with Monsignor Cappo's Stepping Up recommendations, South Australia has been investing in significant reform of our mental health system. Central to this reform is the new state-of-the-art \$128.2 million Glenside mental hospital, along with a stepped system of care, that ensures that people are able to access at the level of care they require close to their own community.

Members interjecting:

The SPEAKER: Order!

The Hon. M.D. RANN: I am delighted that the Prime Minister and the other premiers agreed to allow us to be addressed by the likes of Patrick McGorry and David Capps on national mental health reform. We want to be partners in mental health reform with the commonwealth through the COAG health reform agenda. Every Australian government has committed to sign a full national health reform agreement by July next year. The next step in COAG reforms will be further reforms in mental health, dental health and aged care over the next three years.

I would like to congratulate the current federal government for being a partner in health reform and funding which ensures South Australians can continue to receive world-class, universally-accessible health care long into the future. What a change the change in government made when we could not actually talk about these things at COAG meetings.

ROYAL ADELAIDE HOSPITAL

Mrs REDMOND (Heysen—Leader of the Opposition) (15:36): My question is to the Treasurer.

Mr Williams: That's not you, Kevin.

The SPEAKER: Order!

Mrs REDMOND: When will the Treasurer refer the Royal Adelaide Hospital project at the rail yards to the Public Works Committee for scrutiny? On 8 February 2011, the Treasurer in response to an inquiry on this matter said:

I am happy to have a look at this issue. It is not an intention on my part in any way to frustrate proper parliamentary scrutiny of that project.

The legislation actually requires the referral to the Public Works Committee of all works greater than \$4 million in value where the work is to be constructed on crown land.

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Employment, Training and Further Education) (15:36): The advice to the government is that—

Members interjecting:

The SPEAKER: Order! I cannot hear the Treasurer.

Mr Venning interjecting:

The SPEAKER: Member for Schubert, be quiet!

The Hon. J.J. SNELLING: The legal advice to the government is that the new Royal Adelaide Hospital project is not required—

Members interjecting:

The SPEAKER: Order!

The Hon. J.J. SNELLING: —to be submitted—

Mr Williams interjecting:

The SPEAKER: Order, the member for MacKillop!

The Hon. J.J. SNELLING: —to the Public Works Committee for inquiry. However, I am willing to adopt a flexible and reasonable approach to this. It was my intention after question time to speak to the opposition, particularly to the member for Waite, about a process where some committee scrutiny of the project might be made possible. I look forward to speaking to him immediately after question time.

ROYAL ADELAIDE HOSPITAL

Mrs REDMOND (Heysen—Leader of the Opposition) (15:37): I have a supplementary question. Is the Treasurer prepared to table the legal advice so that we can see exactly what legal advice was given on this question, because the legislation is perfectly clear?

The SPEAKER: You can choose to answer that if you want, Treasurer. I think it was a statement more than a question.

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Employment, Training and Further Education) (15:38): I have to get advice on that, but the advice to us is quite clear. There is no ambiguity about it. It is not covered, as has been said by me and the former Treasurer. The project is not required, because of the way that it has been financed, as a PPP, to be submitted to the Public Works Committee for inquiry.

Members interjecting:

The SPEAKER: Order! The member for Torrens.

HOME AND COMMUNITY CARE PROGRAM

Mrs GERAGHTY (Torrens) (15:38): My question is to the Minister for Families and Communities. Can the minister advise the house how the government is supporting older South Australians to stay living in their own homes while also being connected to the community?

The Hon. J.M. RANKINE (Wright—Minister for Families and Communities, Minister for Housing, Minister for Ageing, Minister for Disability) (15:38): I thank the member for Torrens for her question and her continued strong advocacy for older people in our South Australian community. I am very proud to say that this government has a strong record in supporting South Australian seniors and a proud history in delivering innovative programs to help older people live independently in their homes and be involved in their communities—

Members interjecting:

The Hon. J.M. RANKINE: Keep the clock going, please. It will not take as long next time. From help around the house, delivered meals, social support and personal care, more than 96,000 South Australians are now supported through the Home and Community Care (HACC) program, and, soon, even more will benefit.

Today I am pleased to inform the house of a \$12 million increase in Home and Community Care funding, taking the total to a record \$174 million. This is a 99 per cent increase in funding since this government came to office in 2002. It also represents a 42 per cent increase in the number of hours of HACC services provided in this state under the Rann Labor government.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: Home and Community Care is a joint state and federal government program, and this year funding has been prioritised for a number of new, innovative and exciting programs. These are initiatives that really get to the heart of helping older South Australians from all backgrounds to maintain the best quality of life possible.

Ms Chapman interjecting:

The Hon. A. Koutsantonis: She is permanently outraged.

The Hon. J.M. RANKINE: Can I ask the Minister for Correctional Services, perhaps rather than timing the gaps, to time the length?

Ms Chapman interjecting:

The Hon. J.M. RANKINE: I hope you are timing.

The SPEAKER: Order!

The Hon. J.M. RANKINE: Not the gaps; there aren't very many gaps. Time the length. Madam Speaker, in South Australia we are very proud of our multicultural community and the many migrants whose contributions have made our state the great place it is today. Now, many of these men and women are elderly and need our help. I am pleased to say that an additional \$1.5 million in Home and Community Care funding will go to agencies to support older South Australians from culturally and linguistically diverse backgrounds. This will break down language barriers and ensure services take into account people's cultural needs.

Members interjecting:

The SPEAKER: Order!

The Hon. J.M. RANKINE: Helping older people live in their homes continues to be one of our government's key priorities. Anglicare shares this strategy, and, through \$200,000 in new HACC funding, the organisation will work with NEC Australia to use technology to better support older people. Through the Technology to Aged Care project, a range of digital devices will be used

to remind people about appointments, to take their medication and to help them manage their needs and maintain their independence.

While we place a high priority on addressing individual needs, sometimes people do not necessarily need or want their support to be just one-on-one. A broader strategy that has proven to be very successful in supporting the elderly and people with mobility issues to get out and about is the community passenger networks. This service, which delivers affordable, accessible transport for people who cannot use or access public transport, will now be expanded, thanks to \$800,000 in new recurrent HACC funding. These networks give seniors and the people who cannot just get in a car or hop on a bus—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. J.M. RANKINE: —the support they need to keep appointments, do their shopping and catch up with friends. Madam Speaker, I suggest to people that, if they think the member for Bragg is rude in this house, they should get letters from her and see what they are like. Just have a read of some of her correspondence. It is off the Richter scale. The value of friendship—

Members interjecting:

The SPEAKER: Order! The member for Davenport will be quiet.

The Hon. J.M. RANKINE: The value of friendship can never be underestimated, particularly as we get older. Circle of Friends, a project run by St John Ambulance in South Australia, has done a wonderful job in supporting around 60 South Australian seniors to meet like-minded people and establish and maintain social connections. The sum of \$88,483 per annum in new recurrent HACC funding will ensure this program continues.

To the average person, HACC might sound just like another Public Service acronym but, for thousands upon thousands of South Australians, it does mean something, and something significant. It makes an enormous difference to their lives.

Ms Chapman interjecting:

The SPEAKER: Order, member for Bragg!

The Hon. J.M. RANKINE: Get on your feet and ask a question and I will answer it.

Ms Chapman interjecting:

The Hon. J.M. RANKINE: Do you want me to read your letter to the house so they know the tone of your correspondence?

Members interjecting:

The SPEAKER: Order! There are quarrels across the floor. They are not allowed. Go out in the corridor if you want to quarrel. The Leader of the Opposition.

Ms Chapman interjecting:

The SPEAKER: Order! Member for Bragg, be quiet! The Leader of the Opposition.

ROYAL ADELAIDE HOSPITAL

Mrs REDMOND (Heysen—Leader of the Opposition) (15:44): Thank you, Madam Speaker. My question, again, is to the Premier. Will the Premier advise the house what share of funding for the new hospital at the railyards South Australia will receive from the commonwealth under the Gillard government's health plan? The Premier told the house on 12 May last year, after agreeing to the former federal government's health plan:

The state government will be negotiating with the federal government to ensure it pays its fair share of the capital cost of the new Royal Adelaide Hospital.

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) (15:45): I have got an announcement to make. For every new doctor and every new nurse at the new Royal Adelaide Hospital, fifty-fifty funding by the federal government.

The SPEAKER: The member for—

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! The Leader of the Opposition and the member for MacKillop, be quiet!

Members interjecting:

The SPEAKER: Order! The member for Bright, who is celebrating a special birthday today.

Members interjecting:

The SPEAKER: Order!

TATTOOING INDUSTRY

Ms FOX (Bright) (15:46): Thank you. I would just like to point out that I am not turning 51, as is the member for Light today—but I am turning 40, so well done me!

Members interjecting:

The SPEAKER: Order! Member for Bright, ask your question.

Ms FOX: Can the Attorney-General inform the house about progress of the consultation on proposals to regulate the tattooing and body piercing industry?

Members interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice, Minister for Urban Development and Planning, Minister for Tourism, Minister for Food Marketing) (15:47): Thank you very much, Madam Speaker. I thank the honourable member for her question. I know that this is a matter of great interest to the honourable member, and, indeed, others.

Members interjecting:

The SPEAKER: Order! Too much information!

The Hon. J.R. RAU: She is interested in this very important matter. As members would be aware, a draft bill and discussion paper in relation to this matter was circulated some time ago, and last Friday represented the closing date for comments by members of the public about this issue.

An honourable member interjecting:

The Hon. J.R. RAU: I could tell some stories about experiences about this which have been relayed to me over the course of the last few weeks, but I have decided not to. In any event, it is intended that legislation in relation to this matter will be ready for introduction shortly. However, I would like to tell everybody that the contributions that have been made—

Ms Chapman: Two?

The Hon. J.R. RAU: No, actually there were more than that.

Ms Chapman: Five?

The Hon. J.R. RAU: I think even more than five. We could play 20 questions.

An honourable member interjecting:

The Hon. J.R. RAU: No. I think there were a number. I do not want to mislead anyone on the exact number, but, if it is important, I will get back to them, but there were more than two—in fact, more than 10, I suspect. Anyway, the point is that we are going to read them very, very carefully and, as always, take into account the contributions made by people who have taken the trouble to read out suggestions and taken the time to make comments on them.

We have even received a petition, which in some respects is critical of the draft and which contains some interesting names. But what I thought I would say is that a range of people have got back to us; and, interestingly enough, the AMA took some time to read the proposals, and

members opposite in particular might be interested to know that its only criticism was that it was not stern enough. I think that we are in fairly good company if the AMA thinks that what we are doing is on the right track.

I just wanted to make it clear that there are some parameters around this. The first one is that the legislation, whatever it is, will not—and I emphasise this—will not limit choices for informed adults. So, informed adults, of which all of you are an example, will be able to do whatever they were able to do before the legislation came in; it will be okay to go off and do it. Look! Late bulletin: 30 submissions—three, zero. This is right up to date. As of this moment there are 30 of them.

Mr Williams: So that's one of them?

The Hon. J.R. RAU: No, that's just a letter about them; that's 30. The point is that all of you as informed adults will have none of your choices removed from you. So, any of you, if you have not got around to having a treatment or something done, relax, it is going to be okay. Even if this thing goes through, you are all going to be able to do what you wanted to do.

The second thing that I think is important for people to understand is that there is a certain misapprehension out there somewhere that it is okay at the moment to tattoo a child and that we are somehow trying to change that. As the honourable member for Bragg certainly knows, it is illegal now and will continue to be illegal. There is no horrifying change about that.

There are people out there who are tattooing children, and that is part of the reason why the proposals say that the penalty for doing that is to be increased, to make people think a little bit more about it. It is also the reason why we are saying to people who are in this particular field of endeavour, 'If you want to tattoo somebody who looks like they might be a child and you do not ask for proof of age, then you don't really have a defence if there is a prosecution going forward.' I think it is entirely reasonable. Their proof of age material needs to be kept so that, in the event of there being an issue, they can say, 'Well, look, here's why I did it; here's my reason.' And I think that's entirely fair.

There is a requirement in the draft bill for parental consent for certain types of piercing. I think it is fair to say that this is where the arguments have been basically coming in, whether one should be able to have a serviette thing put in one's ear—a serviette holder; that is the extreme end of the options available—and at the other end there is just a simple stud. We are happy with a simple stud, but we have concerns about the serviette holder. That is a debate that we are going to be having shortly and maybe in this chamber, who knows.

Importantly, we are raising the issue of intoxicated people not having consent to be able to submit to any of these processes. Again, that seems entirely reasonable to me. The impact on responsible operators will be minimal because I believe that most of them are conducting themselves appropriately in any event.

In due course, I will be getting back to the house after we have had an opportunity to consider the 30-odd submissions—

Ms Chapman interjecting:

The Hon. J.R. RAU: No, we've started looking at them. I would be happy to discuss this important matter with any members opposite who have a particular interest in the matter. If the member for Bragg would like to see the AMA's submission, they are very supportive of this; in fact, they want us to take matters even further.

Members interjecting:

The SPEAKER: Order! Could members who are having conversation in the background keep their voices down? I heard some interesting conversations then. The member for Davenport.

NATIONAL HEALTH REFORM

The Hon. I.F. EVANS (Davenport) (15:53): My question is to the Treasurer. Following the Premier's earlier answer that South Australia will not be worse off under the Gillard government's new health plan, will the Treasurer confirm that, under the Gillard government's new federal health plan, the commonwealth will pay 60 per cent of the financing costs and 60 per cent of the depreciation value for the new Royal Adelaide Hospital project, as the then treasurer told the house in regard to the Rudd government's health plan?

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Employment, Training and Further Education) (15:54): I am not getting into what the financing arrangements are for the

new Royal Adelaide Hospital. Those arrangements are at a critical stage in the process. I am not going to do anything which is going to put that process at any threat. We will release that information at the appropriate time.

Members interjecting:

The SPEAKER: Order!

NATIONAL HEALTH REFORM

The Hon. I.F. EVANS (Davenport) (15:54): Supplementary question: Treasurer, can you just clarify for the house what costs will be met under the new federal health plan for the new RAH project?

The Hon. K.O. Foley: Same question.

The Hon. I.F. EVANS: No it's not.

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Employment, Training and Further Education) (15:54): I have already covered that, Madam Speaker.

The SPEAKER: Deputy Leader of the Opposition.

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! Stop responding to interjections and get on with the question. There is still half an hour of question time.

MURRAY RIVER IRRIGATORS

Mr WILLIAMS (MacKillop—Deputy Leader of the Opposition) (15:54): Did the minister raise the issue of South Australia's irrigators only being able to access 67 per cent of their water allocations this water year at the December 2010 Murray-Darling Basin Ministerial Council and, if not, why not?

The Hon. P. CAICA (Colton—Minister for Environment and Conservation, Minister for the River Murray, Minister for Water) (15:55): I do thank the member for this question. It is very nice to actually get a question on water. I guess the point that I would make is that in 2010—

The Hon. I.F. Evans interjecting:

The Hon. P. CAICA: Well, I actually did. I think you are a bit confused, Iain, but I will help you out later in becoming less confused. In 2010-11, South Australia will receive its full entitlement flow, with the maximum amount of water being allocated for consumptive purposes. Quite simply, since October 2010, licensed water users in South Australia have had access to 67 per cent of water, which totals 422 gegalitres, plus 228 gegalitres allocated as carryover, effectively giving River Murray irrigation communities access to 100 per cent of its entitlement.

Mr Whetstone interjecting:

The Hon. P. CAICA: I will get to you in a minute. On average, irrigators have access to 105 per cent of their entitlement, with the majority of carryover water being held by irrigators.

Mr Williams interjecting:

The SPEAKER: Order, member for MacKillop!

The Hon. P. CAICA: The opposition has been irresponsibly encouraging claims that the River Murray irrigators are currently being forced to spend millions of dollars buying water from interstate to meet production requirements. The opposition's ingenious solution to this fictitious situation is to breach our agreements with other basin states. Indeed, the honourable Leader of the Opposition has made an extraordinary statement to the effect that, if she were premier—and it may happen one day, but it would be a long time off, I expect, because I think there will be others down there wanting the job—she would simply get on the phone and tell the other states that we were going to ignore agreements and take all we want.

Mr WILLIAMS: Point of order.

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: Do you want an answer?

The SPEAKER: Point of order.

Mr WILLIAMS: Madam Speaker, the question was did he raise this matter at the ministerial council and, if not, why not?

Mrs Redmond: And the answer so far is, no, he didn't raise it.

The SPEAKER: Minister, do you want to respond to that?

The Hon. P. CAICA: I think that it has to be put into perspective, Madam Speaker.

Members interjecting:

The Hon. P. CAICA: Last time I remember, I can answer questions the way I want.

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: What, of course, the honourable Leader of the Opposition displayed was a staggering ignorance about the basic geography of the river—this is a very important point—in that its source is to our east, and it is also exactly the kind of attitude that has brought the Murray-Darling Basin to its knees in most recent times. The Department for Water, in consultation with PIRSA, have provided analysis of the current situation within the River Murray irrigation community and, in particular, its impact on crop production.

Ms Chapman: Why wasn't it No. 1 on the agenda?

The SPEAKER: Order, the member for Bragg! I warn the member for Bragg.

The Hon. P. CAICA: Thank you, Madam Speaker. This information provided a valuable basis for my recent discussions with Riverland irrigators in Waikerie. At that meeting, it was confirmed that there is no evidence that irrigators are or will be required to spend millions of dollars buying water from interstate.

In aggregate, there is plenty of water currently within the South Australian irrigation community to meet our current crop requirements. Actual water use for irrigation is significantly down on this time last year due to the relatively wet and cool season to date and it is not anticipated that the current allocation decisions will have a significant impact on crop production. There may be, however, a relatively small number of irrigators who, because of their crop type, their financial situation and because they are not holding carryover water, may experience some difficulty.

For most of the irrigators that I met it was a matter of principle and concern that the current level of allocation might herald a change in policy with regard to future levels of allocation. I assured them that this is not the case, as I also assured them that the government is negotiating permanent storage rights that could be used to provide permanent carryover arrangements in the future. As a result of that meeting some practical suggestions were discussed that might address the current imbalance in the distribution of water between irrigators.

The critical thing is this: it will require a degree of trust and collaborative action. We obviously cannot expect that from the member for Chaffey. Last month, on radio he claimed, and was subsequently quoted—I am just getting to the nub about whether I speak to people or not, so this is important—in *The Weekend Australian* as having spoken with both—

The SPEAKER: Point of order, the member for Bragg.

Ms CHAPMAN: As meritorious as I am sure the contribution of statements by the member for Chaffey would be, I wish he had been at the ministerial council meeting because at least we might have an answer as to whether you raised it or not.

The SPEAKER: I am not sure what that point of order was, but minister—

Members interjecting:

The SPEAKER: Order! The minister will finish answering the question.

The Hon. P. CAICA: I will, Madam Speaker, and again—

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: As I was mentioning, as a result of this meeting some practical suggestions have been discussed, but the critical thing is it will require a degree of collaborative action, and I have mentioned about the member for Chaffey, but last month—

Mr WILLIAMS: Point of order: the minister is making reflections on another member.

The SPEAKER: In consultation with the Clerk, I am not sure it is about reflections, but minister, would you please get on with your answer and finish your answer.

The Hon. P. CAICA: I will, Madam Speaker. This is about rural—

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: I can't say that because she will determine whether they are frivolous or not, but that is not for me to determine. The member for Chaffey—and this is about who talks to whom—as was reported in *The Weekend Australian*, having—

The SPEAKER: Point of order, member for MacKillop.

Mr WILLIAMS: The minister is now debating the answer. The question required a simple yes or no answer. Did he raise the matter at the ministerial council or did he not? Yes or no?

The Hon. P. CAICA: I am getting to it.

Mr WILLIAMS: You are getting to it! You have been 10 minutes and answered nothing.

The SPEAKER: I can understand your point of order, member for MacKillop, and what you are trying to say. However, the minister can answer the question in the manner he chooses. He has said that he needs to put this into context, but I am sure he is now going to finish his answer.

The Hon. P. CAICA: I am going to finish it very soon, Madam Speaker. On 12 January, the New South Wales minister wrote to the editor, correcting the member for Chaffey's delusions, stating that he has, and I quote: 'never spoken with Mr Whetstone about the matter'. More recently, on radio, he has practically—

Members interjecting:

The SPEAKER: Order! The member for MacKillop.

Mr WILLIAMS: The question was about a meeting that happened in December and the minister is now talking about events that occurred in January, and debating. All we want is a simple answer: yes or no.

The SPEAKER: As I said, the minister can choose to answer the question in the manner he chooses.

The Hon. P. CAICA: What I find very interesting, of course, is that the member for Chaffey has stated on radio that he has been stalking me, and of course, I have had no contact from him for months, except for one letter in December which I responded to. Two weeks ago, in this place, the member for Chaffey claimed a constituent was being denied the ability to generate \$15 million—

Ms CHAPMAN: Point of order: how can statements of the member for Chaffey possibly have any relevance here? He is clearly debating this matter, poor debate as it is, and he should be either be brought back to it or sat down.

The SPEAKER: I go back to my original point that the member can choose to answer the question anyway he chooses. However, he is straying very close to debate.

The Hon. P. CAICA: As I was saying, \$15 million worth of food production in 90 days, as I said, because they didn't have 100 per cent allocation—they were your words. Unfortunately, you have not identified this person, produce a business plan, identify a crop, nor say how much water was needed so that this situation could be verified. I am sure if it existed there would be lots of your friends up there who would gladly give this gentleman some water.

An honourable member interjecting:

The Hon. P. CAICA: You're delusional.

An honourable member interjecting:

The Hon. P. CAICA: I'm delusional? The man who takes credit for the Labor Party's federal government water policy before the election, and you call me delusional! I have assured the house that there is currently plenty of water available within the South Australian irrigation community and I am sure the member for Chaffey's constituent would have no problem, as I said, finding other irrigators. The government, and our government, will continue to take a responsible and strategic approach in ensuring the long-term security of water for all South Australians and we will leave the pathetic cheap scoring of points to the opposition.

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: I have raised the—

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The Hon. P. CAICA: Pathetic am I? Oh, Steve Bradbury, please be quiet.

The SPEAKER: Minister, I am directing you to finish your answer.

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: I am going to abide by that direction, Madam Speaker, as you would expect from me. I have discussed 67 per cent allocation, and indeed carryover, and permanent storage arrangements, with many people in this state and outside of this state.

Members interjecting:

The SPEAKER: Order!

MURRAY RIVER IRRIGATORS

Mr WILLIAMS (MacKillop—Deputy Leader of the Opposition) (16:05): It is my great pleasure to direct yet another question to the Minister for Water, and I hope for the sake of the house that we get an answer and not a load of rubbish.

An honourable member interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: This is not a fruitless point of order—but I think that was a reflection by the member.

The SPEAKER: Yes, I will uphold that.

Members interjecting:

The SPEAKER: Order! Member for MacKillop, that was not a good choice of words. I think you need to be very careful. Now, ask your question.

Members interjecting:

The SPEAKER: Order!

Mr WILLIAMS: My question is: would any South Australian Murray River irrigator be disadvantaged if the government now cancelled all carryover water from the last water year and, instead, gave every licensee 100 per cent of their allocation for the current water year?

The Hon. K.O. FOLEY: Point of order, Madam Speaker: that is a highly hypothetical question and the minister cannot be expected to—

The SPEAKER: It is extremely close to a hypothetical question. I am not sure that you have finished, so finish your question and then I will make a ruling on it.

Mr WILLIAMS: Would not every South Australian irrigator, if given 100 per cent of their allocation, be at least as well off as what they are with the carryover, and why, if that is the case, don't you cancel the carryover from last year and simply give every irrigator 100 per cent of their allocation?

The SPEAKER: Minister, you can choose to answer that question if you wish.

An honourable member: Good question.

The Hon. P. CAICA (Colton—Minister for Environment and Conservation, Minister for the River Murray, Minister for Water) (16:07): Good question? Why don't you ask me a question? Not that I mind them coming from you, Mitch, I have no problems with that. I will answer the question.

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: What this government did during the time of the most unprecedented drought in anyone's living memory, certainly in this chamber, was to provide a guarantee of carryover. What we did is we guaranteed—

Mr Williams: No you didn't.

The SPEAKER: Order! Member for MacKillop, I warn you.

The Hon. P. CAICA: What we did—and I would remind everyone that up until August last year we were still tracking at record low inflows into the Murray system. It was still looking pretty dodgy as to whether or not we would get the water that we have got now. Things changed dramatically within a period of time, to the extent that we now have a lot of water, as everyone knows, in the system. That is something we should celebrate and all be welcoming of.

This government provided a guarantee for this water year of a hundred per cent of carryover. One hundred per cent of carryover constituted 228 gigalitres. We gave that as a guarantee for irrigators.

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: Carryover water was a drought contingency measure, and we provided—

Members interjecting:

The Hon. P. CAICA: Madam Speaker, they are not interested.

The SPEAKER: I agree.

SA WATER SALARY SACRIFICE

Ms CHAPMAN (Bragg) (16:08): I also have a question for the Minister for Water. Why is the government allowing SA Water employees to salary sacrifice their water rates, when all other South Australian customers cannot? SA Water has a policy to allow 1,500 employees to salary sacrifice their water bills, a tax break not available to any other South Australians. This policy change has come about at a time when South Australians are paying record water costs.

The Hon. P. CAICA (Colton—Minister for Environment and Conservation, Minister for the River Murray, Minister for Water) (16:09): I thank the honourable member for her question. The tax arrangements are those so determined by the commonwealth government but, certainly, as I understand it, the arrangement that has been provided for by the board for SA Water employees to, in essence, salary sacrifice against their water bills is not unusual in relation to other water entities throughout Australia.

Notwithstanding that, I would also make the point that there seems to be a view out there that this is like a licence to waste water. They are still going to have to pay for the water they have. Quite simply, it is about being able to salary sacrifice.

Ms Chapman interjecting:

The Hon. P. CAICA: I am sure that, if not in this life, in your previous life, you were salary sacrificing quite a lot.

Ms Chapman interjecting:

The Hon. P. CAICA: No, and if you decide—

Members interjecting:

The SPEAKER: Order!

The Hon. P. CAICA: —to resign today—which some people might like; I would not like that—and then go to work for SA Water, you, too, would be able to salary sacrifice against your water bills.

SOUTH AUSTRALIAN SPORTS INSTITUTE

Mr ODENWALDER (Little Para) (16:10): My question is to the Minister for Recreation, Sport and Racing.

An honourable member interjecting:

Mr ODENWALDER: Hear, hear! Can the minister tell the house what the South Australian Sports Institute is doing to support the development and pathways of talented athletes who live in regional areas in South Australia?

Mr KENYON (Newland—Minister for Recreation, Sport and Racing, Minister for Road Safety, Minister for Veterans' Affairs, Minister Assisting the Premier with South Australia's Strategic Plan) (16:10): I thank the honourable member for his question and his deep interest in local as well as country sports. The South Australian Sports Institute identifies, develops and supports athletes with the potential to perform at the highest national and international levels of sport.

For country athletes who are given the opportunity to represent their state, the challenges of travelling great distances to training and competition can add an extra hurdle—pun intended there, I think. For the families of these talented young athletes, the cost of travel and accommodation can be an extra burden on top of uniforms and registration fees.

The Country Athlete Award Scheme was introduced to support country athletes and their development. Athletes aged 14 to 18 years who are performing at a high level and living further than 130 kilometres from the Adelaide GPO may be eligible for a share in \$35,000 of funding.

I can announce today that applications for the scheme are now open and can be submitted via the Office for Recreation and Sport website. Members in country electorates should have received, or will very shortly receive, a letter to that effect.

Last year, the distribution of this funding resulted in 52 applicants from 27 sports being successfully awarded \$650 each. They include sailors from Wallaroo, golfers from Port Augusta, cricketers from Kangaroo Island and equestrian competitors from Naracoorte. They all benefited from this grant and, hopefully, many will go on to represent Australia in their chosen sport.

The SASI Talent Search Program for 2011 also has a focus on reaching country athletes. Every year, the SASI Talent Search team works predominantly with high schools to undertake physical and physiological tests and identify athletes with potential to join talent development programs. Athletes identified through this talent search now make up approximately 60 per cent of members of the SASI Canoe Sprint Scholarship program, half of the rowing program and approximately one-third of the volleyball and cycling programs.

To enable more country athletes to be identified through this program, the talent search program has been extended for individuals to submit their own data from testing at their school, sporting club or at home. This can be done online via the SASI pages of the Office for Recreation and Sport website or the SASI Facebook page. Promotion of this talent search opportunity is being done in conjunction with advertising for the Country Athlete Award Scheme and through schools and sporting organisations.

The South Australian Sports Institute is harnessing both science and communication technology to bridge the gap for young athletes living in regional areas and to give them the chance to be identified and supported in their development and pursuit of their sporting dreams.

I also note that the Active Club Funding program opened last Saturday, 19 February. This program supports active recreation and sports clubs by providing funding for programs and equipment, facilities and programs to engage youth at risk. More than \$1 million is being made available to support clubs at a grassroots level, which is critical in the development of young

athletes, not just those who simply enjoy being active and healthy, but those who go on to excel on the national and international stage.

EDUCATION AND CHILDREN'S SERVICES DEPARTMENT, KPMG REPORT

Mr PISONI (Unley) (16:14): My question is for the Minister for Education. Why, after nine years of this Labor government, did it take a KPMG report to tell the minister that his department should have regular meetings with SAPOL in order to promote—and I quote from the report—'safety for children and their families'?

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy) (16:14): Forgive me if I take the member for Unley's citing of a report with just a pinch of salt, because we have had some recent experience from the member for Unley where he just simply gets it horribly wrong.

Members interjecting:

The SPEAKER: Order!

The Hon. J.W. WEATHERILL: Let's go through them, because you do have to be very careful. We had him suggesting that we have over 50 per cent of our teachers—

Mrs REDMOND: Point of order.

The SPEAKER: Point of order, Leader of the Opposition.

Mrs REDMOND: The only response from the minister so far is a direct reflection on the person asking the question, rather than any attempt to answer the question at all.

The SPEAKER: Minister, I direct you to answer the question.

The Hon. J.W. WEATHERILL: Thank you, Madam Speaker. It is difficult to know what the member for Unley is talking about when he cites just a small component of the report, and the history is that he continually cites things out of context—

Mr PENGILLY: Point of order. I refer to standing order 127(2).

Members interjecting:

The SPEAKER: Order! Minister, can you please answer the question?

The Hon. J.W. WEATHERILL: Thank you, Madam Speaker. It has been a consistent—

Mr Williams interjecting:

The SPEAKER: Order! Member for MacKillop, be quiet.

The Hon. A. Koutsantonis interjecting:

The SPEAKER: Order! Minister, be quiet.

The Hon. J.W. WEATHERILL: There have been consistent policies in our department extending back for as long as certainly I have had association with the agency, and I am sure well before that, that criminal conduct is brought to the attention of police. That is an orthodox matter and you expect it to be complied with in all cases.

The truth is that one of the reasons we have put in place this review today is that the principal in question took the view that it was best to encourage the parents in question to make the report to the police. That, in fact, happened, so on the very day of the assault, the police were notified and, in course, the young man in question, who was the assailant, was charged. So that is the factual material here. The concern that has been raised about not reporting to police did not actually have an effect in this particular case, because the relevant parents did, in fact, make a report to the police, and the assailant in question was charged.

What arises out of this is that there is a concern amongst certain school principals that, on occasions when matters have been reported, there has been a response to the effect that, unless we have parents backing up these issues, it is very difficult for us to do anything with the material that is presented, and so that has been a source of discouragement, it is said, by some principals. I accept that it is not a sufficient answer to the question and that, in all circumstances, especially of serious assaults, they should be immediately reported to the police.

There is another dimension to this matter, and that is that, if every single push in the schoolyard was reported to police, we would create an absurd situation. I have had the opportunity to consult with the Assistant Commissioner of Police and have a discussion about this question, and there is a view that an appropriate protocol should be put in place.

In respect of this particular region of the education department, I have seen the policy concerning reporting to police, and it is absolutely crystal clear. It is a lock-step process and that is why, in fact, we are conducting the independent review into this matter. An internal review is underway, as you would expect, but I believe that, given the fact that we have a very clear policy, and it appears on the face of it not to have been complied with in this case, it was important to have an independent review to get to the bottom of that question of the relationship between the education department and the police, and some of these suggestions about the reasons why principals might be reluctant to go directly to the police, rather than through the conduit of parents.

There are some significant issues there that I think do need to be grappled with, and that is why we are having the independent review, and I think Mr Cossey is well placed to do it. He has the respect of both the police and also of the teaching profession, having worked in both the justice and education systems.

EDUCATION AND CHILDREN'S SERVICES DEPARTMENT, KPMG REPORT

Mr PISONI (Unley) (16:19): My question is again to the Minister for Education. Why, after nine years of this Labor government, are staff within the DECS investigations unit not qualified nor experienced in undertaking investigations? The same KPMG report (commissioned for the department) recommends reviewing job descriptions within the investigations unit to ensure staff have law enforcement and investigative backgrounds.

The Hon. J.W. WEATHERILL (Cheltenham—Minister for Education, Minister for Early Childhood Development, Minister for Science and Information Economy) (16:20): I am now getting to where the member for Unley is reaching. We commissioned a report into the way in which investigations of misconduct by teachers in our education system occur. I must say, in taking an interest in this matter, I have drawn on some of my own personal experience as a representative of teachers in my former life as a labour lawyer and I think this is a fair criticism of the education department.

What has happened for far too long is that investigation processes have been too lengthy and gone on for such an enormous length of time that, by the end of the process, even if someone is exonerated, there is such an enormous toll to be taken by the teacher that it is very difficult for them to return to the teaching profession.

I have seen plenty of evidence where very quick investigations could be undertaken without all the palaver that seems to go on that makes these investigations stretch on for a long period of time. I do agree that the quality of the investigations has not been up to scratch. It is one of the things that I am very determined to fix while in this role.

Sure, the KPMG report was commissioned. I think it has done a strong body of work. It is all directed at getting speedy investigations into complaints of misconduct concerning teachers. It is manifestly in the public interest that that is done quickly and effectively. It is in the interests of the teachers in question that those things are investigated quickly and effectively and, now I have the recommendations, they are under consideration and I will be acting upon them.

RUNDLE MALL SHOP TRADING HOURS

Ms SANDERSON (Adelaide) (16:22): My question is to the Minister for Tourism. In light of the government's decision to extend trading hours in Rundle Mall last Sunday to accommodate tourists on two cruise ships, does the minister still stand by the government's position that Rundle Mall is not a tourist precinct?

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice, Minister for Urban Development and Planning, Minister for Tourism, Minister for Food Marketing) (16:22): What a fantastic weekend it was for tourism in Adelaide. There I was down at Outer Harbor on Sunday morning—

Members interjecting:

The SPEAKER: Order! There a point of order. Member for Croydon.

The Hon. M.J. ATKINSON: The question anticipates debate on a bill before the house.

The SPEAKER: I uphold that point of order. It is a bill before the house. Minister, although I have upheld that point of order, you can choose to answer but you need to be very careful in what you wish to say.

The Hon. J.R. RAU: I would love to finish off where I was going. All the people who were there on Sunday were really excited. The *Queen Mary 2* was there. What a magnificent vessel that is! It is 152,000 tonnes. That is very big—that is very, very big. There was another one, the *Amadea*, I believe, which was a bit smaller. But the important thing is that, if the really big one had not been there, the small one would have looked really big. So that was interesting as well.

What I was going to say is that I went there and had a look at the really, really big one of 152,000 tonnes. The other one I think was about 20,000 or 30,000 tonnes, or something, which is still big—it's very big.

Ms Chapman interjecting:

The Hon. J.R. RAU: He's gone. Anyway, this is interesting, actually—

Members interjecting:

The Hon. J.R. RAU: So, all these people—there were more than 1,000 crew on the *Queen Mary 2*, plus 2,200 to 2,800—

Mr PENGILLY: Point of order, Madam Speaker.

The SPEAKER: Order! There is a point of order.

Mr PENGILLY: The question directly related to the member for Adelaide and whether the City of Adelaide was now a tourism precinct.

The SPEAKER: I understand your point of order, member for Finniss, but I have already pointed out that there is a bill before the house and therefore it is not appropriate for the minister to answer that question.

The Hon. J.R. RAU: Yes, thank you, Madam Speaker. The honourable member did raise an important matter, and I am desperately trying to avoid breaching any rule about moving onto a matter before the house. I am trying to circumnavigate that a bit. Anyway—

Mr Williams interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU: —I was given the opportunity of going on board the *Queen Mary 2*, and it is a fantastic experience, 12 storeys of boat, vessel, ship.

The Hon. K.O. Foley: Ship.

The Hon. J.R. RAU: Sorry, ship.

The Hon. K.O. Foley: A submarine's a boat.

The SPEAKER: Order!

The Hon. J.R. RAU: The equivalent of 10 jumbo jets worth of tourists piled off those vessels.

The Hon. I.F. Evans: Tourists?

The Hon. J.R. RAU: Tourists, and they were delighted with the upgraded facilities at Outer Harbor, a great effort and partnership between Flinders Ports—

Members interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU: —and the state government. They just loved the scenery of Adelaide, and they just could not wait to get out there. The great thing is—and a lot of people do not realise this—that they are coming back again next year. It is all going to happen again next year. They will be bringing their friends. They will be telling their friends and they are coming back. It was a great day for tourism, and I thank the honourable member for her question.

GRIEVANCE DEBATE

MARINE PARKS

Mr GRIFFITHS (Goyder) (16:26): We have heard a lot of serious and very emotional words today, and also some rather frivolous words, I think, from both sides. I want to talk about something serious, and it is marine parks.

Many members on the opposition bench have voiced their concerns about the implementation of the marine parks, and I wish to add my support to that—not particularly about the principle behind marine parks; there is general support for that. Everyone wants to see them in place, but there is a great level of concern about sanctuary zones, and it is the sanctuary zones, in particular, that I want to update the house about as they relate to marine parks 11, 12, 13 and 14, which surround much of the coastal waters around Yorke Peninsula, which account for some 21 per cent of the marine park area that has been declared and about which the people who live on and who visit Yorke Peninsula have grave concerns.

One thing that truly amazes me is that the minister goes to the effort of appointing the local advisory groups who are to assist with marine park implementation, but then, amazingly, when the draft proposals come out for sanctuary zones we learn that there was no consultation with these local advisory groups about where in fact these boundaries should be drawn.

It seems to me that these people nominated for these roles have a wealth of experience and skills. They understand the waters and they wanted to be involved in the process. Instead, they are told about it at the end. Their role then is to go out to the community with their chairs (who are also all good people) to try to defend the process, to try to engage with the community and to try to get some alternative suggestions.

I do respect that there must be some lines on some maps to start with. I understand that. But there must be some scientific basis behind these lines, and it is this complete lack of scientific basis that is causing the concern for the people of Yorke Peninsula. There are 19 parks and they include some 44 per cent of the coastal waters. Our understanding is that the sanctuary zone declarations within those waters will amount to some 10 per cent of the marine waters around South Australia. However, to achieve that you have to declare 25 per cent (or one quarter) of all these marine parks to be 'no fishing', 'no take' or 'sanctuary zones', and, until we get it right, there is going to be a high level of community anxiety.

It has certainly consumed the airwaves. There have been television reports and constant feedback into talkback radio about this, with every person expressing a position of complete frustration about the way it has been carried out; and, indeed, their frustration that this is another example of a government making a decision and then defending it instead of actually engaging with the community first to get some level of agreed outcome, and that is what needs to happen.

I have been to public meetings on Yorke Peninsula. People stand up and talk passionately about the fact that, yes, they support the principle of the marine parks. They understand the reason for them. They know that it comes from an international agreement. They understand that it is rolling around all the states of Australia, but they just want to make sure that we get this right because, if we do not, there will be some serious issues.

The greatest one that I am concerned about is the economic impact upon those coastal communities, communities like Port Victoria, small in number and permanent residents. Certainly in the holiday periods it grows exponentially. Many people own holiday homes there. They come there to go fishing in the great waters around Wardang Island, but the declaration of the draft sanctuary zones has prevented access to probably two thirds of the waters around Wardang Island. It is not good enough.

That community now is rallying together. They have held a couple of public meetings, had over 150 people there, and people are jumping up and emotional. They are upset about it; they want to get it right. They are working diligently and putting some alternative positions into the local advisory group at the meetings that are occurring this week. I know that the chairs of those groups are having discussions with the minister to try to make him understand, but there has to be a better process.

There are good people from the Department for Environment and Heritage who are out there trying to convince the community of this. They are fighting a losing battle, though, because of the way that the process has started, because of the way that there was no science behind the

provisional draft sanctuary zones and the way that local opinion has not been listened to in the way that it should be. Unless we get it right, the communities are going to continue to rally against this.

It is another example—and a crazy one in my eyes—where recreational fishers make up 300,000 people in the state. They represent an enormous voting block, they are people who invest in their recreational opportunity, and they are very fearful that that opportunity is going to be taken away from them because of a government that puts in place a law that allows a sanctuary zone to be declared, which is going to take away from them the chance to go fishing, and that is what these people want to do. It is the rec fishers, the pro fishers.

There is a level of compensation available for pro fishers for any loss of effort greater than 5 per cent; but, how do you measure that and how do you measure the loss of economic opportunity for the professional fisher, for the people who support their industry? Is there any compensation for them? No. This is going to be an issue that continues to come before the government. I know that the minister has received many comments. He has to change it now.

SOUTHERN EXPRESSWAY

Mr SIBBONS (Mitchell) (16:32): One of the key election commitments and major infrastructure investments of the Rann government is the duplication of the Southern Expressway. Naturally, this project is of major importance to my electorate of Mitchell. It will provide enormous benefits, including local employment opportunities, during the construction and long term economic and social benefits to the community.

On 20 and 24 November last year, the Department for Transport, Energy and Infrastructure held two community information open days, inviting the public to come along, provide input into the planning process, hear about the time frames for construction and the community engagement process that will occur along the way.

I personally wrote to more than 2,200 households closest to the current expressway to ensure that they were aware of the open days. I have also hosted briefings at my office with the Department for Transport, Energy and Infrastructure and local environmental groups, including the Friends of the Lower Field River and Friends of Glenthorne, to make sure communication is open and ongoing. These face-to-face briefings mean that everybody is involved and that there is open, transparent and up-front communication. I will continue to work to ensure that the local community groups are kept in the loop regarding this project.

We all understand that the reality of large infrastructure programs is that there is going to be a certain amount of inconvenience and some environmental and community impact along the way. The objective is to try to minimise these negatives and maximise the positives that can be realised from the completion of a project this size.

There has been a lot of feedback from residents in Mitchell, who will remember the project the first time around. I have got to say that much of this is negative. Aside from the disappointment associated with having a one-way expressway, residents also report lack of communication on the part of the former government as well as a lack of transparency throughout the process.

The key the success of such projects is to do everything possible to ensure that residents, business and community groups are as involved in the project as possible. I am pleased to note that DTEI has set up a hotline number and email address linked directly to the project team, so the questions and concerns can be addressed as they arise. Next Wednesday, the industry capability network will be hosting a breakfast to increase awareness around the business opportunities available to suppliers and contractors for the project. Most importantly, the project impact report and concept design will be released before the middle of this year. The community will have 30 days in which to provide feedback. DTEI will consider and respond to every group and individual who provides a written submission during this process, and the investigations from the planning study will be summarised in the project impact report.

The concept design was developed following these investigations and balanced with a range of factors, including safety, community needs, environmental impact, local heritage and visual amenity, as well as cost and construction. I will work very hard to ensure that business, community groups and residents of Mitchell are given an opportunity to understand and provide feedback on the project report and concept design.

Certainly, everyone I have spoken to has expressed disappointment that it could not have been done right the first time around. However, despite having to fix the mistakes of the former government, we can work together to deliver positive results this time.

SALMONELLA OUTBREAK

Dr McFETRIDGE (Morphett) (16:36): I draw the attention of the house to the recent salmonella outbreak in South Australia—a serious public health incident. I have spoken to the proprietors of both premises involved, Vili's Bakery and St George Cakes and Gelati, and Vili and Angelo are absolutely devastated about not only what has happened to their businesses but also the whole public health episode.

The first notification of this outbreak was by a press release on 4 February. The incident itself actually peaked on 21 January. I note that there was another press conference last Friday, 17 February, when it was said that there were 23 more *Salmonella typhimurium* phage type 9 cases in the past week. That is not quite correct. This incident was in late January, and the reports for the last group of cases actually came through in the week before, so this is not an ongoing epidemic; there is no pandemic here. There is a serious public health issue that has been well managed by Angelo and Vili in their premises.

The people of South Australia can be assured that both of these businesses are doing everything they can to cooperate with the officers of the public health department to make sure that not only are South Australians protected, as Vili and Angelo would want, but also that the businesses are allowed to continue in the way they would like, that is, producing top-quality products for South Australians to eat.

We should remember that the businesses become victims of these sorts of outbreaks just as much as those people who are affected by the contaminants. Vili's exports to many countries around the world, and it has very high ISO and HACCP standards. There are 300 people employed at Vili's, and there are Australian Quarantine and Inspection Service inspections on regular occasions and the highest levels are maintained. In similar fashion, the highest levels are maintained at Angelo's, St George Cakes and Gelati.

One of the problems you have, though, when you are dealing with perishable products such as cakes and the like, is that you are wholesaling and then passing them out to retailers to sell. It is interesting that the first press release of 4 February says that 'customers should return the product to the place of purchase', and that is what I want to address today. The problem you have with this type of issue is that you are not only dealing with the wholesalers. I have spoken with both Angelo at St George's and Vili at Vili's Bakery. Every test and every swab that the government has done has come back negative for salmonella—every one—so they cannot show the point of contamination.

The epidemiological studies show that there is a strong correlation. The problem you have, though, is that not everybody went to Cafe de Vili's, or was supplied direct from Vili's, or went to St George Cakes and Gelati and bought their cakes there; they bought them at other places. In 2009, Vili Milisits wrote to the minister and pointed out the fact that there was a chance of a serious public health issue because they were supplying pristine product to retailers who were then not able to refrigerate or handle the food properly, so increasing the risk of contamination and the risk of a food poisoning outbreak.

The other big issue that Vili raised with the minister back on 23 July 2009 was the issue of passing off other products as Vili's products. In fact, I have a photograph here of a tray of cakes. They are in a Vili's pie container and tray which has a Balfour's lid on it, and I know that the cakes inside there were not made by either Balfours or Vili's. In fact, these cakes were supplied to a northern suburbs supermarket where they were on display, unrefrigerated.

There are so many areas in the supply chain where contamination can occur, or where less than ideal conditions can occur, so that the chances of a food poisoning outbreak can come to fruition. In the case of both Vili's Bakery and St George bakery, I do not know whether any of these people are donors to any political party, I do not believe that is the case at all, but I do know these guys are doing their very best to make sure that South Australians are getting the best quality food and I wish them well.

ORGAN, TISSUE AND EYE DONATION

Mrs VLAHOS (Taylor) (16:41): I rise today to speak on the event I attended on Sunday on behalf of minister Hill: the rose planting ceremony to honour South Australian organ, tissue and eye donors and their families at Bonython Park, which is where the rose garden has recently been relocated to after moving from the Charles Sturt council area.

In attendance at the event with me was the Lord Mayor of Adelaide, Stephen Yarwood; Dr Sally Tideman, who is the State Medical Director of DonateLife in South Australia; Steve Cavallo, the SA and NT Branch President of Transplant Australia; Dr George Stolze, a donor family representative; and Samantha MacDonnell, a double lung transplant recipient, as is Mr Cavallo. Together with donor families and recipients, we acknowledged the contribution that both donors and their families make to South Australians and, indeed, the broader Australian community.

The Gift of Life Garden is a public tribute to many of these people who have saved or significantly improved the lives of others through either organ, tissue or eye donation. It always marks the beginning of the donation and tissue awareness campaign week that happens every year in Australia, and which began on Sunday.

Each year at the ceremony, a rose is planted to serve as an enduring symbol of the donor's remarkable gift of life. This year the rose is a Memory Rose, chosen to remember the 2010 donors. For friends and family visiting the Garden of Life, the Memory Rose will serve as a special reminder of their loved ones and their gift of life. I was glad to see so many donor families there, many of whom travelled from country areas to be with us. Many of them come each year to the ceremony to remember their loved ones.

Indeed, organ, tissue and eye donors leave a remarkable legacy. Through their selfless acts of donation, they defy death, turn grief into hope and transform terrible loss into new lives and new starts. They improve the quality of life of many people they will never meet.

Donor families, in times of trauma unimaginable to most of us, have the strength and compassion to see beyond the tragedy of their loss. Their honour and their support, by donating part of their loved one, allows many recipients to live a life that they would not have dreamed of before such surgery.

Last year, 31 South Australian organ donors gave a second chance to 89 recipients. The stories of these donors may inspire others to consider organ, tissue and eye donation. In particular, I know the case of a recipient, Kaye Sutherland, who received kidneys at two stages in her life and made a tremendous difference to the Labor Party. It was great to be able to remember Kaye as a friend, colleague and mentor at this special ceremony.

Historically, South Australians have often had a higher organ donation rate than the national average. Our spirit of compassion for others appears to be spreading to other states and territories. Last year, following the new federal government initiatives, including a network of doctors and nurses in hospitals dedicated to boosting the donation rates and a community awareness campaign, donations across the country have risen to a new high. It takes a deep generosity of spirit from donors and their families to donate tissues, organs and eyes. It is a difficult decision to make, particularly when the decision is made on behalf of a loved one who sometimes has not even expressed a desire one way or another.

I encourage all of us in this place, and in the broader community, to consider the generosity of this act and to include it in your driver's licence and make it known to your family your desire. A donation cannot proceed without the family's consent. For this reason, it is vital that we discuss our wishes with our families, and I urge you all to do that. I applaud DonateLife Week in this state and country.

MURRAY RIVER IRRIGATORS

Mr WHETSTONE (Chaffey) (16:45): Today, I want to address the closure of the night shifts at the South Australian Quarantine Stations. However, after the Minister for the River Murray's response during question time today and the insinuations that he threw across the chamber, I thought I should address that.

First, I would like to address a couple of issues. The hot issue, of course, is the restricted allocations of irrigators at 67 per cent. I think it is absolutely outrageous that the minister continues to deny irrigators their full entitlement, considering that we have 90,000 megalitres going down the river daily. It is outrageous to think that he is not going to defend South Australian irrigators and give South Australia's economy a shot in the arm.

We have seen the floods in Queensland, we are seeing food shortages, and we are seeing South Australian irrigators stuck on 67 per cent. There is a solution out there, and that solution is that we have a state entitlement and that it is divvied up into four sections: our dilution water, our diversion water, our town water and our environmental water. At the moment, environmental is full. We have 303 gigitalitres of environmental water. Irrigators would be able to use that water if the

minister would sign off on the Water Allocation Plan and divert that water into their allocation. It would be a shot in the arm for the confidence of irrigators and a shot in the arm for South Australia's economy.

I would also like to address the insinuation by the minister that I lied in the media. I think that is outrageous. I contacted the Victorian water minister's office and spoke to the Victorian water minister about support for South Australian irrigators. He said that he could not give support because our Premier had their government in court. I spoke to the New South Wales water minister's office—their department—and, again, they said that they would not give South Australian irrigators support because of the court proceedings that are going on at the moment.

I have been interviewed by the media many times regarding this ludicrous situation. Even federal MPs continue to look at the situation in disbelief and ask why irrigators are stuck on 67 per cent. It is absolutely outrageous. I also had the government department ringing me during the week asking me what grower could possibly generate that sort of economy into South Australia if they were given 33 per cent additional water allocation. Well, let me tell you: I have several annual growers in my electorate who could turn over \$15 million within 90 days. I would like to ask the minister: does he know how to grow annual crops? Does the minister have any understanding of just what is involved in turning over a potato crop or an onion crop within 90 days? He needs to listen.

The minister told the house that irrigators are on 105 per cent. How can that be? We are stuck on 67 per cent and, when irrigators are on 100 per cent, they will have reached the cap. So, again, for the minister to say that we are on 105 per cent is absolutely outrageous. I have met with the minister, I have written to the minister, and I have actually phoned the minister with solutions, trying to work in a bipartisan way. He is not listening. Then, today, in the chamber, he tells everyone that I am lying and that I am trying to stalk him. In actual fact, I was trying to work with him to get an outcome. He is simply not listening.

Talk about spending millions of dollars on water; this government has spent over \$50 million on an annual entitlement of lease water that it is now going to carry over. Today, that \$50 million purchase is worth less than \$2 million—not a bad investment by the state government.

It really is outrageous that the minister can get up there and dodge around the question that he did not answer. When he went over to the Murray-Darling Basin Authority ministerial meeting, did he ask the ministers about, did he raise the question of, 67 per cent in South Australia? He did not answer that today. Again, he is dodging the real issue. Is he fighting for South Australia's economy and the irrigators, or is he just playing party politics? I wonder. Is it payback for the previous water minister being ousted in the seat of Chaffey? I wonder. So, today is just another prime example that the water minister is not there for every South Australian. When I last grieved on this situation—could he fight a fire with 67 per cent of his water?

SHINE SA

Ms BEDFORD (Florey) (16:50): On Sunday it was my honour to represent the Premier and the Minister for Health at SHine SA's 40th birthday. Along with the Minister for the Status of Women and many longstanding and current staff and friends, we remembered the beginning, when all those years ago the Family Planning Association, renamed as SHine in 1998, opened its doors at Fairford Street, Unley.

Contraception—what is now known as the pill; 50 years old this week—changed women's lives forever and, along with sexual health, it was a driving force for the first women who struggled to achieve votes for women, particularly in the UK where, in the 1860s, those brave outspoken women understood how important this new revolutionary wave of feminism would be.

SHine SA is the lead sexual health agency in South Australia, working in partnership with government, health, education and community agencies and communities to improve the sexual health and wellbeing of South Australians. SHine SA is funded primarily by the South Australian government through the Department of Health, and by the commonwealth government, through the Australian Health Care Agreement. Government financial support represents 95 per cent of SHine SA's total income, with 5 per cent being raised by the organisation through its service provision. The annual operating budget is \$5.4 million in the 2009-10 year.

SHine works closely with and provides many services for its communities of interest. They include: young people 19 years and under; young adults 20 to 30 years of age; regional, rural and remote communities; people from culturally and linguistically diverse backgrounds; people with

disabilities; gay, lesbian, bisexual, transgender, intersex and queer people; workers in the health, education and community sectors; and, of course, our Aboriginal and Torres Strait Islander people.

Although the pill became available in Australia in early 1961, it was not readily prescribed by doctors unless the woman was married, had proven fertility, and had her husband's written consent. It was near impossible for unmarried women, particularly teenagers, to get a doctor to prescribe it. Presumably, unmarried men sought advice somewhere too. In 1969, the South Australian government established a select committee to consider amendments to the abortion legislation. The teen birthrate around that time was 67.7 per 1,000 in the 15 to 19 year old age group, and I note that in 2008 it had fallen to 16 per 1,000 in that age group. Unplanned pregnancies were high, and abortions were unsafe and illegal. Along with termination, adoption and shotgun weddings were the ways of dealing with this issue, resulting in very sad and difficult decisions, often leading to very troubled lives for all concerned.

The South Australian Medical Women's Society and the National Council of Women made submissions in support of the proposed legislation and urged the government to provide support for family planning as a means to reduce unplanned pregnancies and the need for many to seek an abortion. In December 1969, a public meeting was held to gauge the level of support and a steering committee formed. The state government undertook to provide an establishment grant of \$5,400 and annual funding which continued through all successive governments. In 1970, abortion was decriminalised. Clinics were opened where doctors and nurses provided information and contraception to unmarried and married women. The 1970-71 Social Workers Report indicated that, of 459 new patients, 116 were single girls with no immediate plans for marriage.

I was one of them and, as my mother had died when I was 13, and with the following upheaval that saw my family relocate to South Australia away from extended family and friends, no-one remembered that I would soon need to know about, what was often referred to then, as the birds and the bees, and that term is probably still used today by many people. As an otherwise boringly healthy individual, I remember going to Fairford Street, Unley, and later to Phillips Street, Kensington.

Then, as now, knowledge is power. Delivering sex education programs remains, perhaps, the most vitally important role, something that still involves emotive debate, yet continues to keep parents on their toes. Age appropriate information must be available to children as they seek it, some sooner than others. That has not changed in this fast-paced, IT savvy world and poor information travels as fast as a click of a button. Luckily, SHine is aware of the trends and, in 1986, at the request of the then minister for health, a review identified the need to change SHine's services to become the train-the-trainer role. So began the efforts to refine and expand already existing courses for doctors and nurses to reach schools through teachers, youth and disability workers and the Aboriginal community.

In 2007 the Woodville building was opened, providing extended services during the day and after hours. From a 15 school pilot program between 2003 and 2005, SHine services are now in 78 schools and reach Aboriginal people under Close the Gap funding.

In the words of Kaisu Värttö, who provided information for this grievance, what started as an unknown journey has taken us to a society that has changed so significantly it is hard to recognise that we are in the same South Australia, Australia and, indeed, the world. I honour the foresight and determination of the people who established the Family Planning Association of South Australia and became the first members of the interim council, and its staff who provided the services. I acknowledge Kaisu Värttö and her staff who continue the service throughout our state. This is especially important to note in Ovarian Cancer Awareness Week, when early detection of problems in reproductive health, particularly through pap smears, can save many lives.

Time expired.

CONTROLLED SUBSTANCES (THERAPEUTIC GOODS AND OTHER MATTERS) AMENDMENT BILL

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

No. 1. Clause 6, page 5, lines 12 and 13—

Clause 6, inserted section 11A(4)—Delete subsection (4)

No. 2. Clause 6, page 5, line 17—

Clause 6, inserted section 11B(1)(a)—Delete 'as a law of South Australia in relation'
 No. 3. Clause 13, page 13, line 15—

Clause 13(1), inserted subsection (2)—Delete ', supply or administer'

No. 4. New clause, page 17, after line 9—

After clause 26 insert:

26A—Amendment of section 55—Licences, authorities and permits

(1) Section 55—after subsection (2a) insert:

(2b) The Minister may fix fees payable in respect of a licence, authority or permit (including application fees, fees for grant and renewal and periodic fees) and may waive or reduce a fee payable if the Minister considers it appropriate to do so.

(2) Section 55(3)—delete 'prescribed' and substitute:

appropriate

HEALTH SERVICES CHARITABLE GIFTS BILL

In committee (resumed on motion).

Clause 1 passed.

Clauses 2 and 3 passed.

Clause 4.

Dr McFETRIDGE: The minister may have answered most of this when we were discussing the title of the bill. Clause 4(1), public health entity, provides:

Subject to subsection (2), the Governor may by proclamation declare an entity, or part of an entity, engaged in the provision of a health service—

What sort of health services does SAHMRI envisage delivering? Is that clinical testing, pathology services, or does it fit under the broader description in the Health Act of a health service?

The Hon. J.D. HILL: The SAHMRI, of course, is an independent research facility and it will be prescribed under subsection (2)(b), which means that it will be outside of the scope of the provision, so it will not be something that will have a public health entity complexion, if you like.

Dr McFETRIDGE: In regard to the new positioning of the Hanson Institute, can the minister tell the committee what is happening with the Hanson Institute and where it will fit in under this new legislation?

The Hon. J.D. HILL: The advice I have is that the Hanson Institute will be covered by this legislation. It is at the end of the bill in schedule 1, specified bodies. It states:

The following bodies are specified for the purposes of the definition of prescribed gift in section 15:

(a) the body known as the 'Hanson Institute'.

That is how it will be covered. At the moment, funds are being received for the Hanson Institute, but of course the current commissioners are not properly set up to deal with those funds and there was legal advice that they were acting ultra vires. We got through it by creating a constructive trust. This is now giving them the powers to properly deal with those resources.

Clause passed.

Clause 5.

Dr McFETRIDGE: In relation to the new Health Services Charitable Gifts Board that is being established to continue the work of the commission, clause 5 provides that the commissioner will hold office for a period of three years on conditions approved by the Governor and can then be eligible for reappointment. Is there a retirement age or anything with these board appointments?

The Hon. J.D. HILL: No; that is an interesting point. We have not put a retirement or terminating clause in there. If the opposition wants, I am happy to consider an amendment in the other place. I would have thought nine years or something like that is probably reasonable, but we have not included it in this particular case.

Dr McFETRIDGE: The only reason I ask the question is that new eyes and new thoughts in these positions are often good. I am not saying that we have not had great commissioners in the past either.

Clause passed.

Clauses 6 to 10 passed.

Clause 11.

The Hon. J.D. HILL: I move:

Page 6—

Line 14 [clause 11(1)]—Delete '(payments)'

Lines 16 to 19 [clause 11(2)]—Delete subclause (2)

There are three related amendments and the first one is the test. The three amendments address a technical problem with clause 11 of the bill and, if I may, I will talk about all of them at one time. Clause 12 of the bill provides that there will be an executive officer of the board. Clause 13 provides that the board may appoint staff. Clause 11(2) of the bill provides that the commissioner's remuneration, allowances and expenses are to be deducted from the funds or trusts held by the board under the act.

No provision is made in clause 11(2) for deducting the remuneration, allowances and expenses of the executive officer or the staff of the board, or the expenses thereby incurred. The government's amendments, of which this is the first of three, addresses this. Amendment No.3 is the substantive amendment in that it inserts a new clause 13A into the bill which replaces clause 11(2).

It provides that any (a) remuneration, allowance or expense payable to a commissioner, executive officer or staff of the board; or (b) expense incurred by the board in the performance of its functions under the act is to be paid out of the funds or trusts held by the board under the act. This is consistent with the position under the current act. In fact, it was left out during the drafting procedures, as I understand it.

Amendment No.1, which deletes the reference to the defined term 'payments' in clause 11(1), is consequential upon amendment No.2, which deletes clause 11(2) from the bill. The term 'payments' is used exclusively in clause 11(2). It is really just to make sure that the people who work for the commission and the commissioners themselves can be paid what is reasonable.

Amendments carried; clause as amended passed.

Clauses 12 and 13 passed.

New clause 13A.

The Hon. J.D. HILL: I move:

Page 6, after line 33—After clause 13 insert:

13A—Payment of remuneration, expenses etc

(1) Any—

(a) remuneration, allowance or expense payable to a Commissioner, the executive officer or staff of the Board; or

(b) expense incurred by the Board in the performance of its functions under this Act,

is to be paid out of the funds or trusts held by the Board under this Act.

(2) Amounts to be paid under subsection (1) must be deducted from the funds or trusts in accordance with guidelines, determined by the Board and published in the Gazette, relating to the payment of such amounts.

Dr McFETRIDGE: What percentage of funds is used in paying allowances and expenses? You hear some horrendous cases where funds are gobbled up by fees and charges and expenses. I was pleased to hear a report the other day that one of our hospital research institutions is allowing only a maximum of 10 per cent to be—

The Hon. J.D. HILL: It is a lot less than that. There would be a sitting fee for the members of the board, and I am not sure from memory what that is. That is prescribed by a Premier and

Cabinet schedule which determines levels of responsibility. There is a DPC schedule that says what particular board members are paid. If we can find that information for the honourable member, we will provide it to him. It is in the annual report somewhere.

Member for Morphett, there is one staff member, so whatever his salary is; and the three commissioners get an allowance which is determined by the DPC. I cannot tell you of the percentages, but it is a very tight organisation. We are just looking through the annual report to see whether we can find those expenses. In 2008-09, the administration costs were \$440,000. That covered the commissioners' remuneration in 2009 of \$47,000, orders of remuneration of \$14,000, accounting fees of \$17,000 and administration costs of \$139,000, which, I guess, covers the salary.

The expenses for administration were \$440,000 in 2009. Then, of course, there is the total application for institutions—the other expenses, the grants and so on—which was \$8 million. That is, what, roughly, 5 per cent, or something, I guess.

New clause inserted.

Clauses 14 to 16 passed.

Clause 17.

Dr McFETRIDGE: Subclause (2)(b) provides:

may give the whole or part of the gift to any public health entity or prescribed research body...

I refer back to a *Sunday Mail* article of almost a year ago, 7 February 2009, which states '\$80 million RAH bequest go to build MAJ'. The article further states:

Millions of dollars in donations and bequests specifically willed to some of Adelaide's biggest hospitals are set to be shanghaied to the \$1.7 billion Marjorie-Jackson Nelson hospital regardless of donors' wishes.

It goes on to quote a former valuer-general and a former commissioner, John Darley. He was chair of the commission from 1987 to 2007. He said that he had sought legal advice on the ramifications of a name change—whether that is still applicable, I do not know. He said:

This means now that if the MAJ is built those gifts meant for the RAH can go to the MAJ. There might be further legal argument on that point but, as it stands, if people think they are giving a donation to the RAH it can go to the MAJ.

The inference here is that it can go to any other destination that the commissioner sees fit. Also, there is a comment:

Under the changes, even money specifically willed to other hospitals in the then Central Northern Adelaide Health Service, including The Queen Elizabeth and Lyell McEwin hospitals, as well as the RAH, could be diverted to the MAJ according to legal opinion.

Minister, could you give us a comment on that?

The Hon. J.D. HILL: I do recall that article. It was a total beat up; it is not true. All the funds that have been provided by way of donation and which are held by the commissioners will be applied by them in the way they see fit, in accordance with the law. What we are doing here is giving them some flexibility.

I think I gave the example earlier of Hillcrest Hospital, where they are holding some money that they cannot spend because Hillcrest Hospital does not exist any more. To give a practical example, if someone gave money to The QEH for renal research because they liked the work that Toby Coates was doing at that hospital, but Toby Coates' research team moved to the Royal Adelaide Hospital (which it has done), that money could not be spent, under the arrangements currently in place. However, the board would now have the flexibility to apply it to where the research would be done. Bear in mind that subclause (2) is strongly coloured by subclause (3), which provides:

In managing and applying a portion of the charitable assets attributable to a particular donor the Board must—

(a) consider the intent, as far as it may be reasonably ascertained, of the donor;

So if a donation comes in, they have to do what the donor wanted, they have to follow the intent of the donor. If something has changed for some reason—for example, a particular activity does not exist in a particular hospital any more, but it happens in one nearby, or the effort has been transferred to another place—then they can look at that. Subclause (3) further provides:

(b) so far as is reasonably practicable, apply that portion of the assets in a manner that the Board considers is most likely to achieve the intention of the donor.

It is all about the intention of the donor, and the board using its judgement as to where that is best placed. It is not about the government interfering or trying to take money away from anyone. I know that it has been characterised in that way, but I can assure the honourable member and the committee that it is not the intention of this legislation. In fact, it would be illegal for the government to attempt that.

Clause passed.

Remaining clauses (18 to 30) passed.

Schedule 1 passed.

Schedule 2.

Dr McFETRIDGE: The Investment Advisory Committee is being established, and clause 1(4) provides:

The minister may determine the remuneration, allowances and expenses...of a member of the committee.

This is additional to the expenses I asked about before. I assume these will be of a minimal nature as well?

The Hon. J.D. HILL: That is correct.

Dr McFETRIDGE: Clause 2 of the schedule provides:

The functions of the Committee are as follows:

(a) of its own initiative...to provide investment advice to the Board

I assume, once again, that that advice can be disregarded by the board. There is that issue coming back to one of the members being an employee of the administrative unit of the Public Service. I assume that the board members can take or leave that advice.

The Hon. J.D. HILL: Absolutely correct. The commissioners' powers to invest will be expanded, so they can invest in shares or stocks. All we are saying is that there should be an advisory body which has some expertise which is linked into Treasury arrangements, into SAFA and all the investment authorities that we have as a government, so that they are able to access that advice and that knowledge, as well as advice from the outside world. If they choose to reject or ignore that advice that is entirely up to them. It is absolutely within their power to do so.

Ms CHAPMAN: Do I understand it that, whilst the board can reject the advice of the committee, they are able to take other financial advice and have it paid for?

The Hon. J.D. HILL: That is what they do currently.

Ms CHAPMAN: I understand that, but I will just go back to clause 14 on functions. I cannot find that there. It says that they have to consult the committee.

The Hon. J.D. HILL: They are the functions of the advisory committee, not the functions of the board, that you are referring to.

Ms CHAPMAN: Perhaps you misunderstood my question. The function of the committee—we are talking about the establishment of the Investment Committee—has certain functions. In a way, that is academic. That is the establishment of the committee itself. Can the board, having rejected the advice of the committee, which it is bound to ask for, have paid for its own advice from other financial advisers?

The Hon. J.D. HILL: My advice is that there is nothing to stop it from doing that. For example, under 'Functions of Board', it goes through a whole range of things that it has powers over. For example, paragraph (e) states, 'to fulfil any fiduciary and other duties that arise out of the functions of the Board under this Act'. I think that paragraph (c) is probably the most telling measure. It states:

to determine, after consultation with the Investment Advisory Committee established in Schedule 2 and any other body considered appropriate by the Board, appropriate investment strategies for the charitable assets...

Ms CHAPMAN: I take it then it is clear that they have permission to do that from that clause. Is the Investment Advisory Committee, which is the section we are on, required in any other government body or semi-government statutory authority?

The Hon. J.D. HILL: I will get some advice on this, but my understanding is that generally, bodies which have assets which are held on behalf of agencies of the Crown—so this is an independent authority which has been set up to manage somebody else's money, not the taxpayers' money—there is a requirement that they invest through the state's financing authority (SAFA), and they become an investment body.

One of the options that we looked at when we were constructing this legislation is whether or not we should say 'If you want to go into the sharemarket, or if you want to have a more risky kind of profile, then SAFA will do it for you.' We talked about that and the commissioners, I think, in the discussion, preferred to have a more direct role. So we have given them a greater amount of flexibility and a greater amount of authority than we would apply in most other cases that I am aware of.

So the question as to whether there are other bodies which might have an advisory committee established to support investment, I do not think arises, because generally they do not have the same sort of level of discretion. Their financial holdings are managed through SAFA, but I will get that checked, and if that is not correct I will give you a more complete answer.

Ms CHAPMAN: I agree with you. Let me give you an example. If we are talking about the Motor Accident Commission or the Land Management Corporation, obviously they are using taxpayers' money. They manage taxpayers' assets and they have very strict requirements, including recent charters that have been changed in both of them, which keep them very much attached to Treasury. That is understandable and I am not here to debate that, obviously.

When we are talking about managing someone else's money, an example might be the University of Adelaide, or any of the universities for that matter, which have significant money that is paid to them, and which they really hold on trust for the purposes of exercising their duties under the act, namely providing education and research opportunities to their students and clients. They have certain obligations under the Trustee Act, I think, in addition to their own act, but that probably only applies to bequests that they have.

There are situations of others where that exists. I am not talking about what I would call semi-government institutions such as WorkCover, the Motor Accident Commission, etc. I am talking about where people hold money, effectively on trust, for someone else, not the taxpayer per se. I do not know of any so I am just asking whether you, minister, are aware of any? If there are not any, who came up with this idea? Was this your idea, Treasury's idea or whose idea?

The Hon. J.D. HILL: I am not aware of any similar organisations. The suggestion from this I think originally arose from Treasury, which wanted us to have a conservative way of managing these assets. We are talking about \$80 million, which were invested. You have to understand the context of this.

Currently, the commissioners cannot speculate with this money in the way that this will allow them to do. They can buy property or they can hold cash. In fact, it forces them to sell shares. That is obviously not very smart, because if somebody gives them BHP shares one day and then the market crashes the next day and they have to sell them it is obviously not in the long term interests of the beneficiary. So, this gives them greater flexibility.

To maintain that fairly conservative approach, which is in the current legislation, Treasury suggested a committee along these lines. I am sure that if Treasury were asked, they would prefer it if all the funds went through SAFA, but, as I say, I have not accepted that advice. This is kind of a halfway house, if you like, between giving them more flexibility but also ensuring that there is some proper level of advice. As I said before, they can ignore the advice if they choose. They can develop their own strategy, but they have to listen to that advice, and I think that is perfectly proper and very sensible.

Ms CHAPMAN: Minister, you indicated earlier that you had provided me with correspondence in response to a request. I acknowledge that, just after the debate had resumed this morning, this information was provided, and I thank you for it.

You have already identified what the current—as is reasonably achievable—asset position is at 30 June 2010 and how those trust funds are currently identified; that is, what is the donor that is currently the beneficiary of them. The nearly \$82 million, which is the bulk of the funds, is under the name of the Royal Adelaide Hospital, but it is identified as holding money on behalf of the Hanson Centre for Cancer Research and the IMVS. How much for each of those entities—loosely entity, as you describe them?

The Hon. J.D. HILL: I can't. That is information that the board has. I am happy to ask the board for that information. I do not currently know it. This has been one of the problems, of course, that essentially the Hanson Institute, the IMVS, have been considered to be part of the RAH. I suppose originally that would have been the case, but over time they have become separate entities. I am happy to get information for the member and provide it to her before the matter goes to the other house, subject, of course, to the board's willingness to provide that information to me.

Ms CHAPMAN: Given that they are subject to your appointment, minister, I would have thought that it would be reasonable to have that information. The bequest form that the Hanson Institute publishes on their website I suggest clearly identifies when the donor wants to specify that it is to the Hanson Institute, which, as you say, is not an incorporated body as such on its own; it is really just a trading name for the purpose—I was going to say of attracting cancer research funding—of seeking those investments and seeking people to change their wills to do so.

I think the documentation that they provide—at least that I have seen at present, and I have happened to, through personal experience, seen it in the last 10 years—should be able to be easily identified. I am not so sure about the IMVS; but, if, as the Hanson Institute have said in their own reports from time to time, they might have received \$20 million in one year, for example, in bequests, they have a pretty good idea about what they have processed. I would appreciate that.

The other matter that I want to raise is that in the material that you provided there are two pieces of real estate owned by the commission via this current act which have tenants—the government. One I will quickly read. It states:

The CCF owns a commercial building at 8 Greenhill Road, Wayville. This multi-tenanted building has the Satellite Dialysis Clinic (the clinic) as one tenant. The Clinic was initially established by The Queen Elizabeth Hospital and is now managed by the Adelaide Health Service, which is technically speaking the Government tenant. The lease on this tenancy expires on 7 March 2011. The annual rental for the last year has been \$118,934.40 ex-GST, including car parking.

I am not worried about the rental here, because the previous annual report tells us that the properties have been revalued and that now there have been re-lease arrangements to bring the rental on these properties up to some commercial standard. For the moment I accept that the 8 per cent which has been used for the other major asset is a reasonable return. I am not sure why the commissioners have not charged your government or any previous government that has occupied it a proper commercial rental, but that is probably by the bye at the moment. At least they are now.

I suppose that hastens my concern about whether these properties are going to be prepared for sale, which is a power that you are about to give to the commissioners. The tenancy on this building in Wayville, with one of your entities in it, expires in a couple of weeks. My question is: is the minister aware of whether this Queen Elizabeth Hospital clinic is going to renegotiate a tenancy and extend its occupancy of that property? Secondly, is he aware of any intention of the commissioners to sell that property?

The Hon. J.D. HILL: I will answer the second part first. No, I am not aware of any intention of the commissioners to sell property. They have demonstrated that they are long-term property holders, and I am not aware of any intention on their part, although I suppose from time to time they need to consider whether it is wise to sell a piece of property and to buy another property.

If this legislation is passed, they will have a lot more flexibility. They will be able to get a more balanced portfolio, but because of their inability to hold shares they have tended to have to concentrate their assets into two classes, and those classes are property (and that is largely where they have had their money) and in cash.

Of course, cash is not the best place to keep a lot of assets, particularly if you are storing them for future use, so I would expect that, once the legislation is through, they would develop a strategy for a balanced asset portfolio. As to what they may do with any particular class of assets or any individual items, I have absolutely no knowledge. They have not told me about any of their intentions. I have not asked them as to what their intentions might be. I doubt if they have even developed intentions at this stage, because they have been waiting for this legislation to go through.

In relation to the renal clinic, I am not aware of any intention by the agency or either party to the lease to change the occupancy. I can certainly seek some advice. We are not aware of it. It has not been brought to my attention. So, I would assume it is a needed function. In fact, I am sure they are quite happy to stay there. It is quite a good arrangement where the commissioners own

the building, they lease it back to Health, Health pays the rent and the rent goes back into a hospital; so everybody wins in that arrangement and they are the kind of arrangements that have been worked out over decades, I expect.

Ms CHAPMAN: The other question for completeness on this is the Citi Centre Building, of course (this is the Town Acre 86), which also comprises substantial value. The current site value for rental purposes is \$17.7 million, according to your information here. The lease expires on 20 August 2019. The next rent review is in August this year and your department is the principal tenant. Is there any intention by your department to conclude that, to your knowledge, or are you aware of any decision made by the commission to sell that property?

The Hon. J.D. HILL: No, there is no intention for us to move from that building. It is perfectly adequate. It is well located and well established so, no, none at all.

Ms CHAPMAN: What about the water and transport departments? They are both moving. Anyway, I won't go into that. Can I then ask about the question of sale itself. You mentioned, if I understand it correctly, that the commissioners are almost forced to stay in real estate because they do not have much choice, but the reality is that they can sell real estate. Under the current act, they have your permission, as minister. They have to show special circumstances under the act. I assume from that that there has been no application under section 15 by the commission for them to sell any of their real estate. Has there been no application under section 15 by the commission for you to give permission to sell any piece of real estate?

The Hon. J.D. HILL: Certainly not the large bits. I cannot recall—it is a possibility, I suppose. They might have had a house or something they wanted to sell, but I am not aware of it. It certainly would not have been a substantial item if they did do it. Sometimes, I think, for example, somebody might leave their house to the Royal Adelaide Hospital. It goes to the commissioners and the commissioners might liquidate that asset because it is old or it needs repair or something like that. I imagine they would be the sorts of circumstances when they might sell property, but certainly I am not aware of any substantial piece of property. I can check on it and get back to you, but I do not believe that in the time I have been minister that any properties have been sold.

Schedule passed.

Schedule 3.

Ms CHAPMAN: In relation to clause 6, what is proposed here is in relation to money that is held for the old IDSC, which no longer exists, and Metropolitan Domiciliary Care Services trusts, and I am not sure what their status is at the moment. Essentially, if money is held for their benefit, this is a special provision for them and those funds can be transferred to whatever institution you see fit. I think I am right in suggesting that there is \$435,000 there for Metropolitan Domiciliary Care Services from your letter and \$53,000 for RDC Inc., and they are funds that you are going to have the responsibility of transferring.

I indicated in my contribution on the debate that I am concerned that this money has been sitting there for a long time and isolated from being used, to be frank, especially when I read statutory committee reports that are 13 years old. How long this has been sitting there, I do not know, but I suspect a long time. Whilst I have been critical of the delay in this matter, I would like to know what is proposed to be done with those moneys and to what benefit they will be applied.

The Hon. J.D. HILL: I think that is a good question. The commissioners have a very small amount of funds, and the member indicated the amount. It is a very small proportion of the total amount of funds—0.5 per cent, or something like that, I guess, from quick mathematics, so less than half a per cent. They can only expend the interest earned on those funds. The interest you would earn on \$500,000 a year is \$25,000 or \$30,000. Small sums each year could be spent now, so really there is not a lot of substance there any longer.

The provision in clause 6 is that the minister who is responsible for the Family and Community Services Act (my colleague minister Rankine) would have a duty then to use these funds in as close a way as she possibly could to the intention that was made at the time that they were given. I am not sure precisely what intention was made; some of them were probably given for general purposes to help disabled people in South Australia; others might be for a particular disability. I cannot actually say.

I am sure that the minister will go through it and set up some process, and I am sure that they will be used to assist people with disabilities access either services or equipment, or they

might help in the establishment of some infrastructure in a community setting. I just cannot say, and I do not know if the Minister for Disability Services has turned her mind to it.

Ms CHAPMAN: Also in that list is the Mount Gambier District Health Service, \$678,000. Is that the hydrotherapy pool money or is part of it for something else? It is just other investment. Thank you.

Schedule passed.

Title passed.

Bill reported with amendment.

The Hon. J.D. HILL (Kaurna—Minister for Health, Minister for Mental Health and Substance Abuse, Minister for the Southern Suburbs, Minister Assisting the Premier in the Arts) (17:36): I move:

That this bill be now read a third time.

Ms CHAPMAN (Bragg) (17:37): I thank the minister for his responses. I remain concerned about the future of this fund and its accessibility to government, perhaps for less scrupulous ministers in the future (who would know). It does concern me that we have moved to a model which is not consistent with other trustee provisions in this state and which, I think, imposes an unrealistic burden on those that are there.

I thank those who have served as commissioners in the last 123 years, including Judith Worrall, the current chair, and current members. I also thank the Hon. John Darley, a former chair, who is now here in the parliament. Each of these people have come with very considerable legal expertise and other areas of expertise that have served the donors well in the past. To some degree, I think it is a bit of an insult to impose on them an obligation to consult on financial matters through the committee procedure which is being adopted. Unique as it may be, I think that it is unfair to both current and past commissioners.

The other thing that concerns me is that it has taken so long. There has clearly been a necessary requirement—not just because of what the Auditor-General and crown solicitors have said, and even Finlaysons Solicitors 12 years ago (this is not a new issue)—for government to allow a change in relation to powers of investment, which could have easily been dealt with in 1999 when there was a previous government. When they came here to deal with other amendments, they could have dealt with it then.

In the nine years of this government, they have had plenty of opportunity to remedy that, but they have not. It is my view that the commissioners have been held to ransom over the opportunity to be able to have this cleared up (which does need to be done for them to continue to operate) in exchange for acquiescence to a structure that I think is cumbersome and unnecessary, and leaves all the health services vulnerable and now completely under the control of government.

I thank all those who have served us for over a century. It has been a fantastic organisation. It has safely husbanded the funds of those who have given generous donations. If that dissipates in the future and we see the Citibank building on the market in the next few months, to bring to fruition the dream of former treasurer Foley, I suppose, sadly, my contribution will have come to pass. It is not something I want to hear but, if it comes to pass, I think that will be the demise not just of those who so generously donated in the past and currently form some \$85 million worth of investment but for those in the future who might be deterred from ever making a contribution in the full knowledge that it will be dissipated or applied, really, at the behest of whoever is in government.

So, I say thank you to the commissioners and for whatever term they have left; I understand they will continue until their current term expires. They can, of course, be disposed of and new commissioners put in, which, again, does not fill me with joy. Nevertheless, we will see whether the minister is right in his expectation that this is a structure that will serve us well and will not be raided by this government or future governments.

Bill read a third time and passed.

NATURAL RESOURCES MANAGEMENT (REVIEW) AMENDMENT BILL

In committee.

(Continued from 9 February 2011.)

Clause 17 passed.

Clause 18.

Mr WILLIAMS: Minister, this one I find rather curious, particularly in light of what occurred when the guide to the draft Murray-Darling Basin Plan was published back in September. I would like some information about what the intent of this is. The reason I refer to the guide to the Murray-Darling Plan is that that ran into trouble because it seemed to concentrate on environmental consequences and omitted to have any regard for either social or economic consequences of making changes. From my reading of this amendment, it seems that it might fall into the same trap because it does talk about an assessment of the capacity of the water resource to meet environmental water requirements. It keeps talking about the environment, but it does not talk about the social or economic consequences.

The Hon. P. CAICA: This amendment, together with clause 18(3), ensures a transparency by requiring that a water allocation plan identify water that is set aside for the environment and the outcomes that providing that water for the environment is expected to deliver. This will ensure that information about water being provided for the environment is clearly identified in the water allocation plan, along with water that is to be made available for use. However, to allay the concerns of the deputy leader, these amendments are a transparency measure only and do not set any new standards or require any more water to be provided to the environment; they will be part of the water allocation plan.

The CHAIR: Does that answer your question?

Mr WILLIAMS: No, it doesn't, and I will point out to the minister exactly why. He might care to reflect on what I am going to point out to him. Clause 18(3) inserts new subsection (9), and this is where it really causes me some consternation, to be quite honest. It reads:

For the purposes of this section, environmental water requirements are those water requirements that must be met in order to sustain the ecological values of ecosystems that depend on the water resource, including their processes and biodiversity, at a low level of risk.

So, to my reading, the particular wording 'must be met in order to sustain the ecological values' says this is the minimum amount of water that must be reserved for the environment, which may be completely different from the amount of water that is already being reserved for the environment. I think the minister was suggesting that this was just about being transparent about the water that has been set aside for the environment.

What happens if we adopt this amendment, and at some time in the future, it is assessed that the amount of water that is currently set aside for the environment does not meet that new subsection (9); that is, 'to sustain the ecological values of ecosystems that depend on the water resource, including their processes and biodiversity, at a low level of risk', which itself is quite subjective too? What happens then if there is, as I pointed out, no ability for the administration of this new section to take into consideration any social or economic impacts of this provision coming into action or being acted upon?

The Hon. P. CAICA: Again, I thank the deputy leader for his question, and I will attempt to clarify it as best I can. The water allocation plan should clearly identify water that is being set aside for ecosystems that depend on the water resource. The NRM Act does not currently require this to be clearly stated as, or in, the WAP. Also, the NRM Act already requires identification of the water that will be made available for consumptive use. This partly supports the delivery of the NWI, which requires that water is provided to meet agreed environmental outcomes as defined within the relevant water plans and that they be given statutory recognition.

Quite clearly, the intent of these amendments is to ensure that the WAP does clearly identify both the amount of water that would be required to support a water dependent ecosystem and water that will be provided to the environment, as well as environmental outcomes that are expected to be delivered by providing that water. The important point, and critical to the question that is being asked, is that the required and provided amounts are not the same and may be vastly different. The amount that is to be provided for the environment is negotiated as part of that planning process, by the process of balancing—and this gets to the nub of your question—the economic, social and environmental considerations within that water allocation plan.

These amendments are a transparency measure, as I mentioned earlier. They are only that and do not set any new standards or require water to be provided for the environment. I think that allays the concerns that have been raised by the deputy leader, I hope.

Mr WILLIAMS: I wish, minister. I am still quite concerned about—and you might consider this between houses as I am sure my colleagues in another place will—the words that the 'environmental water requirements are those water requirements that must be met in order to sustain', etc. I have real concerns with that wording, and I fully accept what you have just said to us, minister. I think that is a fair and reasonable outcome to strive for, but the wording of this provision, I think, goes substantially beyond that. You might consider that and take some more advice on it because I am sure that, when my colleagues have read your answer, they will ask more questions on this in the other place. I do not think we are going to progress any further, so we can put this one to the vote.

Clause passed.

Clauses 19 to 21 passed.

Clause 22.

The Hon. P. CAICA: I move:

Page 10, after line 8—Insert:

- (4) Section 81(10)—after 'the procedures set out in section 80(8) to (16) must be followed when the plan is amended' insert:

(and if the amendment is otherwise within the ambit of subsection (8) then no other procedures, other than the procedures set out in subsection (7) and the procedures referred to in this subsection, need be followed)

This amendment provides for a regional NRM plan and water allocation plan to be comprehensively reviewed at least once during each 10-year period, as distinct from the current five-year review. However, it does not preclude plans being reviewed and amended at any time. It does not affect the requirement for each board's business plan to be revised annually: that is still a requirement. The water allocation plan forms part of the regional NRM plan. The 10-year minimum period is consistent with clauses 46 to 51 of the National Water Initiative which relates to assigning risks for changes in allocation. It sets out how risks should be shared over that 10-year period after a comprehensive water plan is commenced or renewed.

Simply, this range of clauses indicates implicitly that water allocation plans should be designed on the basis that guarantee the reliability of water allocations within a narrow range for a 10-year period. Section 75 of the Water Act of the commonwealth adopts the same 10-year period, as does section 64. That specifies that state plans adopted under the act in the Murray-Darling Basin are accredited for a 10-year period. I hope that helps the opposition deputy leader.

Mr WILLIAMS: I find this really interesting. I love the reasoning that this fits in with the National Water Initiative which, from memory, was signed off in 2004—some six years ago and, all of a sudden, we are getting around to deciding that it is important to match up with it. The problem, as I see it, is that the NRM boards have been absolutely incapable of meeting their obligations under the current act.

I take this opportunity to put on the public record that, in the case of the South-East NRM Board, I am pretty certain that its existing water allocation plan was obliged to be reviewed and rewritten by the end of June 2006. It still has not been rewritten. That might not be a huge issue, but through the process of going from the water allocation plan that is still in vogue in the South-East, and moving to the new water allocation plan, we are supposed to have gone through a process of converting all of the water licences in the region from an irrigation equivalent based licensing system to a volumetric licensing system.

That has caused numerous problems, and the house will hear me talk about some of those problems at a later date when we are discussing a different bill that is on the table, but in that process the owner of every irrigation bore in the South-East was obliged to put a meter on his bore. I can tell the house that I was obliged to put two meters on two bores, and when you put a six or eight-inch water meter on a six or eight-inch pipe it does not come at a small cost.

I suspect that there have been some millions of dollars expended by irrigators in the South-East to meet that 1 July 2006 deadline which was initially set by the board, yet the board still has not brought down its water allocation plan all these years later—nearly five years later. I find it fascinating that the remedy of the government seems to be to not actually, at least admonish, but do something to ensure that the boards meet their obligations. The government seems to think that

the way around this is to double the time allowed for a board to meet those obligations. So, the move from a five-year review—

The CHAIR: Are you aware of the time? We can just stop and come back to it. We cannot extend beyond 6, but what I am saying is that you can come back another day.

Mr WILLIAMS: I am coming back. This committee is not finished with me yet. Minister, I find it fascinating that we are being asked to accept this amendment, which will double the time. I have quoted the South-East NRM Board, but I am pretty sure that I am on safe ground by saying that it is not the only one that appears to be quite tardy in meeting its obligations under the act. I believe that the opposition is going to accept this amendment. Personally, I, and the opposition in general, am quite disturbed that the existing NRM boards have failed miserably in meeting their obligation and this seems to be a big let-off for them.

The CHAIR: Thank you. Good timing. Minister, would you care to report progress? You have 30 seconds.

The Hon. P. CAICA: I look forward to responding to this in more detail tomorrow on the basis that I think some of the assertions made by the deputy leader are somewhat unfair and unfounded, but having said that, we will leave that sitting overnight and I will address it tomorrow. I move that progress be reported.

Progress reported; committee to sit again.

At 18:00 the house adjourned until Wednesday 23 February 2011 at 11:00.