

HOUSE OF ASSEMBLY

Tuesday 10 July 2012

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 the land upon which this parliament is assembled and the custodians of the sacred lands of our state.

HEALTH PRACTITIONER REGULATION NATIONAL LAW (SOUTH AUSTRALIA) (MISCELLANEOUS) AMENDMENT BILL

Adjourned debate on second reading.

(Continued from 17 May 2012.)

Dr McFETRIDGE (Morphett) (11:02): I indicate to the house that I am the lead speaker on this bill, as the acting shadow minister for health, in the absence of the member for Waite (Martin Hamilton-Smith), who is unable to be here today. This piece of legislation is an amendment to legislation I spoke to on the first day of this session of parliament, back in May last year (25 May 2011). I will not take as long as I did on that occasion. I was reading my 38-page speech yesterday to see what I had said and what were the problems with the legislation at the time.

I am pleased to say that the legislation that was put in place after some negotiation has worked well but, as we predicted at the time, it would need some amendment. Because of the way in which we ended up framing the legislation for South Australians, those amendments are going to be open, clear and transparent. The big issue when this legislation was first put through was that, in eight lines of our legislation, the government was going to encompass over 300 pages of Queensland legislation. It was not good enough, and I am pleased that the government incorporated the Queensland legislation into the schedules of—

The SPEAKER: Order! Can I ask members to remember that they are in the other chamber and that the noise level is quite loud. I am having difficulty hearing the member for Morphett. Can members please keep their voices down, because it may also be picked up by the microphones. It is very difficult for Hansard. Sorry, member for Morphett.

Dr McFETRIDGE: Thank you, Madam Speaker. The legislation we passed back then was aimed at allowing health practitioners in a range of professions to seamlessly transfer from state to state, territory to territory and territory to state without having to carry a multiplicity of registrations. Unfortunately, in my profession, the veterinary profession, that is still the case. I look forward to national registration for veterinary surgeons, and I understand that there is discussion being held on that topic.

The legislation we have here today really is just expanding the number of health professionals who are being incorporated into the Health Practitioner Regulation National Law Act 2009, which was bill B of the original triage of bills and which listed the health professionals who were initially included. They were: the medical profession, obviously; the nursing and midwifery profession; optometry; osteopathy; pharmacy; dental, including dental therapists, dental hygienists, dental prosthetists and oral health therapists; and chiropractors.

This legislation brings in another four professions. They are: Aboriginal and Torres Strait Islander health practitioners; Chinese medicine practitioners; medical radiation practice, which involves all sorts of medical diagnostics nowadays, particularly cancer therapy, which is more commonly known; and also occupational therapists. Occupational therapy encompasses a broad range of therapists, and it is good to see that they are now able to come into this legislation. It will make the profession more appealing, in as much as there will be more opportunities across Australia for those practitioners to practice their profession.

That is one part of this amendment. The other part is clauses that make amendments that relate to the ownership of pharmacies and the regulation of those pharmacies. We dealt with this back in May 2010, and had discussions with the government, the Pharmacy Guild and other members of the pharmacy profession. I thought we had this pretty well covered, but it turns out that there are still some issues with the regulation of trusts, the ownership of pharmacy practices as that relates to trustees, and whether you need to be a practising pharmacist to be able to own a pharmacy.

The need to make sure we are not interfering with the way people have been running their businesses for many years—particularly where there is a significant investment, such as in pharmacies—is very important to us, and the bill now before the house tidies up some technical issues. It has been done in consultation with the pharmacy profession and its representative bodies, and I hope that it will be the end of it for them. I do not think there will be any outstanding issues. There are some transitional clauses in here which allow pharmacists who would be disadvantaged by any changes here to continue on as is, and to change the way they structure their businesses and also their own professional qualifications, if they need to.

The first part of this bill brings in the other medical practitioners or occupations, the next part relates to the changes in the pharmacy act, and the last part—which is really the first part in the bill—is the amendment to the South Australian Health Practitioners Tribunal, which standardises the time frames for appeals to the tribunal. In the legislation we passed in May 2010 there was an oversight in that we did not actually put in a limit on the time for appeals; this amendment introduces a 28-day time limit, that can be extended under special circumstances.

It is really an amendment of a technical nature; 28 days is a normal period for appeals, as I understand it, not being a lawyer—and by that I am boasting, not apologising. The need to have lawyers is important, but in this case I think we vets and other health practitioners are quite happy; a month is a long time and we can sort out our issues quite quickly.

It is a complex piece of legislation in total. It is important that we do get it right. I predicted at the time, because there was variation across states and territories—I will not go through those variations and combinations and permutations again now—that there would be some need for change, that there would be some concerns about the way things were being structured. That has come to fruition.

I hope there is no need to keep bringing this piece of legislation back over and over again to make sure that it is working the right way. We saw delays in the registration of health practitioners after the introduction of the initial piece of legislation, there were some significant increases in registration fees, and there was some real concern about the fact that some practitioners could have been practising without adequate or correct registration, because practising unregistered is a serious offence.

We want to make sure that we are catching people who are unfit to practise and who should not be practising. The legislation, as I see it now with these amendments, is going to make sure that South Australians (and all Australians, but particularly in my case South Australians) are getting the best oversight of the way our health practitioners are operating, that professional development is kept up to speed, that the supporting bodies and associations are able to provide that professional development, and also, if there are issues of complaint, that those complaints are going to be dealt with as expeditiously and as fairly as possible.

I finish by saying that we certainly did see some concerns and some complaints in the initial implementation of this legislation. There were some significant delays in processing some of those complaints, and some tended to disappear without trace for many months, much to the concern of those who, due to mandatory reporting, had to report one of their colleagues for various concerns. They were obliged to do that, but then those concerns seemed to disappear. I understand that has improved significantly, but there are still some concerns out there.

This legislation, though, is just tidying up some technical amendments. Some of my colleagues want to contribute to the debate, and some of my legal colleagues will add their expertise as well, and I thank them for that. With that, the opposition is supporting the legislation; there are no amendments and, unless there is a particular concern raised by my colleagues, I do not see our having to go into committee.

Ms CHAPMAN (Bragg) (11:11): The minister will recall that back in 2010 we had the primary debate to establish a national law framework for health practitioners. There were issues about the transfer, consistent with the uniform, streamlined, more efficient, cheaper promises that went with the debate that we were told would benefit not only the health professionals but also the taxpayer in having a national scheme. One of the difficulties with that sort of panacea of simplicity is that, in the negotiations for the transfer from a state-based regulatory procedure to a national scheme, the discussion between the various ministers at COAG can lead to a lowest common denominator being adopted as something that is acceptable.

The minister may recall—and, to his credit, he maintained vigilance when we were dealing with the optical professions, the opticians, ophthalmologists, and eye specialists—that we had a

standard in South Australia that we thought should be maintained, and that related to the protection for children using coloured lenses. Some members might recall, or have family members who accessed this, that for young girls in particular it was seen to be attractive to have green cat's eyes, purple or violet eyes or whatever, and this was something of a fashion accessory. In fact, we had some consumer issues about the sale of them at the Royal Adelaide Show because it was an accessory that seemed to be very popular.

The specialists and the experts told us, though, that these things could be very dangerous if they were not applied appropriately and that they were not without some instruction in having access to them. So a 14 year old going to buy them at the local show stand or getting them as a prize needed some monitoring. During that time, the minister, to his credit, at least presented this argument to the COAG meetings. Although the other jurisdictions did not embrace this, provision was made so that we would still have some responsibility to ensure that children were not exposed to the risk of blindness or other optical disadvantage without the protection we were providing—even if other jurisdictions said, 'Well, we don't think this is so important.'

It is all very well to say that we have gone to a national scheme and that it produces absolute uniformity, but we have retained—and sensibly, I think—some responsible expectation in the standards that we impose in South Australia. As to the efficiency and the cheapness of it, we will see. Having just done the rail commissioner national scheme, the maintenance of all of the state offices in addition to the national office raises the question about whether these things end up being more efficient. Whether it is the rail operators or health practitioners, having a more streamlined service that ends up being cheaper, we are yet to see. In any event, this bill is to transfer across four other areas of health profession. As the lead speaker, the member for Morphett, has said, we are supporting the bill and have no objection to the transfer of these practitioners.

I am interested to note two other aspects, including the standardising of a time frame for appeals against decisions of the national board. This is obviously where a health practitioner might be denied the opportunity to be registered or the conditions are unacceptable to them or the like or that there is a general reprimand or suspension of a member. Uniformity in the time frame of 28 days has been nominated. It is important to note, fortunately, that that 28 days is to sit next to the date from which the reasons for the decision of the board are given, whichever is the latest. If the board is tardy in delivering its judgement on these things, then there is the capacity to accommodate that and, of course, there is an extenuating circumstances provision. We have no objection to that. It seems as though a number of jurisdictions have been applying that in practice, and that remedies it.

The other is to deal with pharmacy premises and pharmacy depots. This came as a result of what was already known at the time, and that was that a number of these pharmacies do not operate through a corporate structure but a trust structure. This provision is to allow the ownership of pharmacy premises and pharmacy depots in South Australia to be expanded to accommodate that. The minister has identified the unintended consequence of being over stringent in the regulation, remembering that we have a regime of protection and regulation for pharmacists. Just as we do for drugs, guns, dynamite and alcohol, we set very strict rules about allowing people to operate the distribution or retailing of these products under licence because we consider them potentially to be very harmful to the general community and, therefore, those who operate these premises should be fit and proper persons. I am pleased that is being remedied.

We are told by the government that the Pharmacy Guild (SA Branch) has brought this deficiency to the government's attention and they have attempted now to remedy it; we support them on that basis in doing so and removing some of that regulatory obligation. I note that the other changes include provision for the Governor not to have to make exemptions by proclamation; that is now to transfer from cabinet effectively to the minister's control. Currently only the Little Company of Mary Health Care Limited at Calvary Hospital has been granted an exemption with the condition that any services must be provided by a pharmacist who holds a current practising certificate. So, the regime for approval of those exemptions, I suppose to some degree, is downgraded if we see that go from cabinet to minister.

The second issue is that, in respect of the setting of fees for registration of pharmacy premises, the legislation currently requires the Minister for Health to fix those fees. An amendment under this bill will allow the transfer of power to the Pharmacy Regulation Authority SA. With those changes, we hope that the advance of the highly-principled, streamlined, unified, efficient, cost-efficient regulatory regime will prevail.

I might add that I think the government was tardy in not recognising the significance of the new rules that were established—or attempted to be established—for psychologists, and it took years then to resolve that issue before those health professionals were to be catered for. I am not privy to how that is advancing. I certainly hope that we do not have a situation where the operation of health practitioners in the psychology world, particularly for assessments for the purposes of employment and compensation claims, has been downgraded or becomes more deficient as a result.

I certainly hope that those issues have been properly addressed and that we still have a high standard of service being provided by those health professionals. With those few comments, as the member for Morphett has indicated, we will be supporting this bill.

The Hon. J.D. HILL (Kaurana—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts) (11:21): I thank the members on the other side for their contributions and for their support for this legislation. As the lead speaker (the member for Morphett) said, this is really tidying up a number of errors and expanding the scope, principally to take into account the fact that the occupational therapist profession is now covered by the national registration process.

As the second speaker (the member for Bragg) indicated, the legislation also tidies up some provisions related to pharmacy and introduces a time frame for the appeals process. That was not included in the original bill, in error, I guess, because you need to have some sort of time frame in which these kinds of processes can be conducted.

I thank members for their support. I would also just in passing thank Richard Dennis, our parliamentary counsel who assisted on this, and Dr Helen van Eyk and Kathy Ahwan for their assistance from the department in preparing this legislation.

Bill read a second time.

The Hon. J.D. HILL (Kaurana—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts) (11:23): I move:

That this bill be now read a third time.

Bill read a third time and passed.

NATIONAL HEALTH FUNDING POOL ADMINISTRATION (SOUTH AUSTRALIA) BILL

Adjourned debate on second reading.

(Continued from 17 May 2012.)

Dr McFETRIDGE (Morphett) (11:23): I again inform the house that, in the absence of the shadow minister (Martin Hamilton-Smith), I will be the lead speaker for this piece of legislation and I can tell the house that again the opposition will be supporting this legislation without amendment. The debate may be a little longer than the last piece of legislation because there are some points of clarification that we will need but, other than that, it is relatively uncontentious.

The legislation that we are looking at today has passed in most states already. I think Western Australia is the only state where it has not passed and it is likely to pass there shortly. It has been passed in the federal parliament and I understand that the system is already functioning. As of 1 July, it came into life.

The questions the opposition will ask the minister, either in response to the second reading contributions or if other members want to go into committee, is that there is some concern about how the bureaucracies at state and federal level will be structured, how they will interact, how will the additional funding be paid to us, how will it be used and over what timeframe and is there a mechanism in this legislation to protect the state from intervention and micro management by the commonwealth? As we all know, the federal government would love to take control of everything in the state, but the parliament owes it to South Australians to make sure that they get the best possible representation. I think it is absolutely imperative that this parliament provides that level of representation.

The National Health Funding Pool Administration (South Australia) Bill 2012 will ratify legislation passed in the federal parliament. It sets up a number of layers of bureaucracy. I have called this the Sara Lee bill—layer upon layer upon layer. The initial proposal for national funding for the health system was put up by the former prime minister Kevin Rudd, with what I will call the mark I version of this. In that version the federal government was going to provide 60 per cent of

public hospital funding in return for a 30 per cent clawback of GST revenue. That has been changed and my understanding now is that the principle to fund half of all future growth in health funding is in place. A national pool of funding will be established with a pool of funds in each state. At this stage it is a total of \$16.4 billion funding, and South Australia will receive approximately \$1.1 billion.

My initial concern, when this was first put up, was: what sort of CPI are we going to be using? Are we going to be using the supermarket CPI of about 3 per cent or are we going to be using the health CPI, which I think in the initial proposal was put at 9.3 per cent? It has been put as high as 12 per cent by the former treasurer Kevin Foley, but the accepted level is about 8 per cent to 9 per cent. So, health funding is not going to be increasing at the normal CPI of 3 per cent that we would see for a basket of groceries. It is much higher than that. I look forward to seeing some guarantees from the federal government that we will not be cut short, particularly in South Australia where we always seem to be underdone by the feds. We need to be vigilant. It is imperative that we get the best outcomes with this legislation. So, the CPI of 8 per cent to 9 per cent in health is one that we need to keep in mind at all times.

The bill before the house forms part of a national reform process to improve the transparency and accountability of how our public hospitals are funded and managed. In August 2011, the Council of Australian Governments signed the National Health Reform Agreement committing all commonwealth, state and territory governments to work in partnership to improve health outcomes for all Australians. We hope that happens. We hope that the layers of bureaucrats that are being created here do not suck up more money than we have allocated under the initial planning.

This legislation is to ensure the sustainability of the public health system going forward. We hear dire predictions that the health budget will overtake the whole of the state budget within, I think, 20 years, or it might be a bit longer than that. That is if we keep doing things the same way that we have been for such a long time. We have to think much smarter about it. We have to be more proactive in providing everything from primary health care to better flow-throughs in our hospitals. It is not just about pumping the money in, because health (with a CPI of 8 per cent to 9 per cent) will suck up money like a sponge sucks up water. The health system is worse than an airline. Airlines are bad enough, but the health system will take as much as we can possibly pump into it and then keep asking for more.

We need health funding reform, but it has to be sustainable. The National Health Reform Agreement provides for the establishment of four independent national bodies to focus on increased accountability, transparency and performance. They are: the Independent Hospital Pricing Authority (IHPA), the National Health Funding Authority, the National Health Performance Authority and the Australian Commission on Safety and Quality in Health Care. So, there are four layers of bureaucracy there: how many bureaucrats are going to be involved in each one, and are they coming from the states or the commonwealth? There is some overlap, I understand, but it will be interesting to watch how these bodies actually perform and whether they grow in the way that a lot of bureaucracies tend to expand.

The other things we have besides these four layers are the local hospital networks in all states and territories and the Medicare Locals, which have now taken over from the division of general practitioners. They are separately funded in some cases. The feds will put money straight into the networks. It will go through the state pools but it is basically straight funding to those hospital networks.

The Medicare Locals, as I say, have taken over from the division of general practitioners, who were getting money straight from the feds. I think some was coming from the states, but most of it was coming from the federal government. It will be interesting to see how that is working now and whether we are able to maintain those levels of primary health care that were being provided by the divisions of general practitioners, because we had a number of divisions of general practitioners in South Australia who were doing excellent primary healthcare work with very minimal funding. The bang for their buck was exceptionally good.

Whether the Medicare Locals will be able to provide that, I do not know. There is some level of confusion with Medicare Locals. It is thought that there is some sort of Medicare office that people will go to to pay their bills. It is completely different from that. It is a provision of primary health care to local areas supervised by the former divisions of GPs, as I have said.

In South Australia we have the hospital networks: Central Adelaide, Northern Adelaide, Southern Adelaide, Country Health and also the Women's and Children's. I think the dental hospital is included in that one, but I stand corrected if it is not. So, we have groups and bodies of bureaucrats that are overseeing spending on health. We can understand why the health budget is so strained, why it tends to want more and more every year: because we have layers and layers of bureaucrats.

I am very concerned that, with the increased levels in layers of bureaucracy here, more is going to go into opening offices and not into opening beds. That has been one of my big concerns the whole time I have been associated with the health portfolio. We need to make sure that we are not closing beds and opening offices. That is very important, and I need assurances from both my federal colleagues and the state government that the outcome for South Australians is going to be better health care generally, whether it is in a hospital or with their local health practitioner.

The Independent Hospital Pricing Authority (IHPA) is responsible for determining the national efficient price of public hospital services for use in activity-based funding and the efficient cost of block-funded services and teaching, training and research. That all sounds good but I think for many years in South Australia we have been using casemix funding. My understanding of casemix funding is that you look at the types of cases that are being dealt with in hospitals and you look at the overall efficiencies in those hospitals. The casemix funding that was developed—and I think it was developed by one of the former Liberal government's—

The Hon. J.D. Hill: That was by Michael.

Dr McFETRIDGE: The Hon. Michael Armitage developed the casemix funding for South Australia. It has worked really well. So, is what we have been paying in the past not the efficient price that we are going to be seeing now? I think the national efficient price that is being set is about \$4,800 per unit. I am not going to go into what an equiseq is or what the national efficient price is based upon—it is quite a complex calculation—but we do need to make sure that we are not going to be done over by the feds with this national efficient price being set by the Independent Hospital Pricing Authority. Our casemix funding has worked well in the past. There has also been block funding. As we know, we have some very small hospitals in our country in fairly remote areas. There is no efficiency there that is comparable with a large metropolitan hospital. It just does not happen.

The need to maintain those services is completely inarguable. It is just a no-brainer that you do not have to have a week off to travel to a hospital if you live in the country. You should not have to travel hundreds and hundreds of kilometres because our country hospitals are not being funded. We need to make sure they are going to be funded. We know they are not efficient, and we know you cannot have a heart transplant in every hospital, but you should be able to have reasonable levels of care. The Balaklava Hospital is the latest casualty of some of the rationalisation of funding of health care. I do not think it is fair, and more will be said about that at some other stage.

The Independent Hospital Pricing Authority sets the price. There is a pool of funds—and that is what this legislation is about—which is set aside by the federal government to pay to the states and which then is distributed to the various local hospital networks. The first payment for the state local hospital networks was on 5 July. The legislation we are talking about is already functioning. The first payment was on 5 July, and the first payment from the commonwealth into the funding pool was actually yesterday, 9 July, so this is well and truly underway.

It irks me that we are doing this retrospectively in some ways, but the need to make sure we do get the best bang for the buck is why we are here, and we can always amend legislation in this place. We are a parliament in our own right, so we can make sure other parliaments take notice of what is happening in South Australia by raising concerns and, if necessary, amending legislation.

The Independent Hospital Pricing Authority is there on top of the national health funding authority, which is already putting money into the pools. The National Health Performance Authority is one we will be watching carefully to see how they manage the health workforce in Australia generally, but in South Australia. Then there is the Australian Commission on Safety and Quality in Health Care.

It was interesting to see the comment on the weekend by one of the government doctors that the standards at Balaklava Hospital were substandard. I would like to know how long it has been substandard and why it was allowed to continue if it was. Was it the theatre, was it the

facilities or, God forbid, was it the professional ability of the doctors and nurses? I doubt very much that it was the latter case. I think we have the most highly qualified and dedicated doctors and nurses of any state or territory here in South Australia, and I congratulate them on the work they do under the circumstances in which they have to work.

I will quickly go back to the Independent Hospital Pricing Authority's national efficient price. There were some concerns about remote hospital area adjustments in the calculation. If you look on page 3, at the national efficient price determination by the Independent Hospital Pricing Authority, there is a very complex formula there that is used to create an ABF. I am not quite sure where the ABF comes into it now because we have a PAC and the National Weighted Activity Unit. I think the ABF is the activity-based funding model. There are so many acronyms involved with this that it is not difficult to forget for a moment what that one is, but the activity-based funding model is the one used to formulate how much each hospital is getting.

The national efficient price is \$4,808 per National Weighted Activity Unit at the moment. I would encourage people who are interested in how this is working to actually get this national efficient price determination and look at page 3, and they will understand how complex is this whole procedure. It will be very important that members of this place and members of the public watch how our hospitals are being funded, watch the changes, watch for any reductions in levels of service, watch for any cuts to service, and make sure we are actually getting what we have been led to believe we are going to get.

Another issue involved in setting a national efficient price is the overall scope of hospitals in South Australia. In determining the overall scope of services, the sorts of things they consider are all the admitted programs, including Hospital in the Home programs, and all the services offered by the emergency departments as well. There are two broad categories of scope in public hospitals and nonadmitted services, and they are the specialist outpatient clinic services and other nonadmitted patient services.

The specialist outpatient clinic services are of great concern to all of us because we saw, with the initial changes to the provision of outpatient services that were put in place by this government, that, of the 600,000 plus outpatient visits per year in South Australia, about 120,000 were initially going to be outsourced to private practitioners so that patients, instead of going to hospital, would see private practitioners in their own rooms. I asked questions at the time about how that was going to happen. I would like to know what has been done to make sure that specialist outpatient clinic services are going to be maintained and whether the levels of funding have been affected by the proposals of this government to, first of all, do an initial outsourcing.

I think it was about 20 per cent of outpatient services, moving to a second tranche of up to 50 per cent of outpatient services, being provided in the rooms of private practitioners. We know there will be a gap paid, we know that there will be some Medicare charges levied, but we want to know that the state is not going to then be somehow penalised. We want to make sure that this provision of outpatient services actually within the hospitals—and this is all about public hospitals—is going to be maintained.

The need to make sure that you can go and see a specialist in South Australia and not have to wait months and months, but be seen and have your surgery performed, is imperative because, during that wait, you will often deteriorate and so more protracted, more extensive and more costly treatment, in that case, will need to be undertaken. It is a bit more at the front end, but you save a lot of the back end with so much in health, like primary health care—you can save millions and millions.

As well as the specialist outpatient clinic services, there were other nonadmitted patient services. Here, the state government has been invited to propose services that will be included or excluded from this so-called category B of other nonadmitted patient services. These services have to be directly related to an inpatient admission or an emergency department attendance; intended to substitute directly for an inpatient admission or emergency department attendance; expected to improve the health or better manage the symptoms of a person with physical or mental health conditions who has a history of frequent hospital attendance; or was reported as a public hospital service in the 2010 Public Hospitals Establishments collection.

The minister can tell the house during committee, if we need to, but in his reply to the second reading speeches, what proposals we have made that will be included in nonadmitted patient services, what services will be included and any that will be excluded. The need to make sure we are getting the range of services, as I said, is absolutely vital.

I will just quickly touch on the other part I spoke briefly about with Balaklava Hospital and other remote hospitals, which is block funding. Whether Balaklava Hospital gets block funding I am not sure, but there are certainly numbers of public hospitals where just the activity-based funding is not practical. They see a low volume of patients but we must retain them to provide the essential access. The need to make sure that these hospitals stay viable is important, because if you do not have the hospital, if you do not have the bank, if you do not have the mechanic and if you do not have the school, towns close and we cannot afford to allow our rural and remote towns in South Australia to close because of lack of government support.

We know that they are not efficient—they have never been efficient—but we do need to make sure that we provide those services. I think that there are ways of improving the efficiencies of these services when you consider that, on any day, there are over 500 country patients in city hospitals. The need to get those patients back to their communities and back home if you have got suitable levels of care back in their own communities is one that you really do need to consider very carefully.

The absence of economies of scale means that some services just will not be financially viable, so perhaps the minister can tell the house the range of services and what numbers of hospitals will be affected by block funding and give us some examples of how it is going to work. The need to emphasise that, I think, is absolutely vital, particularly with the concerns that are out there, and also, as I say, the recent issues over Balaklava. The legislation is pretty straightforward—creating all these layers of bureaucracy. There will be some concerns about it, as I said at the start of my contribution.

We do want to know how the bureaucracies at a state and federal level will be structured, how they will interact and how the additional funding will be paid to us. I think that it already has been paid as at 5 July, as I have said. Who it has been paid to is something the house should be aware of, as well as the safeguards in place to stop the state from federal government micromanagement and intervention. With that, I conclude my remarks and I look forward to the contributions of my colleagues; and, if we need to go into committee I am happy to do so.

Ms CHAPMAN (Bragg) (11:46): I speak on the National Health Funding Pool Administration (South Australia) Bill 2012. As ably set out by the member for Morphett, this is a federal funding reform that is before us. I am happy to say that I am a federal funding sceptic, and I have a number of concerns about this model. I note, however, that other jurisdictions have signed up to it; and, as I understand it, the commonwealth has now passed its legislation, which is hardly surprising—it wants control of everything, of course.

In any event, I would just like to make a contribution in this way. Recently I re-read a scathing attack by a federal health minister against a state health minister here in South Australia. It was circa 1966 and the federal health minister was the Hon. Jim Forbes, a Liberal health minister in the Menzies' administration, and the state person, in fact, was Sir Thomas Playford who was premier and who had been party to negotiations, apparently, on the signing up of the health funding agreement with the commonwealth.

It is a different era, I accept, but the same statements were made. There were accusations about the state wasting money. There were allegations that Sir Thomas Playford's administration had failed to be adequately transparent. There were even, heaven forbid, assertions that money had been applied for a different purpose other than for what it was specifically identified at the time. So, nothing has changed. I just make the point that nothing has changed. We have had this war going on, whatever the division of the health responsibility has been, between state and federal administrations.

This is nothing new. Many of us have read in the paper over the years about the development of health funding in the country and the accusations that have gone back and forth about those nasty, miserable federal people not giving us enough money, not giving us our proper share, and then the reverse of a federal administration saying, 'You states have failed to properly manage your books, you have wasted money and you're not properly acquitting the disposal and expenditure of health funds under these agreements.'

There was a major reform, of course, we know in the 1970s when then prime minister Whitlam introduced a new structure in which he embraced into the national scene provision of funding under the then Medibank procedure, which was to nationalise doctors and health services at the professional primary level. In addition to that was the slow development of the PBS to the national level, and we now have the feds in charge of doctors and drugs, and they both claim that

the cost of these are going up and therefore their primary payment for those needs to be taken into account in the state formulas.

What had moved from a fifty-fifty deal 40 years ago has been the feds claiming that the PBS is off the roof and the doctors' costs are going up and all of those medical expenses, and they try and deal with it by not letting things go on the PBS list for subsidy by the taxpayer by diminishing or narrowing the services to be available—sometimes they increase them and sometimes they pull them back. At the state level we now have a situation where the state, post the Justice Bright inquiry in the 1970s, brought into central control at the state level the public hospitals (except for those recalcitrants such as the Keith hospital which is, of course, paying the price these days for not coming in and doing what they are told). They are responsible at a state level for that funding.

We have seen the development of a number of features of who is responsible for what and we then have the extras—other primary and allied health services, development of aged care, and so on—which have had a mixed bag of support from state and federal levels. Then, of course, we have mental health, which everyone wants to get in on the action on when they want to get a quick bang for their buck and an announcement, but then nobody really deals with the primary issues that go with them. So we have areas of exclusive responsibility and we have areas of joint responsibility; and we have a funding model where now, as we know, under the tax collection arrangements, company and personal income tax goes to the commonwealth, and Wayne Swan divvies it up. So, these debates have been going on for a long time.

The federal government's answer, under prime minister Rudd, was to have a whole cooperative federalism. We were all going to sit around the table and be nice to each other and talk nicely about what needs to be done. We all agree that this is a major area of demand and we need to manage it, and we have an ageing population, etc. Of course, remember that we had a time when we had a number of state administrations under Labor control and we had a federal Labor government, and they all want to sit there and be happy-clappy in these meetings and decide how they are going to do it. So Mr Rudd came up with a model. Prime Minister Gillard's administration, of course, said, 'We are not doing all of that. That's just a nonsense. We are going to have a new system,' so they started all over again. Her model is what we are being asked to sign up to.

In essence, the commonwealth says they have agreed in principle to fund half of the future growth in health funding in the states—and that is a good thing. The problem is the definition of what is going to be in there. We have gone from a stage when we had continued arguments about the actual total amount paid, and the acquittal process has been a disaster. I do not know what all those federal bureaucrats do in Canberra in the Department of Health and Ageing, but they are supposed to identify and audit, under the acquittal process, what the state government spend, and they clearly have not been doing that properly because we have ended up with this continued mess.

In any event, the Prime Minister's answer is to have a pool of funds and set up a new bureaucracy which is to include four new areas of independent national bodies. What utter nonsense! I have never heard of anything so ridiculous: of course they are not independent. These are to be established to monitor the areas of pricing, funding, performance, and safety and quality. So we end up with the Independent Hospital Pricing Authority, again going down this superficial single line of having provision of costs as though there is an efficient pricing model for everywhere in Australia, whether you live in Canberra or in Ceduna. That is absolute rubbish. Nevertheless, that is their first area.

The second area, of course, is to have a national health funding body which is to pool all this money and then dish it out. They are going to have exactly the same problems as whoever has been doing it in the state departments, I would suggest. Whether they pay that through state pool accounts and local health networks, we just have a different process layered on top of the state bureaucracy that we already have. In addition to that, we have a National Health Performance Authority and an Australian Commission on Safety and Quality in Health Care.

We have umpteen other institutes and organisations at the national level, and I do not know what is going to happen to all those, but I am concerned that we are adding levels of bureaucracy. We are not dealing with the responsibility of all these other boards that are supposed to be in charge of performance, pricing and, obviously, questions of safety and quality in health care. What are we going to do with all the state boards that the minister has set up, that we are yet to see?

I am very concerned about the expectation for this model to relieve what we have already. I have said this before to federal ministers—Liberal and Labor—that they have the power in the distribution of money, whether it is direct funding or block funding that comes back, and if they do not get a proper acquittal response as to the distribution of those funds they are entitled to withhold the funds in the next financial year or even ask for it back, just as they have the capacity to do so in education funding.

It is not that they are without power, but they certainly are not brave enough to deal with the real issues. I suggest the real issues will be the high level of risk that is expected and perpetuated by the insurance industry. Health costs in this country are not just paid by patients but also taxpayers and subscribers to private health insurance. These are major areas of incoming revenue and there is a high level of risk, so much so that the GP will say to you, if you present a baby with a temperature, 'Look, I won't necessarily make a diagnosis here; you must take the child to the children's hospital.' We have a high level of risk aversion amongst the professionals and a high level of costs.

The second is patient expectation. Nobody is allowed to die anymore, nobody is allowed to leave sicker than you are. There is a very high public expectation out there. When we go into public hospitals in South Australia, unless babies are born in that hospital, the average age is between 75 and 85 years. You might go to a sports clinic and see lots of footballers with sprained limbs, knee injuries and so on, all looking active and having physiotherapy (and they may have beautiful nurses) and all those things, but the reality is that most of the acute health care in South Australian hospitals deals with aged people.

As you and I both know, Madam Speaker, we are the beginning of the baby boomers. We are nowhere near halfway through yet—and we are going to be the last in the line to die! As of 2010 we have started to die off, but there are a lot more of us in that big balloon who are coming through and who need to have care. In my view—and I may not be right—the two fundamental things that have still to be sorted out (and this is the minister's charter and responsibility) are not just who is going to be responsible for whatever area of health in the meantime (whether it is acute care, mental health, primary care, etc.; and they have been trying to carve that up, and I think they are still arguing about that) but also the new areas of health. There has been an explosion in the PBS because of the advent of the development of new drug treatments, of course for the benefit of patients, and as they come onstream a decision has to be made as to who is going to take responsibility for the new areas of health treatment.

I heard some magnificent news announced this morning that chemotherapy has had an advanced breakthrough in its capacity to target the nasty cancer cells and not the good ones. These are magnificent advances, and they come with medical and health drug treatments which we welcome, but they come with a huge cost. We need to sort out who is going to be doing that and who is going to make the decision about what is going to happen.

The other thing is that the government has a responsibility, particularly the minister, to go along to these COAG meetings and sort out this issue of cost shifting. It is not good enough, when you have a separation of areas of responsibility, for one side to be constantly trying to cost shift to the other—and I have seen it over a period of time with various ministers—to deal with the overloaded and banked up ambulances at emergency services in hospitals. What do the state governments do? They of course try to get you to go to the local GP so that the cost goes to Medicare and they pay the cost at the federal level.

You can have different types of treatment. Do you have surgical treatment at a public hospital and have long waiting lists, or do you give drug treatments, which is then a medication cost that is transferred either to private health insurance or PBS taxpayer funded treatment? This has to be sorted out. It is window-dressing, I suggest, for us to come up with a funding model of alleged transparency and accountability, and so on, and not deal with the big issues created by the tension of who is going to be responsible for what and who is going to actually pay for the new areas of medicine and development in this country. We will never resolve this issue—and in these situations we will go back to the Forbes-Playford fights, and all their successors—unless we deal with it seriously and act on it.

Finally, I will say this, and I know this will be dear to your heart, Madam Speaker: it concerns me that in addressing this model we have an extra level of bureaucracy, without getting rid of all these other institutes and so on—apparently. I have not seen any paring down of the Department of Health and Ageing in Canberra, that is for sure, or what is happening down at Hindmarsh Square. Nevertheless, we are going to be doing this, and that comes at a cost. The net

amount of money that filters through to the Ceduna hospital or the Whyalla hospital, which are major regional hospitals that will have to pick up all these other services as local smaller hospitals like Balaklava get a bashing in reduction of services—the death by a thousand cuts—that is a cost.

The government at both levels is going to have to get serious about making sure that it identifies what it is duplicating here. If it is going to do it properly as a federal model, let us get it streamlined appropriately and let us support a model that is going to work and not just be worse and more costly.

Mrs REDMOND (Heysen—Leader of the Opposition) (12:01): It is a pleasure to rise to speak about the National Health Funding Pool Administration (South Australia) Bill. I want to put on the record some thoughts about this because during the last election campaign the Rann Labor government signed up to the earlier model. The Rann government immediately said, 'Yes, yes, yes, give us this system,' when the proposition was originally put by Kevin Rudd about the new funding arrangements for the health model, which has now been slightly adjusted into the model that is before us today.

I want to go back to that because I do not think there is any doubt that our money is not being spent as efficiently as it might be in relation to health. There is no doubt that the commonwealth gets the bulk of the money via taxation and that the states, on the other hand, have to pay the bulk of the bills, provide the health service and make it operate. I suspect there is a lot of money wasted in both the state government and the federal government in crossover and in administration of the moneys between them. To some extent it made some sense, I suppose, to say, 'Well, instead of the funding coming from the federal government to the states and then being disbursed, let's pay it directly to the hospitals.'

However, as someone who spent 28 years on the local hospital board in Stirling until after I became Leader of the Opposition, and I continued in that role, I have to say that I do not have any great confidence that those in Canberra would necessarily make decisions which were in the best interests of the people of South Australia. They tend to be very east coast focused. The more important point is the point that I got to when I went over to discuss this issue with the then minister for health, Nicola Roxon, who is now the federal Attorney-General.

The minister for health had given Mike Rann, the then premier of this state, a comprehensive briefing about these new proposed arrangements; we were actually in the caretaker period, but she had not bothered to give me a briefing. During the caretaker period, and during the election campaign, I took a day out and went to Canberra specifically to get a briefing from her. I remember that we did not get off to a fabulous start because, when I finally got a meeting with her, she had delayed that meeting until quite late. I went literally with the clothes I was wearing and a handbag. I flew to Canberra for the day to have a meeting with Nicola Roxon; I had booked to come home that night, but she did not give me a meeting until 6 o'clock at night, which meant I could not come home because there is only one flight a day from Canberra—

Mr Venning: No toothbrush.

Mrs REDMOND: I did not have a toothbrush. No, indeed, there were lots of things I did not have, so I spent most of the day trying to get organised to stay overnight in Canberra, which was no mean feat. I had to go shopping to buy clothes because I knew that when I got back I would be greeted by the media in front of the escalators in the airport, so I had to be in different clothes from those I was wearing the day I left, which had to match the handbag I had, nevertheless. I also had to buy make-up, a toothbrush and all sorts of things. Indeed, I had to—

Dr McFetridge: Unmentionables.

Mrs REDMOND: —unmentionables—find accommodation. As it happens, the day I went there was the day that the Indonesian President, Susilo Bambang Yudhoyono (SBY, as he is known), was giving the address to the joint houses of parliament. That is a fairly rare thing in our parliament—I think there have been only four or five occasions when someone has given an address to the joint houses—so lots and lots of people were there, and it was almost impossible to get a hotel room in Canberra. I did manage to get the very last hotel room in Canberra at a cost of some \$549—I had no PJs to sleep in; it was a bit nippy. I got to sleep in the hotel room for only about four hours because I had to be up very early in the morning to go home again.

However, all that aside, the point of the exercise in going there was to get a briefing from Nicola Roxon. As I said, we got off to a fairly poor start because she came out and said, 'Well, if you'd made an appointment, Isobel, you mightn't have had to wait so long,' to which I responded,

'Well, if you'd actually briefed me in accordance with the requirements of the caretaker convention, I wouldn't have had to come to Canberra to get the briefing.' So, that was the beginning of a very unfriendly relationship.

However, Nicola Roxon did put me then in a room with three people from Treasury, from the health department and her office, and I was able to go through with them the essence of what this proposal was about—and it is that, really, that I want to put on the record. Ultimately, as I said, I recognise that we need to do a lot to improve the way in which the health dollar is spent. It already takes more than a quarter of our budget in this state, and it is likely to increase. We have an ageing population, and there is too much double-handling and not enough efficiency in the system. I have no argument with the fundamental idea that we need to do better, but I do have an argument with any fundamental idea that the feds would do it better for us in this state.

When I looked through the booklet that was published as part of this original package, it said very clearly that regional networks would be set up and that the money, instead of coming through the state to the hospitals, would go via those regional networks. When I cross-examined these people from the Treasury, the health department and Nicola Roxon's office, it became quite apparent that, although it said I think on about page 61 of the little booklet they had published that it would be local people, it became obvious that major amounts of money was going to flow directly from the commonwealth into each of these fairly large regional networks and, indeed, that the effect of it was going to be that they were not going to be local people at all—they might be local in the sense that they were South Australian—but basically they were going to be very highly paid bureaucrats.

Furthermore, those bureaucrats who set up the regional network were then going to have a CEO underneath who was then going to do their direction. Of course, the CEO was not personally going to be able to do whatever was directed, so there was going to be yet another bureaucracy established—so we are already putting two new bureaucracies into this—and, what is more, the commonwealth was insisting that the money that was coming through from it had to not fund the existence of those bureaucracy, thus our own health budget in this state would be significantly depleted in providing more bureaucrats—and that is the problem with the health system generally.

I have heard the member for Morphett, when he was the shadow minister for health, talk on any number of occasions about the problem that we were putting all our money into bureaucrats, not beds—and therein lies the dilemma of what is proposed. I note that when you go through the bill, of course, a couple of funds are set up: the state pool accounts—the national health funding pool and then separately the state managed fund.

Whilst it is all very well to say that these funds will exist and that these funds will be applied to the purpose of health in this state, my huge suspicion and fear is that the reality is that these funds will not just manage themselves by some magic. Although a person is appointed in each case—the chief executive is to open and maintain with the Reserve Bank of Australia a separate bank account, for instance, with the state pool account so there is certainly provision for someone who is going to be officially the manager—the reality is that there will be any number of highly paid bureaucrats involved in managing each of these funds, and therein lies the problem I have with it.

We are going to support it because I think there are consequences from not supporting this legislation, particularly in terms of how much money we stand to miss out on. That is the way in which this commonwealth government tends to run: it basically holds a gun at your head and says, 'Either you agree to these provisions or we won't give you any money.' There is no doubt that we need to put this legislation through so that we can get the money put into the state generally, in terms of providing the infrastructure that we need for health, but I remind the house that way back when it came to office this government decided it needed to look at the whole of the health system and provision of health in this state.

It engaged John Menadue to come over from New South Wales and do a report, the results of which I think were self-evident before they were actually delivered. They were that we cannot afford to keep putting money into building acute-care infrastructure; what we have to do is put our money, substantially more money, into providing primary health care out in the community. The problem has been, all along, that rather than acting on that the government has, for the last nine of its 11 years here, basically put that aside and spent all its money on building infrastructure, to the neglect of things like country health.

We have recently had the good fortune that the government has finally done a bit of a reverse backflip, double or triple pike with somersault, over the Keith hospital funding, and has

given the hospital a bit of its funding back. However, for the most part the government has not provided funding for country health at the level it should be provided. I think it is a disgrace that this government has focused so much on metropolitan Adelaide to the exclusion of those in our rural communities and it is certainly our intention, when in government, to refocus so that people in regional parts of South Australia feel they have a reasonable equity in all systems, not just health—but at the moment I am talking only about health.

The main point I want to make is simply this: whilst the funding model proposed may sound all very well in theory, the reality of its practical implication and practical application is that we will end up with masses more bureaucracy rather than lots more doctors, nurses, psychiatrists, psychologists and all those other people we need out on the ground in our communities, providing health care. I would not have minded if the commonwealth government had simply said, 'Look, here's the money; you have to apply it directly out to those primary health care services,' but the setting up of these different funds, outlining in legislation what those funds are to be used for, and, more particularly, outlining who is to manage them, will, I think, create yet another bureaucracy that we simply cannot afford to have in this state.

For those reasons I wanted to put my comments on the record. I think this is probably a slightly better system than what was originally proffered by then prime minister Rudd but, at the end of the day, I think the same fundamental problem arises: that is, we are spending far too much of the health dollar on providing bureaucracy rather than providing care for the people in our community who so desperately need improvement in that care, whether they be in metropolitan Adelaide or in the regional parts of South Australia.

Mr VENNING (Schubert) (12:13): I want to make a few comments about this, because no discussion on funding for country hospitals can be debated in this place without me raising my dire concern about the level and priority of funding for country hospitals in South Australia generally and, in particular, funding for a new Barossa health facility. The federal government has been lobbied, and we twice applied for funding in the recent round of funding, the federal government's health and Hospital Regional Priority Round. It was completed only a few months ago, and we applied. I know that the minister did as well (he may remember the title; I do not), so we both had a go but we were not successful.

We know that we at least now have access to a business plan, which the minister tabled in the parliament about nine months ago, for a new Barossa hospital to replace the ageing facilities at both Angaston and Tanunda. I remind the house, and you would be aware, sir, as a member with an adjoining electorate—indeed, some of your constituents would go to the Barossa hospital, and I invite you to come and have a look—of the history of this project.

The previous Liberal government promised in the 2002 election to begin construction of a new hospital then to be situated in Nuriootpa at Reusch Park on land owned by the Housing Trust. The then minister, Dean Brown (who also happened to be the minister for the Housing Trust) made the land available and he gave me a written commitment in a letter, which I still have. I have no doubt that if the Liberal government had been returned we would have a new Barossa hospital, which would have been completed in about 2006 or 2007; preliminary work had been done and money had been spent.

Since then, we have seen the election of the Labor government and the funds allocated were immediately redirected back into the metro area and nothing has been heard of it since. Now all the funds for the next 15 to 20 years will go toward paying for the new RAH on the rail yard. So this highlights a lot of talk, a lot of platitudes, even encouragement but nothing happens about funding for country hospitals, particularly this issue of the Barossa hospital. We all know what has happened to Keith, Moonta and Ardrossan: penny-pinching in the extreme. I am just very pleased that these hospitals still exist and have risen above the politics of the day, because they are extremely important facilities in these small country communities—and I am amazed at the attitude of the government.

I spent four years on the Public Works Committee from 2002 to 2006 and we had an inquiry, that I instigated, on the priorities of the government's health rebuilding program and the refurbishment program. Evidence tendered to the committee (and it is on the record) shows quite clearly that, way back in 2004, the Barossa hospital was up on top, level with the Murray Bridge Hospital as the highest priority. As we know, Murray Bridge has been upgraded already, so that is done, but the Barossa just lingers on with nothing happening but a few very minor works—very minor; a couple of hundred thousand dollars and that is about all.

The Tanunda hospital, although old, is still in reasonable order. It was originally built as a hospital, not like the Angaston Hospital, which is a primary health unit with acute beds. It is a disgrace. It was built as a house and has been built on four or five times. It grew like Topsy—a real itsy-bitsy facility. As I said, it was never built as a hospital; it is a converted house on several different levels and angles. There has been no major expenditure for over 15 years because, as everybody agreed, this facility was not worth spending money on—and I agree—so we are now in a facility that is aged.

I do not believe it meets any health standards. If you go around to the back of this building you would be horrified to see the standard of it. I am amazed at the level of service people receive at this hospital from the wonderful staff there. I take my hat off to them and pay them the highest tribute, because the quality of service given there is fantastic. It is like putting a Ford Model T in the Clipsal 500 and winning. That would take an effort. That is what is happening in this instance. I am not joking. It is not an exaggeration; it is appalling. I know the minister has not been there for a few years now and I would like him to come back again and have a look, because it is just not satisfactory.

So what to do? If the government will not commit to a new facility—and I remind the house that the Barossa community, to its credit, agreed to have one facility in place of two, which I think is an incredible achievement, knowing the parochial feeling in the Barossa from the towns, that they agreed—

The DEPUTY SPEAKER: Can you get close to the bill before us? Even remotely close would be nice.

Mr VENNING: Sorry.

The DEPUTY SPEAKER: No, not the microphone; get close to the bill rather than the microphone.

Mr VENNING: Alright. I was not listening; sorry, sir. In relation to the federal and state funding, local government has become involved in this now, too, because it has offered to donate the land for a new facility. Of course, that land is immediately adjacent to the marvellous new Barossa Aquatic Fitness, the Rex, centre to form a precinct of health and wellbeing—so even with all this there is still nothing. As with this bill, it does give effect to financial management and reporting mechanisms under the COAG National Health Reform Agreement—so I tie it in this way. As we know, the agreement commits through both federal and state governments to a model of activity based funding of the public hospital system, shifting away from the block funding of the public hospital system that we have known in the past.

The Barossa is a growth area in our state and very much ageing—South Australia's retirement village, and I say that respectfully—so surely this hospital should be assessed under this new activity based funding. I am very pleased that the shadow ministers, the members for Waite and Morphett, have both visited this hospital in recent times; the minister visited some four or five years ago.

The Hon. J.D. Hill: I've been there a number of times.

Mr VENNING: And you were certainly welcome with me on that occasion—but it really annoys me that I have to get approval to visit a hospital in my own electorate.

The DEPUTY SPEAKER: Member for Schubert, get back to the bill. You mentioned that before.

Mr VENNING: It's health.

The Hon. J.D. Hill: Unless you need emergency care. You don't need my permission, if you need an emergency.

Mr VENNING: Whatever. I heard what the minister said and I hope Hansard heard it, too. Back on the subject, sir, seeing that there is a state/federal link involved with this bill, that is exactly what I am talking about. Seeing I have had no success in the state sphere, I will now take the battle to the federal government, especially as we have a precedent by the federal government directly funding a state hospital—that is, the Mercy Hospital in Tasmania, at the last election. This brings in the question about the whole bill here: will we see direct funding? I would never agree to that because I am a statesperson, a federalist, but when you see the waste that has been going on in the system, if it saves the dollars, I have to say that I would have to agree.

If all else fails, I will reinvoke the existing federal members—Nick Champion (member for Wakefield), Patrick Secker (member for Barker) and the member-elect, Tony Pasin, and various state senators from both sides—and, after what has happened, I will then invite the federal minister Nicola Roxon to visit at a time of her choosing. I will be as nice as I can. I welcome her to see and comment about the situation, as well as enjoy some wonderful Barossa hospitality.

I have nearly exhausted all avenues but not quite. I will not give up and I will not give in for the whole time that I remain in this place. It is another issue in the Barossa Valley and it is high in Schubert. I note the second reading of this legislation but, as the leader said, we are very much concerned at the level of bureaucracy that is in our health system. When you have a body funded by both governments, you have to be very careful about who is watching who is spending. Who is the watchdog here? Money comes to the federal government. We, in the state government, cannot just say, 'Okay. Easy come, easy go.' I believe that we have to be a lot more professional in what we do.

When the Liberals come into government, we have to find some huge level of savings, and I think this is where it is. It is not in the wards, not in the hospital beds: it is in the middle order management of the health facilities, particularly areas like mental health. As I said to the minister during estimates, I am amazed that the last seven appointments in the mental health area, particularly in relation to—

The Hon. J.D. Hill: This is a claim, this is untrue.

Mr VENNING: Seven New Zealanders.

The Hon. J.D. Hill: It's not true.

Mr VENNING: It's not true. The minister says it is not true. I will chase it up. I will accept the minister's—

The Hon. J.D. Hill: You can't make claims that are untrue.

Mr VENNING: It has been told to me by a person who knows. The last seven appointments have all been New Zealanders. I will check and if I am wrong, minister, I will apologise. The opportunity is there, Mr Deputy Speaker, and thank you for the indulgence for me to be allowed to raise this issue again. I know that if the minister could, he would help, but it is all about political priorities. For the time I have left here, I am going to advance this thing. I do not give up. I am still sort of confident, but I am not holding my breath.

VISITORS

The DEPUTY SPEAKER: Before I call on the next speaker, I would like to welcome the Hon. Tim Fischer, former Deputy Prime Minister and former Ambassador to the Holy See, who is in the gallery. Welcome to the chamber.

NATIONAL HEALTH FUNDING POOL ADMINISTRATION (SOUTH AUSTRALIA) BILL

Second reading debate resumed.

Mr TRELOAR (Flinders) (12:24): I too would like to make a contribution to this discussion regarding national health funding pool administration. My understanding is that it has been agreed to by a number of other states. Those states and territories have agreed to pass legislation to effect the establishment of a state pool account, which will become known as the national health funding pool.

It is quite obvious that health funding is the most important and most critical funding of all government's responsibilities. In fact, in this state, it requires up to 30 per cent of our state's budget and appears to be growing annually. The challenge for any government, obviously, is to provide adequate funding for health, particularly as the population ages.

The demands and expectations are much greater as we all get older, and the member for Bragg talked about baby boomers. The first of the baby boomers are reaching retiring age, and she was suggesting that they were beginning to drop off the perch as well. The reality is that the baby boomers, a significant cohort of our population demographic, are at the age where they will be requiring more and more from the health system, so demands and expectations are rising.

The purpose of this bill, as I see it, is to improve the ongoing sustainability of health funding. As I said, it is a challenge, and nowhere is it more important than in the country areas of

this state. Many of my colleagues, particularly those from regional areas, have spoken today on this issue in particular.

Within the electorate of Flinders, we have two major regional hospitals; one at Ceduna has recently undergone a significant rebuild and is a marvellous facility, and Port Lincoln also is about to undergo significant extension and refurbishment. Whyalla, although just out of my electorate, also services quite a number of residents from Eyre Peninsula. As well as these significant regional hospitals with good facilities and adequate staffing, I do remind the minister and the government and the house, in fact, that across Eyre Peninsula there are eight other much smaller community-based hospitals.

The interesting thing about these hospitals is that they are very much thought of by the community as their own. In the early days, these hospitals were established, built and funded by the local communities and, to a large degree, that still occurs. They are essential to the ongoing wellbeing and good health of the communities they service. It has been suggested already today that in many cases the towns' very viability hinges on the existence of these hospitals and the ongoing provision of health care at a local level.

In recent years, we have seen significant changes in the type of service these hospitals are able to provide. I understand that the world is changing but, for example, in my local hospital in Cummins—my home town—a woman can no longer have a baby and we can no longer have minor surgery, and there are a number of reasons for this. The local doctor, I know, is qualified in obstetrics, but unfortunately we do not have the number of midwives able to support that service. Anaesthetics is another service that needs to be provided, should surgery be available. That has been an implication in my own local hospital, and it is replicated right across the state.

Attracting staff into public hospitals in the country is a challenge, to say the least. Attracting qualified medical staff and allied health professionals—doctors, in particular—remains an ongoing challenge, and some of the funding obviously needs to be directed towards that. What I have seen in recent years is that in many hospitals—and I know this well because my wife is a nurse, in fact—senior nursing staff who have previously filled senior nursing roles have actually become managers of hospitals and managers of staff and spend a lot of their time reporting to government and to their boards, rather than delivering the care that they once were able to do.

Unfortunately, the government, in its effort to drive efficiencies, has in many ways created the opposite effect: the inefficiencies have actually compounded and fewer and fewer services are actually being delivered while, more and more, people are providing management and administration. Shared Services and all the centralisation of purchases and payments have become a disaster for country hospitals. They can no longer rely on the security of local provision, local access and local administration. Once upon a time, country hospitals managed themselves. There was a local board, there was a doctor and the community raised funds.

If I can digress for a moment, I would like to talk about the Cummins Hospital. Twelve months or so ago, a dear family friend lay dying in the Cummins Hospital. It was a tragedy and it was very sad, but it is, in fact, a very good story. In his time in the hospital—ultimately, he did not come out of hospital—he noticed the dilapidated state of the rooms. He put in place a fundraising mission to raise \$10,000 from the surrounding community for every ward room in the Cummins Hospital and to spend that money on upgrading, painting and refurbishing the hospital. An extraordinary vision from a very generous community contributor. I congratulate Mr Leo Haarsma on that vision, and his family and friends for ensuring that that wish is being carried out right at this moment. Fundraising efforts are going very well and I will report back to the house at a later stage on that.

The point is that, unfortunately, the neglect and lack of funds was so noticeable that those small communities, once again, took it upon themselves to fund their own hospital buildings. With those few words, I will wrap up. I would like to say that country people expect, and deserve, equivalent health outcomes to their city cousins. Funding will always be an issue but, unfortunately, and quite sadly at the moment, those people are not getting that.

Mr GRIFFITHS (Goyder) (12:32): I also wish to make a contribution on the National Health Funding Pool Administration (South Australia) Bill 2012, and I do so from a variety of aspects.

Mr Treloar: Ardrossan.

Mr GRIFFITHS: Well, no; Balaklava. In my previous role within the Liberal Party as shadow treasurer, I was involved in some discussions, during the caretaker period, about the first proposal for this. At that time, the then treasurer, the member for Port Adelaide, Kevin Foley, rang me to outline the basis of it to me. Without trying to lead me in a particular direction, he did indicate that he thought it would be worthy of our serious consideration.

I was surprised, as was the Leader of the Opposition (now and then), as she has indicated today, with the quickness with which premier Rann indicated South Australia's support for that from a Labor government perspective. It surprised the Leader of the Opposition and that is why it was an appropriate action for her to go to Canberra to attempt to have a meeting with the federal minister, Nicola Roxon, to ensure that she had the full details available to her so that she could debate it in the public realm and the community would hear what, potentially, were both sides of the argument.

It did involve, at that early stage, the relinquishing of 30 per cent of GST revenue, and some modelling was provided to me to consider what the impact would be. There is no doubt in my mind, and minister Hill, as the man who has been responsible for quite some time now, refers quite often to the argument about the challenges that South Australia faces. I know that every treasurer or shadow treasurer has had similar dilemmas and a lot of grey hair out of the action of considering what the impact will be on health costs moving forward into the future. We probably face it more than most other states because of our age demographic and profile.

There was a story in *The Advertiser* yesterday confirming the opposition's support for this bill. The member for Morphett has put that on the record. Every member in the chamber who has spoken has spoken of support for the bill because it allows for more funds, but then it all comes down to a determination of the use of those funds: are they going in the most appropriate way? Are they being invested fairly so as to return some form of benefit to all South Australians?

I want to focus on the Balaklava situation, if I may. I think it is relevant to this. The recent announcement of the temporary suspension of surgical procedures and the transfer of those procedures to Clare has come as a great concern to the community. I had contact this morning from a constituent who was booked in for arthroscopic knee surgery on 16 July. They had their pre-op appointment last Friday with the local GP, who told them then—they did not know this beforehand—that the procedure was now cancelled and transferred to Clare. They do not know what the alternative date is. My office will be contacting the minister's office today to try to find out on behalf of that constituent when the alternative date is.

I have also had other calls from people who want their hospital to remain open with the full variety of services it provides, because for them it is everything. As a self-declared brat of country hospitals, my mother having actually worked her last shift as a nurse at the Flinders Medical Centre last weekend at the age of 68—

Members interjecting:

Mr GRIFFITHS: That is why I am taking her out to dinner tonight, to celebrate 50 years of nursing services. I think she is worthy of retirement. She works at the Flinders Medical Centre, minister. Even though she will be on the books for a little while yet, she has done her last shift. She has seen nursing over 50 years. I was involved in Yorketown Hospital as a kid, going in to see what they do there, too. I know how important country hospitals are to our community: they are everything. That was really emphasised to me when we held public meetings following the country health mark I version of 2008 and the eventual reversal of those proposals.

Indeed, at one public meeting held at Maitland, 400 people attended. Mr Rod Gregory, otherwise known as The Old Fella from *Australia's Got Talent*, a resident of Maitland—he did not tell jokes at that stage; it was before he went into show business—stood up and confirmed to the public meeting that he had been on the board of the Maitland Hospital for 25 years. He had retired before this public meeting. He confirmed to me that he had been the chairperson for about 20 of those years and, in that time, the community had raised something like \$2 million—\$100,000 on average per year—to go to country hospitals.

The member for Flinders has talked about Mr Haarsma and what he did at the Cummins Hospital, too. That shows the degree of passion that exists in people. My only hope is that this bill and the flow-through funds that will come from it will be shared equally in order for regional people to get services, for all hospitals services to be the best they can possibly be, to improve our primary healthcare opportunities, to prevent people from going to hospital and to actually get some outcomes that will make us a healthier state.

The member for Bragg talked about the highest number of people in health care as being in the 75 to 85 age bracket. It must be scary for a health administrator trying to look after people of that age profile. We need to get ourselves healthier. I readily admit that I need to improve a lot, and the member for Finniss (Michael Pengilly) talks to me all the time about that. However, let us get it right and let us make sure that the benefits that come through from this are for all South Australians, no matter where they live or how old they are.

The Hon. J.D. HILL (Kaurana—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts) (12:37): I thank all members for their contribution and I thank the opposition for indicating its support of this measure, which is really a technical matter but which has given members opposite an opportunity to make a number of other claims. With your indulgence, Mr Deputy Speaker, I will speak briefly on some of the broader claims before I get into the legislation itself.

Principally I want to speak about the claims made about Country Health and the repetition of claims that somehow or other there has been a reduction in services across country. For the benefit of the house and for the benefit of the record, I just remind members that there has not been a reduction in services in the country: there has in fact been an increase in services in the country.

The amount of elective surgery now done in country South Australia has gone up dramatically over the last few years—I think it is about 15 per cent from memory. The amount of renal service provided in the country has increased, the amount of mental health services provided in the country has increased, and we are in the process of increasing quite dramatically the amount of chemotherapy in the country. As the member for Morphett said, you cannot do everything in every hospital, but you can have a networked approach, which is the strength of the Country Health Local Health Network. You can have a networked approach to make sure that across country generally you can improve services.

There will always be from time to time—and Balaklava is a recent example—a hospital where services for various reasons need to be suspended. I have just been informed that, in the case of Balaklava Hospital, the reason the service was suspended was for safety. The implication of those opposite in their arguments was that if the local boards had not been taken away and if local management was still there the services would not be suspended. I am horrified to think that you would be making that claim.

If that is really the basis of your argument, that local boards would not have suspended the service, that means they would have maintained services to patients that were being delivered in an unsafe way. The reason those services were suspended was that the clinical advice was that they could no longer be delivered in a safe way. I am advised that Country Health has committed to resolving the issues, and the services should be back available in August this year, so I hope the member is pleased about that.

Members have to understand that from time to time a proper analysis will be done of country hospitals, as indeed is done in the city, and sometimes you have to stop services if they cannot be delivered safely while you work out how to properly deliver them. That could be in some cases because the volume of a particular type of service cannot be done safely. It does not matter whether or not the equipment is there, but if there are not enough babies to be delivered in a community to have safe practice, then sometimes the decision will be made not to continue birthing.

Sometimes it is because there is not enough staff to deliver the services (and the member mentioned that in one of his contributions), but generally we try to maintain services where we have the staff and where there is a demand for them, even if there is an alternative service just half an hour away. Balaklava is a good example of where a decision was made on the basis of safety, and once those safety issues have been resolved the service, to the extent that it can, will be reapplied.

Just in relation to the legislation, I will return to that. This is not a terribly complex bit of legislation, but it is a technical element that is part of a very complex process of reform. The commonwealth government, under both sides, has been struggling to get a better resolution of the relationship between the commonwealth and the states in terms of funding hospital services. Under the Medicare agreement originally, the commonwealth committed to funding 50 per cent of the cost of provision of hospital services if the states did not charge patients when they came to hospitals.

We committed to that, and over time we saw as a result of that, principally during the period that Tony Abbott was health minister in the Howard government, the percentage of

commonwealth funding coming into hospitals declined, so now in South Australia we are just getting over 40 per cent of the cost of the provision of hospital services provided by the commonwealth, which was a complete renege of a promise that went back to the early 1980s, where we were to get 50 per cent of the cost of running the hospital service.

If you are looking for a reason why there is a pressure on the health budget, or looking for a reason why there is pressure on the state budgets, it is because commonwealth governments have cheated the states in terms of the original commitments they made to fund 50 per cent of the hospital services. Our state has had to put in the extra 10 per cent, as have all the other states around Australia, as pressure was building. To the credit of the Rudd and Gillard governments, they decided to do something about that.

The basis of their doing something about it changed over time, but what we have signed up to is not the 50-50 we had back in the halcyon days, but a commitment by the commonwealth government to fund 50 per cent of the growth over a period of time. That is real money to us because it establishes a base below which we will not go, and any new growth in demand for services will be funded on that 50-50 basis.

There are a number of commitments the commonwealth made to the states or pressures the commonwealth placed on the states—things we had to agree to in order for it to commit that level of funding—and one was to do with accountability and transparency: we had to commit to publishing a whole lot of information. That was not something I had any objections to, but a number of the states objected quite strongly to the publishing of information about performance. We certainly have committed to that, and we publish I think far more than the commonwealth requires.

Secondly, they required a system that was transparent and open. Basically, they did not trust the states not to cost shift, referring to one of the arguments made by the member for Bragg. This is principally what this legislation deals with. It is to have an open process so that both the state and the commonwealth can look at each other's funding (and the public can look at it too) to make sure it is not being misused. Essentially it is a mechanism by which the state and federal funds are put into one account and then that account is used for the purposes of funding the hospital services in a particular region.

As I understand it, the funds are put in on a monthly basis by the commonwealth—if it is not monthly, it is certainly regularly—and, I guess, the state would do the same thing. If we took the Central Adelaide Local Health Network, for example, whatever the budget is—let us say for ease of managing the conversation it is \$1 billion—the commonwealth will put in, I guess, about \$400 million, we will put in \$600 million and then the growth funding will be 50 per cent in the future. That money would go in and then the local health network would draw down on that over the course of the year, and that would mean paying salaries, procuring and doing all the things that local health networks do. That is how I understand it would work.

The cost of that bureaucracy that administers that joint-funding arrangement is borne completely by the commonwealth. In answer to one of the questions raised on the other side, there will not be any transfer of state effort into that. It does not cost us at all and, as far as we are concerned, the funding arrangements we have currently got in place will continue. It is just that the starting point will be in this commonwealth-funded body and, once the money is put in there, it will transfer into the state system and be spent in the way that we would normally spend it.

In terms of what is covered, there is still a bit of discussion around the edges but, principally, the funds that the commonwealth is committing to are funds for hospital services or hospital-like services. If they are hospital avoidance programs, like palliative care or home-based care following surgery, they would be funded by the commonwealth, but they will not fund us to run primary healthcare functions, which are principally the functions that the commonwealth funds through Medicare. There is a bit of discussion around the edges. I think I can write to the opposition and give them a list. We have that list, so I can provide that list to the extent that it is available.

There was an issue around the block funding of small country hospitals; that will be the case. There are a number of community services which will be block funded. There is a table which shows the services which can be block funded. I am happy, if the opposition is in agreement, to seek leave to incorporate it into *Hansard*.

Leave granted.

Balaklava Soldiers Memorial Hospital	Jamestown Hospital	Peterborough Soldiers Memorial Hospital
Barmera District Health Service	Kangaroo Island General Hospital	Pinnaroo Soldiers Memorial Hospital
Booleroo District Centre	Kapunda Hospital	Pt Broughton District Hospital & Health Service
Bordertown Memorial Hospital	Karoonda & District Soldiers Memorial Hospital	Quorn & District Memorial Hospital
Burra Hospital	Kimba District Hospital	Renmark & Paringa District Hospital
Ceduna Hospital	Kingston Soldiers Memorial Hospital	Riverton District Soldiers Memorial Hospital
Cleve District Hospital	Lameroo District Hospital	Roxby Downs Health Service
Cooper Pedy Hospital	Laura & District Hospital	Snowtown Memorial Hospital
Cowell District Hospital	Leigh Creek Hospital	Southern Yorke (Yorketown Campus)
Crystal Brook District Hospital	Loxton Hospital Complex	Strathalbyn & District Soldiers Memorial Hospital
Cummins & District Memorial Hospital	Mannum District Hospital	Streaky Bay
CYP (Maitland) Hospital	Meningie & District Memorial Hospital	Tailem Bend Hospital
Elliston Hospital	Mt Pleasant District Hospital	Tumby Bay Hospital
Eudunda Hospital	Oodnadatta Hospital	Waikerie Hospital
Gumeracha District Hospital	Orroroo & District Hospital	Wudinna Hospital
Hawker Hospital	Penola War Memorial Hospital	Woomera Hospital

The Hon. J.D. HILL: The majority of our country hospitals, in fact, are small hospitals so they would be block funded.

In relation to indexation, there is a complex formula. I am happy to write to the opposition about that formula. I think we can probably do that. If I try to explain it to you, I am sure I would not only confuse you but I would completely confuse myself, but there is a formula which explains how that works.

In terms of commonwealth micromanaging, which I think somebody raised as an issue, the administrator is not subject to the direction by the commonwealth. This will not be micromanaged: it is really a funding mechanism to allow the commonwealth and the states to look at each other honestly and say, 'Yes, the money is being put in.' The money is then given to our existing managers who will allocate it according to the purposes for which it has been given.

In relation to the IHPA calculations, I am told that IHPA (the pricing authority) uses commonwealth Treasury economic projections, the ABS labour price index, public health care and social assistance component for wages growth and ABS CPI for non-wage costs. In doing this, IHPA also takes into consideration state government public wages policies, the national hospital costs data collection report of public hospital non-wage cost grants and so on. There was an issue that the opposition raised; I am just struggling to remember what it was now.

Dr McFetridge: Casemix.

The Hon. J.D. HILL: Casemix, thank you. That was exactly the point I wanted to raise. The opposition raised the issue of casemix, which was introduced by Michael Armitage, who was the health minister, I think, in the Brown government. I think it was one of the early reforms. The Kennett government in Victoria introduced it around about the same time, and I commend both the governments for doing that. I think that it put us in a good position. The basis on which funding will be provided to the states will be on a national benchmark casemix kind of formula, which they are still working out. We are therefore still waiting to see how that would go, but it will be different from the formula we have currently in South Australia, as understand it.

We think the fact that we have been working on a casemix basis will put us in a pretty good position to manage. The one concern I have, and it is something that someone on the other side mentioned, too, is that, given that we are a relatively small state in terms of population but a large state in terms of geography, our cost structures are as they are, and states like Victoria, I think, have huge advantages in terms of delivering things in a cost-effective way given the concentration of population centres and the relatively small parts of the state which could be called remote or rural.

New South Wales is somewhere between South Australia and Victoria in terms of concentration, but it does have big population centres and it does have some of those advantages, so I guess that is one of the issues we would want to consider. Just finally I would say that this is a reform process and, like all reforms that involve the states and the commonwealth, it has been the subject of a whole lot of compromises, discussions and negotiations. It is definitely a camel and not a horse. It is not something that any single player would have come up with.

I have certain things about it that I do not like. I would much prefer that the commonwealth gave us the funds and then allowed us to determine how they should be spent according to the priorities that we have. However, the commonwealth would say, 'Well, we don't trust the states. You've got to show that you're spending it in the way that we've all agreed.' I accept that that is part of the process we have to go through.

I am confident, though, that the system that has been set up is relatively minimal. It will not create a burden for us, it will not cost us anything and I do not think it will delay the application of budgets. It does have the advantage that the commonwealth and the state funds have to be as we promised—we cannot back away from that. It therefore makes it difficult for any government in the future on either side, really, to play around with those things.

It will be interesting to see how it rolls out. It goes through a couple of years when it is really a shadow arrangement I understand (I think that is the language they are using), and then in a couple of years' time it will come into practice for real. I do thank the opposition. I hope that I have covered most of the arguments; if I have not, I am happy to get a briefing for the opposition before it is dealt with in the other place—which is really this place—at some stage in the future. With that, I commend the bill to the house.

Bill read a second time.

In committee.

Clauses 1 to 28 passed.

Clause 29.

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

Page 14, line 7—Delete 'Committee' and substitute 'Council'

There is a typing error where the word 'council' should have been used and 'committee' was used instead. It really just corrects that error.

While I am on my feet, once again, I thank parliamentary counsel Richard Dennis and my departmental officers, Kathy Ahwan and Barbara Renton, for their assistance with this legislation.

Amendment carried; clause as amended passed.

Remaining clauses (30 to 34), schedule and title passed.

Bill reported with amendment.

The Hon. J.D. HILL (Kaurua—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts) (12:56): I move:

That this bill be now read a third time.

Bill read a third time and passed.

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

CHAMBER MATTERS

The SPEAKER: Honourable members—

Members interjecting:

The SPEAKER: Order! It sounds like a schoolyard. Goodness me! You will remember the acoustics in this place and the conversations that carry and the noise levels in here. It is certainly different to the other place, which is this place now. We will have some order today. I will throw people out if they are misbehaving, as I did last sitting day. I did throw the member for Florey out for only one hour.

Members interjecting:

The SPEAKER: It has nothing to do with the fact that she is not present at the moment; she has not gone indefinitely.

ANSWERS TO QUESTIONS

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

PUBLIC SECTOR EMPLOYEES

317 Mr HAMILTON-SMITH (Waite) (23 August 2011) (First Session). With respect to 2011-12 Budget Paper 4—Volume 4, p160—

1. Why is there such a discrepancy between the \$0.557 million budgeted amount and the \$1.455 million estimated result for 'employee benefit payments' in 2010-11?
2. Why will 'employee benefit payments' decrease to \$1.356 million in 2011-12?

The Hon. J.W. WEATHERILL (Cheltenham—Premier, Minister for State Development): I have been advised of the following:

The \$0.557 million budgeted amount was incorrect. This is evidenced from the 2009-10 actual cost of \$1.36 million. The 2010-11 estimate result includes increases in salaries paid as well as Chief Executive recruitment costs.

The decrease is attributable to a reduction in recruitment costs, maternity leave costs and staff engagements.

CHIEF EXECUTIVE DISCRETIONARY FUND

26 The Hon. I.F. EVANS (Davenport) (21 February 2012). With respect to the Chief Executive of each Agency reporting to the Minister for Water and the River Murray, is there a Chief Executive Discretionary Fund, and if so—

- (a) what is the fund's allocated budget for 2011-12, 2012-13, 2013-14 and 2015-16, respectively; and
- (b) what are the details of all grants provided from the fund for 2007-08, 2008-09, 2009-10 and 2010-11, respectively?

The Hon. P. CAICA (Colton—Minister for Sustainability, Environment and Conservation, Minister for Water and the River Murray, Minister for Aboriginal Affairs and Reconciliation): The Chief Executives of the Department for Water and SA Water Corporation have provided the following information for the portfolio:

Minister for Water and the River Murray:

- (a)

Department for Water:

The Chief Executive does not have a discretionary fund.

SA Water:

SA Water does not have a Chief Executive discretionary fund.

(b)

Department for Water:

Year	Grant Recipient	Grant Details/Purpose	Amount
2007-08		Nil	\$0
2008-09		Nil	\$0
2009-10		Nil	\$0
2010-11		Nil	\$0

SA Water Corporation:

Year	Grant Recipient	Grant Details/Purpose	Amount
2007-08		Nil	\$0
2008-09		Nil	\$0
2009-10		Nil	\$0
2010-11		Nil	\$0

CHIEF EXECUTIVE DISCRETIONARY FUND

33 The Hon. I.F. EVANS (Davenport) (21 February 2012). With respect to the Chief Executive of each Agency reporting to the Minister for Education and Child Development, is there a Chief Executive Discretionary Fund, and if so—

(a) what is the fund's allocated budget for 2011-12, 2012-13, 2013-14 and 2015-16, respectively; and

(b) what are the details of all grants provided from the fund for 2007-08, 2008-09, 2009-10 and 2010-11, respectively?

The Hon. G. PORTOLESI (Hartley—Minister for Education and Child Development): I am advised that the Department for Education and Child Development does not maintain a Chief Executive Discretionary Fund.

SIGNAL PASSED AT DANGER INCIDENTS

64 Dr McFETRIDGE (Morphett) (20 March 2012).

1. How many Signal Passed at Danger (SPAD) incidents were there in each year since 2006?

2. How many incidents were investigated and how many investigations have been completed?

3. What corrective action has been taken to educate train drivers?

4. How many train drivers involved in SPADs had less than 12 months driving experience?

The Hon. C.C. FOX (Bright—Minister for Transport Services): I am advised:

1. There were:

- 11 Train SPAD incidents in 2006;
- 15 Train SPAD incidents in 2007;
- 15 Train SPAD incidents in 2008;
- 10 Train SPAD incidents in 2009;
- 8 Train SPAD incidents in 2010;
- 14 Train SPAD incidents in 2011; and
- 1 Train SPAD incidents to May 22, 2012.

2. All train SPAD incidents have been investigated and completed for the period 2006 to May 22, 2012.

3. The following actions have been taken in relation to the education of train drivers:

- In 2008 HALCROW conducted an independent review of SPAD incidents and assisted in the development of a SPAD management program that was adopted by the organisation.
- A SPAD committee comprising of drivers and management representatives meet each month to review SPAD incidents, the SPAD management program and develop SPAD mitigation strategies.
- A SPAD policy has been developed to provide guidance and support to drivers and the SPAD management program.
- Ongoing discussion regarding SPAD issues occur at daily driver briefings provided by Senior Drivers.
- A SPAD awareness board has been erected in the Adelaide Railway Station to inform staff of SPAD performance including number for current and previous period, incident signal numbers, trend data and graphs.
- SPAD Alert posters are displayed to train drivers within 24 hours of any SPAD incident.
- The recruitment process for drivers now includes psychometric testing designed to identify a candidate's propensity for response to rail signals.
- In recent years the number of supervisory staff has doubled to allow for greater mentoring of new drivers.
- The level of supervision, retraining and reassessment of drivers involved in SPAD incidents, is assessed on an individual basis.
- Signal Sighting Assessments are conducted on an ongoing basis throughout the network which has contributed to a progressive LED upgrade of signals to improve sighting capability.

Furthermore, acquisition of an Automatic Train Protection system, announced in the recent State Budget, is progressing with several systems presently being assessed. The departure procedure for trains leaving Adelaide Railway Station was reviewed throughout the year with a new procedure that reflects Australian Transport Safety Bureau recommendations being adopted in October 2011. The driver training program has been revised and extended to include twice as much one on one tuition on the mainline and now includes a period working in Adelaide Railway Station to consolidate safeworking knowledge.

4. 31 drivers involved in the 74 SPADs between 2006 and May 22, 2012, had less than 12 months driving experience.' It is widely recognised across the rail industry that inexperienced drivers have a higher likelihood of SPAD incidents.

SOUTHERN HEALTH NEWS

78 The Hon. I.F. EVANS (Davenport) (22 May 2012). For each of the 2009-10, 2010-11 and 2011-12 financial years, how much did it cost to produce, print and distribute the 'Southern Health News'?

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts): I am advised:

1. Southern Health News is 100 per cent funded by the Volunteer Service for FMC Inc. Operational funds are not used for the design and production of Southern Health News.

The publication is produced by the Media and Communications Team for the Southern Adelaide Local Health Network. There are six editions produced per year.

The cost to produce, print and distribute Southern Health News for:

- 2009-10 was \$24,846
- 2010-11 was \$16,560 (four editions were produced)
- 2011-12 was \$24,959.50

LAUNCHPAD PROGRAM

79 Mr GARDNER (Morialta) (22 May 2012). What is the eligibility criteria for the White Lion/In2Life LaunchPad Program, is the program available for all young people who have encountered the juvenile justice system and are other young people at risk eligible for the program?

The Hon. T.R. KENYON (Newland—Minister for Employment, Higher Education and Skills, Minister for Science and Information Economy, Minister for Recreation and Sport): The LaunchPad Program provides assistance to young people transitioning to the community from the custodial and care systems, and those at risk of entering the justice or care systems.

Intensive case management services are provided by Whitelion, which includes an assessment process which determines an individual's circumstances and eligibility for the program.

DESALINATION PLANT

In reply to **Mr WILLIAMS (MacKillop—Deputy Leader of the Opposition)** (5 April 2012).

The Hon. P. CAICA (Colton—Minister for Sustainability, Environment and Conservation, Minister for Water and the River Murray, Minister for Aboriginal Affairs and Reconciliation) (14:53): I am advised:

The Adelaide Desalination Plant Design, Build, Operate & Maintain (DBOM) Contract has a provision for 'Pre-operations' payment under the terms of the executed Operations and Maintenance (O&M) Contract.

The operator has responsibilities under the Design and Construct Contract to sign and endorse the Certificates of Compliance for Design, Procurement and Construction and that process requires significant presence and involvement by the Operator's representatives from the commencement of the project.

Payments made during this period were as per the agreed payment schedule and for a fixed sum as per conditions of the executed O&M contract.

Approximately \$5.7 million (excluding GST) was paid from 8 July 2009 up to the First Water milestone. To the end of March 2012, the Operator has been paid \$6.9 million (excluding GST). These payments were provisioned within ADP operation and maintenance budget in accordance with approvals by the Government and SA Water Board.

AUDITOR-GENERAL'S REPORT

In reply to **Mr HAMILTON-SMITH (Waite)** (1 May 2012).

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts): I am advised:

1. The non-government organisations that have had their funding reduced for 2012-13 are:

- Sexual Health Information Networking & Education SA Inc.
- Relationships Australia (SA) Health Promotion Services
- Australian Drug Treatment & Rehabilitation Programme Inc.
- Life's For Living Inc.
- AIDS Council of SA Inc.
- Positive Life South Australia Inc.
- Community Centres SA Inc.
- St John Ambulance Australia

AUDITOR-GENERAL'S REPORT

In reply to **Mr HAMILTON-SMITH (Waite)** (1 May 2012).

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts): I am advised:

1. The following 2010-11 amounts comprise the total amount of consultancy and contractor related expenditure:

	Consultant Expenditure (\$)	Contractor Expenditure (\$)	Total (\$)
Ernst & Young	1,143,795.05	475,850.25	1,619,645.30
KPMG	65,800.00	101,684.00	167,484.00
Deloitte	0.00	808,409.31	808,409.31
Total	1,209,595.05	1,385,943.56	2,595,538.61

GLENSIDE HOSPITAL REDEVELOPMENT

In reply to **Ms CHAPMAN (Bragg)** (2 May 2012).

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts): I am advised:

1. An outpatient service for drug and alcohol clients is planned to be located on the eastern edge of the new retail precinct, directly opposite the Drug and Alcohol Services South Australia inpatient unit.

Negotiations are currently being finalised with the developers of the retail precinct for a long-term lease of commercial office space being constructed as part of the new retail development.

Locating Drug and Alcohol Services South Australia outpatient services within the adjoining Precinct 4 development supports the need to integrate the health facilities directly into the public realm, assists in the attempts to demystify mental health and substance abuse services, and encourages a degree of public interest in, and engagement with, the process of recovery.

This strategy also provides operational efficiencies brought about by the co-location of Drug and Alcohol Services South Australia inpatient and outpatient services.

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In reply to **Ms CHAPMAN (Bragg)** (2 May 2012).

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts): I am advised:

1. To date no environmental testing has been carried out in the future residential precinct, as it is the current operating hospital site.

The sale process for Precinct 5 will be undertaken by the Urban Renewal Authority.

The Urban Renewal Authority will commission a series of site investigations, including environmental investigations and potentially testing, to inform the sale process.

This will likely be undertaken following the transition of the existing services to the new health facilities.

HEALTH BUDGET

In reply to the **Hon. I.F. EVANS (Davenport)** (2 May 2012).

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts): I am advised:

1. SA Health has recently appointed Deloitte to conduct a review of the Central Adelaide Local Health Network and Northern Adelaide Local Health Network, and KPMG to conduct a review of the Southern Adelaide Local Health Network. The reviews commenced in April.

The purpose of the reviews is to obtain a comprehensive and updated view of where the potential areas of significant savings and governance compliance issues are and to provide remedial recommendations and implementation plans to address these findings. The review will cover the seven major metropolitan hospitals, being Royal Adelaide Hospital, The Queen Elizabeth Hospital, Lyell McEwen Hospital, Modbury Hospital, Flinders Medical Centre, Repatriation General Hospital and Noarlunga Hospital.

The results of this review will be used to inform Cabinet regarding the savings strategies that SA Health will implement in order to deliver a balanced budget.

The cost of the two consultancies will be around \$900,000, inclusive of GST.

PAPERS

The following papers were laid on the table:

By the Speaker—

Ombudsman SA—

An audit of prisoner complaint handling in the South Australian Department for Correctional Services Report June 2012 [Ordered to be published]
Investigation into the Courts Administration Authority and the Department of Planning, Transport and Infrastructure—Delayed disqualification notices Report July 2012 [Ordered to be published]

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

Supreme Court of South Australia, Judges of the—Report 31 December 2011

By the Minister for Planning (Hon. J.R. Rau)—

Regulations made under the following Act—
Development—Building Rules Assessment Audits—Fees

By the Minister for Business Services and Consumers (Hon. J.R. Rau)—

Regulations made under the following Act—
Liquor Licensing—Hahndorf—Mount Barker—Nairne

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

Third Party Premiums Committee—
Determination—March 2011
Determination—March 2012

By the Treasurer (Hon. J.J. Snelling)—

WorkCover Corporation—Charter
Regulations made under the following Act—
Public Corporations—Playford Centre—Dissolution and Revocation

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

Regulations made under the following Act—
Health Practitioner Regulation National Law (South Australia)—Occupational Therapy Board of SA

By the Minister for Sustainability, Environment and Conservation (Hon. P. Caica)—

Regulations made under the following Act—
Aquaculture—Application and Licence Fees

By the Treasurer (Hon. J.J. Snelling) on behalf of the Minister for Employment, Higher Education and Skills (Hon. T.R. Kenyon)—

University of South Australia—
Annual Report 2011
Financial Report 2011

ABORIGINAL ELDERS

The Hon. P. CAICA (Colton—Minister for Sustainability, Environment and Conservation, Minister for Water and the River Murray, Minister for Aboriginal Affairs and Reconciliation) (14:06): I seek leave to make a ministerial statement.

Leave granted.

The Hon. P. CAICA: I would like to acknowledge the passing of three highly respected Aboriginal South Australians. Mr Gilbert Coulthard (Uncle Gil), a respected Adnyamathanha elder, was an ambassador and role model for his people. Sadly, he passed away on 12 June 2012. We extend sincere condolences to Uncle Gil's wife, Mrs Linda Coulthard, his family and the Adnyamathanha people.

Uncle Gil played an important role in instructing the young people and passing on his knowledge of country. He acted as a role model for many Aboriginal people through his passionate commitment to the conservation of land in the Flinders Ranges, particularly around his beloved Balcanoona. In 1978, he became one of South Australia's first Aboriginal park rangers and worked for the then department for environment and heritage for over 20 years on his traditional country at Balcanoona on the Vulkathunha-Gammon Ranges National Park.

He was instrumental in establishing co-management arrangements for the Vulkathunha-Gammon Ranges National Park, the first park to establish co-management between DENR and traditional owners, and the role model for co-management arrangements of other national parks. Uncle Gilbert was one of the first people to teach us that land management and conservation of culture are intertwined. He was generous in sharing his knowledge so that we could together understand the importance of country and heritage.

There have been many public announcements of Uncle Gilbert's contributions, most recently through the opening of the walking trail that is named in his honour. He was also recognised in 2009 when he was awarded NAIDOC Elder of the Year. I think that his enduring contribution will be the current and future generations of Adnyamathanha people who understand and work to live to the rules of the 'Yura way'.

I was also very saddened to hear about the passing of Kurna elder Auntie Rose Dixon. Auntie Rose was the oldest living Kurna elder and played an important role in the community, often being called upon to represent the Kurna people. She is recognised for her significant contributions in the areas of education and health, especially among the southern Adelaide community.

I was further saddened to learn about the passing of Mrs Ningali Cullen, formerly known as Mrs Audrey Kinnear, an Anangu woman who is regarded as a catalyst to the many Aboriginal people who followed her in developing professional careers in a diverse range of fields. Over many years she was a courageous voice in fighting for support for the stolen generations, of which she was a member. She worked tirelessly to encourage reconciliation between Indigenous and non-Indigenous Australians. We all owe a debt of gratitude for the contributions made by each of these leaders. To each of their families, I extend my sincere condolences at this very difficult time.

CHAMBER FILMING

The SPEAKER: I remind the media cameras that they are to just focus on people that are on their feet in the chamber and not to—

Members interjecting:

The SPEAKER: Yes, if you read about the latest episode in Queensland.

Members interjecting:

The SPEAKER: Order!

QUESTION TIME

TAFE FEES

Mrs REDMOND (Heysen—Leader of the Opposition) (14:10): My question is to the Acting Minister for Employment, Higher Education and Skills. Why did the government decide to increase TAFE course fees for 2012 that were previously capped for students, and is it the case that the government has today reversed that decision? The opposition was contacted by TAFE students who were halfway through their course who have now been advised by the government that their previously capped course fees would increase. From 1 July, some students will have to pay over \$1,500 above the cap.

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Workers Rehabilitation, Minister for Defence Industries, Minister for Veterans' Affairs) (14:10): I will get the minister to provide a report back to the house. My understanding is that—

An honourable member interjecting:

The SPEAKER: Order!

The Hon. J.J. SNELLING: My understanding is that there has been a range of reforms as part of the Skills for All reforms. Obviously, a lot of that is about moving towards a better system of funding vocational education and particularly better targeting of that funding of vocational education. I do not know what the specifics have been with regard to individual TAFE fees. I am certainly not aware of any decision being reversed, but I will either personally report back to the house or I will ask the Minister for Employment, Higher Education and Skills to report back to the house.

TAFE FEES

Mrs REDMOND (Heysen—Leader of the Opposition) (14:11): I have a supplementary question. While the minister is getting the minister to report back to the house, I ask: why did the government, through that minister, guarantee in February that no TAFE fees would rise under the Skills for All? On 16 February this year, it was stated in *The Advertiser* that '...Mr Kenyon gave a guarantee no fees would rise'.

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Workers Rehabilitation, Minister for Defence Industries, Minister for Veterans' Affairs) (14:11): I will need to check the exact quote, but I am sure that, if the minister provided such a guarantee, he would have done so in good faith.

Members interjecting:

The SPEAKER: Order!

NYRSTAR

Mr BROCK (Frome) (14:12): My question is to the Minister for Mineral Resources and Energy. What is the state government doing to ensure the viability and the continuation of the Nyrstar smelters at Port Pirie? In *The Australian* this morning, there is an article regarding the closure or the uncertainty of the continuation of the smelter in Port Pirie. The closure of the plant would be devastating for the city of Port Pirie, and I would like to know what the government is doing regarding this issue.

The Hon. A. KOUTSANTONIS (West Torrens—Minister for Manufacturing, Innovation and Trade, Minister for Mineral Resources and Energy, Minister for Small Business) (14:12): I understand that *The Australian* today published reports and comments by the opposition, comments similar to what the Leader of the Opposition federally said on 1 July about what happened to Whyalla.

An honourable member: Give us a song, Tom.

The Hon. A. KOUTSANTONIS: I don't want to break into song, like my colleague Craig Emerson—

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: —and do a dad dance. I do have here a press release from Nyrstar, which I think is important the house be informed of. It is dated today (10 July 2012), and it states:

Nyrstar response to current media coverage.

There has been recent media speculation with regard to the impact of the Carbon Tax on Nyrstar's Port Pirie operations. The introduction of the Carbon Tax is not a factor in the decision making process related to any potential redevelopment of Port Pirie and the impact is not material to the Group as a whole—

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! This is a very important question for the people of Port Pirie particularly. The member for Frome has asked an important question.

The Hon. A. KOUTSANTONIS: The press release goes on to state:

Our Australian operations continue to implement opportunities to sustainably reduce their operating costs in order to offset any additional costs related to the introduction of the Carbon Tax, which is currently estimated to add approximately \$6M for the first year of the tax.

The press release goes on to state:

The Nyrstar position as communicated in July 2011...remains unchanged.

Our Hobart operation has been provided with the maximum assistance (i.e. 94.5% assistance), and our Port Pirie operation has also been provided with maximum assistance for its zinc smelting operations and 66% assistance for its integrated zinc/lead smelting operations.

Nyrstar is reviewing the technical and commercial merits of a potential redevelopment of the smelter with a view to reducing its environmental footprint and securing its future. The ability to gain the support of the government...[and] other third parties is crucial to any redevelopment.

And, importantly:

Nyrstar welcomes the establishment of the South Australian Government taskforce to assist with this process.

Nyrstar has just put to a lie what the opposition has said in the paper. I think their hysterical comments do not do them, or the people of Port Pirie, any justice. To hysterically claim that Port Pirie would be ruined and would lose 5,000 jobs because of the carbon tax is irresponsible, and Nyrstar agrees.

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: Furthermore, the government has—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: —every reason to be confident in Nyrstar's resolve to remain a long-term major contributor to the South Australian economy. For the past six months this state government has been working closely with Nyrstar to ensure the viability of Port Pirie.

Contrary to comments made by the member for Norwood on radio this morning, the main issue facing the Port Pirie smelter is the need to improve environmental outcomes by improving data technology, not the carbon tax. To Nyrstar's credit, it has invested substantial amounts of capital in the past to minimise its environmental footprint; however, the company has publicly stated that it is reviewing the technical and commercial merits of a potential redevelopment of the smelter. The primary focus of this is reducing the environmental footprint and making sure it is a sustainable operation in the long term.

The state government is very supportive of that approach and is working with the company to facilitate reinvestment on the site. In May, the Premier met with Nyrstar's CEO, Roland Junck, and a number of other executives in London to discuss the long-term operation of the Port Pirie smelter. Today, as with the Nyrstar press release, I can confirm to the member for Frome, and members opposite, that the state government can announce the establishment of a high-level Nyrstar Port Pirie steering committee.

An honourable member interjecting:

The Hon. A. KOUTSANTONIS: You got it wrong once today; I think you should just calm down.

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: The committee includes representatives from Nyrstar and the state government, as well as the current chair of the Olympic Dam Task Force, Mr Bruce Carter. The committee coordinated a range of activities around redeveloping the business case to enable a reinvestment and environmental upgrade of the smelter to proceed. As the elements of these discussions are commercial in nature, it is inappropriate to comment further on these matters, but I think all members can be reassured, especially the community of Port Pirie and the member for Frome, that the state government is working collaboratively with Nyrstar to deliver the best results for the smelter and the operations at Port Pirie and the community as a whole.

Members opposite, and the member for Frome, would be aware that the state government sees great potential for Port Pirie. That is why we announced \$200,000 in funding in the budget to support key studies to help guide the long-term strategy for the further development of Port Pirie. The studies will look at long-term strategies for improved access to the port as well as maximising—

The Hon. I.F. EVANS: I have a point of order. Does the four-minute rule apply in this chamber?

The SPEAKER: Minister, your time has expired. Can you quickly wind up?

The Hon. A. KOUTSANTONIS: Yes, Madam Speaker. I think the press release by Nyrstar today proves that the opposition is behaving hysterically.

Members interjecting:

The SPEAKER: Order! Member for Frome, you have a supplementary?

NYRSTAR

Mr BROCK (Frome) (14:18): I have a supplementary, Madam Speaker, and this is to the minister for the environment. The press release in *The Australian* this morning says that the company also faces new licence conditions from the state Environment Protection Authority, expected to cost \$500 million. Can the minister make any comment on that?

The SPEAKER: Member for Frome, that was actually another question, but I will give you that out of graciousness.

The Hon. P. CAICA (Colton—Minister for Sustainability, Environment and Conservation, Minister for Water and the River Murray, Minister for Aboriginal Affairs and Reconciliation) (14:18): I thank the honourable member for his question. It is common knowledge within this chamber that variations were made to the licence conditions. Those variations have been agreed to by Nyrstar and, of course, those variations are, as my colleague said, about ensuring that the environmental footprint, and indeed the lead emissions, are and continue to be significantly reduced through this particular process.

With respect to the \$500 million, I am not quite sure where that has been plucked from, but what I would say is that the commitment made by Nyrstar with respect to the agreement of the variations and conditions, as was mentioned by my colleague, will necessitate investment in infrastructure to achieve those variations. With respect to the figure, I can't comment on that because I don't know. All I do know, as this house knows, is that matters of enforcement, compliance and licence conditions are matters for the EPA. However those variations were agreed to between the EPA and Nyrstar.

TAFE FEES

Mrs REDMOND (Heysen—Leader of the Opposition) (14:20): My question is again to the Acting Minister for Employment, Higher Education and Skills. Will the government guarantee that students who did not have their TAFE fees capped will not face further fee increases?

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Workers Rehabilitation, Minister for Defence Industries, Minister for Veterans' Affairs) (14:20): Again, this is not an issue which I have been advised about or with which I am familiar. I will have to come back to the house with a report.

TAFE FEES

Mr PISONI (Unley) (14:20): My question is to the Acting Minister for Employment, Higher Education and Skills. Will the government guarantee that it will contact all TAFE students with capped fees who have received additional invoices advising that the invoices will be cancelled or, if paid, will be refunded?

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Workers Rehabilitation, Minister for Defence Industries, Minister for Veterans' Affairs) (14:20): Far be it from me to question the opposition's tactics but it might want to change its line of questioning to a minister who is actually here. This is not an issue—

Members interjecting:

The SPEAKER: Order! Point of order.

Mr PISONI: Point of order: the minister said that he would take questions on behalf of the employment minister—

The SPEAKER: Thank you. There is no real point of order.

Mr PISONI: —and time and time again, when the opposition has asked questions—

The SPEAKER: Thank you. We don't need a speech. Treasurer—

Mr PISONI: —of a minister, another minister has got up to answer that question—

The SPEAKER: Member for Unley, sit down!

The Hon. J.J. SNELLING: Madam Speaker, I am more than happy to take questions. I am just not going to be in a position to provide answers on an issue with which I have no familiarity—

Members interjecting:

The SPEAKER: Order!

The Hon. J.J. SNELLING: —and on which I have not received—

Members interjecting:

The SPEAKER: Order!

The Hon. J.J. SNELLING: —any advice. As per my previous answers, this is not an issue about which I have been advised and I will have to get back to the house with a report.

EMIRATES AIRLINES

Mr SIBBONS (Mitchell) (14:21): My question is to the Deputy Premier. Can the Deputy Premier please inform the house about the recent announcement of a major international airline commencing direct international services to Adelaide?

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Planning, Minister for Business Services and Consumers) (14:22): I thank the honourable member for his question. This is actually a fantastic announcement for Adelaide. I was fortunate enough to be down at Adelaide Airport the other day with the man from Emirates who had flown in from Sydney, with the Adelaide Airport people and with Jane Jeffreys from the Tourism Commission, and this is an extremely important event for Adelaide.

At the moment we are going to have, as from November this year, five flights a week from Dubai to Adelaide direct and vice versa. The aircraft coming in are by far and away the largest aircraft coming into South Australia: they are 350-odd passenger aircraft. Emirates is one of the fastest if not the fastest growing airline in the world. It is a highly respected airline. I have only had the privilege of flying on Emirates once but I can tell you it was absolutely magnificent. I see the member for Norwood nodding—obviously he has been on Emirates as well. They are fantastic.

Mr Marshall: I've heard they're very good.

The Hon. J.R. RAU: You have heard that. They do a great job. They are a really good airline and a well respected airline; they are an internationally respected airline. It will mean that people from Adelaide will be able to go one stop via Dubai either to Europe or to the east coast of the United States. Imagine that: one stop Adelaide-New York—that's not bad; first time ever.

The other thing is that because of the route, the way they are going, it is actually pretty short compared to some of the other alternatives so it is great from that point of view. Another thing I want to say is that Emirates, being as they are one of the world's largest and most successful airlines with, I think, the most modern fleet of any airline anywhere, are showing tremendous confidence in South Australia by coming here. They would not be doing this if it was not something that stacked up from a business point of view. To me, that is great news about South Australia. It means people who are world players in the transport market—

Mr Pengilly interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU: —are recognising Adelaide as a destination they need on the map. They need Adelaide on their map. I am looking forward to a very successful partnership between Emirates, the state government and Adelaide Airport—and I believe the people of South Australia

will see more people travelling both ways. It is about making the pie bigger, not pinching a piece of the pie, and—

Members interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU: —I would also like to say that at the announcement the other day the representative of Emirates told us that as from February next year they will be doing seven days a week. The other exciting thing about this is that the flights leave at about 10.30 at night, so you actually have a normal day, go down there, jump on the plane, sleep, and in the morning you are in Dubai. Isn't that fantastic! So, that is what they are doing.

I just wanted to say that my parliamentary colleagues, ministers Koutsantonis and Gago, did a fantastic job in organising this, and it is a tribute to them and their hard work. Can I also say that Adelaide Airport have been really 100 per cent behind this. They have worked very hard. It is a great thing for South Australia and it is a great show of confidence—

Members interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU: —by an international airline.

EMIRATES AIRLINES

Mr VAN HOLST PELLEKAAN (Stuart) (14:26): I have a supplementary question. We currently get approximately 1 per cent of the international flights directly into Australia coming to Adelaide. What increase will this announcement make to the total international traffic coming into Adelaide Airport?

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Planning, Minister for Business Services and Consumers) (14:26): I thank the honourable member for the question. Obviously, it is a statistical question. As this hasn't happened, it is a bit hard to give him a statistically based answer. But—

Members interjecting:

The SPEAKER: Order!

The Hon. J.R. RAU: —can I put it this way: there are 350 seats coming in and 350 seats going out, five days a week from November, and seven days a week from February, which weren't there before. So, you multiply that out, divide it by a certain number and put lines and stuff under it and you get a number. I don't know what that number is, but it is really good.

Members interjecting:

The SPEAKER: Order!

TAFE FEES

Mr PISONI (Unley) (14:27): My question is to the Treasurer. How much extra revenue was the government budgeting to collect due to the increases in the TAFE fee cap and students' take-up of the federal government's FEE-HELP program?

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Workers Rehabilitation, Minister for Defence Industries, Minister for Veterans' Affairs) (14:27): The fee cap from?

Mr PISONI: I will give it to you again. How much extra revenue was the government budgeting to collect due to the increase in the TAFE fee cap and students' taking up the federal government's FEE-HELP HECS-style funding program?

The Hon. J.J. SNELLING: The whole purpose of the Skills for All reforms was to move towards a system where those lower qualification levels—so, certificate I and certificate II—were the most heavily subsidised and, as a person moved up through the various qualifications, the extent of the public subsidy would taper off. For those higher level qualifications people would be expected to make a greater contribution themselves, the idea being that, for South Australia and our workforce needs, we need to increase levels of workforce participation. We have low levels of workforce participation compared to interstate and we have lower levels of qualification attainment. We have large pools of underutilised labour in South Australia that need qualifications to enable them to move into the workforce.

In terms of allocating public subsidy where taxpayers' money can provide the best results, the greater subsidies for those lower level qualifications are where we think it is best utilised. As people move up the ranks of qualification attainment, particularly towards those diploma and advanced diploma qualifications, then they should bear a greater burden of the cost of that. It is not an attempt to increase revenue to the government in any sense: it is simply about people doing those higher level qualifications bearing the cost themselves.

In fact, the government is making a massive increase in our investment into vocational education. As part of the Skills for All reforms, we have committed a substantial amount of money over the next six years to increase the number of South Australians who undertake vocational education, but for those higher level qualifications we expect them to bear a greater share of the burden. The exceptions are, of course, the higher level qualifications that we identify as being important to our skill needs as a state.

Obviously, with regard to engineering and mechanics and areas relevant to the resources sector, it is very important that we identify and provide a high level of public subsidy to those areas of critical skill needs. The Training and Skills Commission provides us with advice on what those high demand skill needs areas are and are likely to be over the coming decade, so we continue to subsidise those.

As well as that, we also want to make sure that those fees for higher level qualifications do not become a barrier to people obtaining those higher level qualifications. That is why this state has negotiated with the commonwealth to extend, for the first time, an ability to access HECS-style loans to enable them to undertake those qualifications, so that those fees will not be a barrier for people undertaking those qualifications.

The answer to the member for Unley's question is that there is no revenue gain from these fees and from changing the fee structure in vocational education. It is against a backdrop of a massive increase in the investment that this government is putting into vocational education, and it is simply a restructuring of the way we subsidise vocational education to ensure that low-level qualifications receive the highest amount of government subsidy—in fact, certificate I and II courses generally, I understand, are free—but that the subsidy tapers off as people climb up the skill qualification ranks.

SUSTAINABLE BUDGET COMMISSION REPORT

Mrs GERAGHTY (Torrens) (14:31): My question is also to the Treasurer. When was former treasurer Foley's SBC report publicly released?

The Hon. J.J. SNELLING (Playford—Treasurer, Minister for Workers Rehabilitation, Minister for Defence Industries, Minister for Veterans' Affairs) (14:32): I am glad the member for Torrens has asked. I was rather bemused to see this morning that the member for Waite has finally worked out how to use Google to access the SBC report that was released by this government two years ago.

Members interjecting:

The SPEAKER: Order!

The Hon. J.J. SNELLING: The matters in the second—

Members interjecting:

The SPEAKER: Order!

The Hon. J.J. SNELLING: The matters in the second and final report of the Sustainable Budget Commission were considered and responded to, including a press kit, as part of former treasurer Kevin Foley's budget delivered on 16 September 2010. Funnily enough, it was posted on the Treasury website that very day.

The SBC report was established at the time of the 2009-10 budget to assist the government in identifying \$750 million in savings over three years from 2010-11 to 2012-13. I am pleased to tell the house that the government is well on track to achieve these savings. I note in the paper today that senior Liberal sources are quoted as saying that the SBC report will be dusted off by the Liberals as part of their so-called independent audit commission. One has to wonder: is the Liberal Party really so out of ideas that they have to recycle those ideas that were rejected by former treasurer Foley?

There is nothing mysterious about the SBC report. The only mystery is how the Liberal Party will make savings to fund their election promises. Perhaps the member for Waite should take some of the mystery out of how to use the internet and enrol in a WEA course. I have taken the liberty of arranging an enrolment form for him.

Members interjecting:

The SPEAKER: Order! Member for Unley.

DISABLED STUDENTS, TRANSPORT ARRANGEMENTS

Mr PISONI (Unley) (14:33): Thank you, Madam Speaker. My question is to the Minister for Education and Child Development. Does her department have a policy to consult with families of children with autism with regard to changes to their transport arrangements or other services, and, if so, what is that policy?

The Hon. G. PORTOLESI (Hartley—Minister for Education and Child Development) (14:34): I thank the honourable member for this question. It is a matter that we take very seriously, and that is the matter of—

An honourable member interjecting:

The SPEAKER: Order!

The Hon. G. PORTOLESI: —providing appropriate transport services to students with a disability. We think this is very important. They are our most vulnerable children and it is incumbent on us to do our very best by them, and that is why we transport over 1,500 students with disabilities to and from schools every day in more than 300 taxis, 73 minibuses and 22 wheelchair buses.

The particular school about which the member asks the question has nine taxi runs that transport 43 students to that particular school. Of these runs, three were reviewed this year: two at the beginning of the year and one in the middle of the year. That is part of an ongoing process of review of taxi services to ensure that the transfer of students to and from school occurs as effectively and efficiently as possible.

The department has a panel of approved taxi providers, who tender for services when they are reviewed. In this instance, when the review occurred, an alternate provider was able to provide the same transport service at a lower cost. I acknowledge that change can be hard for some children, especially children who have a disability—change is difficult for most children, but especially for those who have a disability. I understand that in this particular case, the family in question had no grievance with the service provider or the taxi driver—

Mr PISONI: I rise on a point of order. The question was clearly about the department's policy on this matter. Does the department have a policy on this matter?

The SPEAKER: Thank you. The minister can respond as she chooses, but I would ask her to stick to the substance of the question.

The Hon. G. PORTOLESI: That is exactly what I am doing. Clearly, we do have a policy, a very detailed policy, and that is that we have services in place to support our most vulnerable children. We review those services when it is appropriate and I expect that we communicate with families. In this case, I do not think the communication was adequate, but there is—

The Hon. A. Koutsantonis: You said that yesterday.

The Hon. G. PORTOLESI: Yes, I did say that yesterday. We do have expectations in place that families will get as much notice as we can give them. This family was given some notice, however, for that family and for those particular circumstances that, obviously, was not adequate. I have asked my department to make sure that when we are reviewing these services and there are changes we ensure that families receive as much notice as possible. I have to say about the taxi service (for instance, let us imagine that it is Adelaide Independent Taxis), it is also possible that on that particular day—in this case, the young boy had had the same driver for five years and was very distressed when—

Members interjecting:

The SPEAKER: Order! Could members on my right on the front bench please keep their voices down. They are interrupting the flow. Minister.

The Hon. G. PORTOLESI: I have outlined the policy. The policy is that we communicate with families. I have said to them that as a result of what occurred yesterday, which I do not think reflects a systemic issue, I think it was a case of inadequate notice, that was the grievance—

Ms Chapman interjecting:

The Hon. G. PORTOLESI: No; we are not talking about a policy change. Nobody has a complaint with the policy or with the service delivery. The family in question has no grievance with the new service or the new taxi driver. It was simply a matter of notice. As a result of what occurred yesterday, I have taken the opportunity to go back to the department and say, 'We must ensure that at all times we give the families of vulnerable children, of children with disabilities, as much notice as possible,' and we will do that. I have to say that I think we do a pretty good job in transporting 1,500 of our most vulnerable students.

Members interjecting:

The SPEAKER: Order! Minister, your time has actually expired.

The Hon. G. PORTOLESI: I want to acknowledge what the member for Fisher said: it is a very good service. I acknowledge that from time to time things will go wrong, but we are mindful of the fact that we have in our care our most vulnerable children, and we will do our best for them.

DISABLED STUDENTS, TRANSPORT ARRANGEMENTS

Mr PISONI (Unley) (14:39): I have a supplementary question. Why wasn't this policy followed in the case of Kirsten Richards—this policy you say you have of consultation—and her two children with autism, who had their transport arrangements changed without warning?

The SPEAKER: I think the minister has answered that question. Minister.

The Hon. G. PORTOLESI (Hartley—Minister for Education and Child Development) (14:39): I have absolutely answered that question. This is not—

Members interjecting:

The SPEAKER: Order! Minister, do you wish to answer?

The Hon. G. PORTOLESI: I have answered that question. What I will say is that this is not about consultation. This is a very different matter. The service has not changed. It is simply about ensuring that the notice given to families in the event that there is change is more adequate. That is supposed to—

Mr Pisoni: But why didn't it happen?

The SPEAKER: Order!

The Hon. G. PORTOLESI: Well, it did not occur in this case. The family—

Mr Pisoni: But why? The question is: why?

The Hon. G. PORTOLESI: —had notice. The family did have some notice; however, they felt that that was inadequate because of the very close bond that I understand the young student had developed with this taxi driver, and that is fair enough. So the family did have some notice. They did not think that was adequate. I actually agree with them, and I have used this opportunity to say to my department, 'Look, we have to build in to our service delivery much more lengthy periods of notice.'

Mr Pisoni: Were they noticed as per policy?

The SPEAKER: Order! Member for Unley.

DISABLED STUDENTS, TRANSPORT ARRANGEMENTS

Mr PISONI (Unley) (14:40): My question is to the Minister for Education and Child Development. Given that the minister has agreed that the change in transport arrangements for children with autism could have been handled better, when will Kirsten Richards and other affected parents be advised of their children's new transport arrangements? I was advised this morning by Kirsten Richards that she is still unaware of her child's transport arrangements for the new school term which starts next week.

The Hon. G. PORTOLESI (Hartley—Minister for Education and Child Development) (14:41): I have to say that that surprises me—

Mr Pisoni: Nothing surprises me, Grace.

The SPEAKER: Order!

The Hon. G. PORTOLESI: —because Kirsten Richards made contact with our office and she received contact from the department the same day—

Mr Pisoni interjecting:

The SPEAKER: Order!

Mr Pisoni interjecting:

The SPEAKER: Order! The member for Unley will behave or leave.

The Hon. G. PORTOLESI: I suspect they asked her a number of questions to try to get to the bottom of what was going on. That is what we try to do: establish fact as opposed to fiction. We regard the safety and the comfort of our most vulnerable children to be the utmost priority in this—

Ms Chapman: When is she going to know?

The Hon. G. PORTOLESI: Well, as I understand, the family was given two days' notice. The school was advised, say, on the Monday—and I do not have this information in front of me, so I could be corrected—and I believe that they advised the family on the Thursday or the Wednesday, and that was for the service to commence in term 3. So, actually the changes—

Mr Pisoni: So when is he being picked up? What time? Which driver?

The SPEAKER: Order!

The Hon. G. PORTOLESI: —to be experienced by the young man will not be felt until the beginning of term 3, but the school was advised and, in a matter of a number of days, it advised the family. I have acknowledged very openly, in a very non-defensive manner, that I think more time would have been appropriate because of the very nature of the children that we are dealing with. I acknowledge that, but I have to say—

Members interjecting:

The Hon. G. PORTOLESI: Exactly. Routines are very, very important for our children who are on—

Members interjecting:

The SPEAKER: Order!

The Hon. G. PORTOLESI: —the spectrum. In fact, routines are very important for most children. But I have to say that I have acknowledged that more time would have been preferable. They are now going to make sure that, in future review processes, much more time is given to families. The department and my office acted promptly when we were contacted by the constituent. I think we have done our best in this situation.

COUNTRY HOSPITALS

Mrs VLAHOS (Taylor) (14:44): My question is to the Minister for Health and Ageing. Can the minister update the house on the status of surgery at the Balaklava Soldiers Memorial Hospital and other country hospitals?

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts) (14:44): I thank the member for Taylor for her question. As members would expect, I imagine, Country Health SA regularly reviews country hospitals to make sure that the hospitals meet standards, and we do that and they do that in order to protect the health and safety of the patients who are cared for in those hospitals.

As part of a statewide program of review, sterilisation services are currently being reviewed in all public hospitals in country South Australia. Of all public hospitals to date, 26 of the 32 country hospitals where surgery is performed have been reviewed, and the remaining six are expected to be reviewed by the end of August, the end of next month.

Out of the hospitals reviewed to date, five were identified as having issues with noncompliance with standards, and Country Health is addressing those issues. The review also confirmed a number of noncompliances against standards, in particular Balaklava Soldiers

Memorial Hospital, both with the sterilising process and with equipment, and consequently surgical services have been temporarily suspended at that hospital.

Country Health SA is working towards surgical services resuming at the hospital in August when sterilisation will occur at Clare, and equipment will be transported to Balaklava. No other country hospital is facing across the board suspension of surgical services. I take it from that advice that all the other services are either compliant or close to being compliant, other than the half a dozen or so that are yet to be inspected.

It is incumbent, of course, on the Department for Health and Ageing to take action where there are concerns about patient safety. I am sure that I would be challenged and questioned if that were not the case. I was interested, therefore, to hear that the opposition health spokesperson claimed over the weekend that the justifications for suspending surgery at Balaklava were weak.

It is regrettable that a politician seeks to politicise what is a clinical process of judgement about safety and quality in hospitals. It is a cavalier and reckless approach to patient safety. If that is an indicator of how the Liberals in government would run public hospitals, then patients should be very wary indeed.

Members interjecting:

The SPEAKER: Order!

The Hon. J.D. HILL: In relation to Balaklava, 62 procedures were performed at the hospital in 2011 by one orthopaedic surgeon and one plastic surgeon. Country Health is supporting patients to temporarily reschedule their surgery at Clare, which is a relatively short distance away, and is working with the community passenger network to provide assistance with travel when required.

I wish to assure the community that this temporary suspension affects only the operating theatre. Balaklava Soldiers Memorial Hospital remains open, despite other claims that have been made, and there is absolutely no intention to close the hospital or any other public country hospital. An amount of \$728.5 million has been provided for country public health services in the 2012-13 calendar, and that is 91.5 per cent more than when we took office in 2002.

The state government is committed to providing more health services close to home for country residents, and that includes more elective surgery—and we have seen more elective surgery—more chemotherapy, more renal dialysis and more mental health care to reduce the burden of travel for patients living in the country.

Just to repeat: the Balaklava hospital will have its services restored I understand in August once the equipment and the sterilisation processes have been fixed to the level that is equivalent to safe service delivery. I commend my departmental officers who go about the business of ensuring that services are delivered in a safe way, for not being pressured to do something which might have been easier to manage publicly, but to do the thing that would put the interests of patients at the very top.

COUNTRY HOSPITALS

Mr GRIFFITHS (Goyder) (14:48): By way of supplementary question, will the Minister for Health and Ageing confirm whether it is 1 August or 30 August, and what is the closest possible date he can define when the services will be available?

The Hon. J.D. HILL (Kaurna—Minister for Health and Ageing, Minister for Mental Health and Substance Abuse, Minister for the Arts) (14:48): I do not want to be picky, but 'confirming' indicates that I gave an indication as to whether it would be the 1st or the 30th—I did not. I said that in August I will confirm that the advice is that they would hope to have it back on line within August.

NYRSTAR

Mr MARSHALL (Norwood) (14:49): My question is to the Minister for Manufacturing, Innovation and Trade. Will the minister confirm whether the government has received any request from Nyrstar for financial assistance for the upgrade of their Port Pirie smelter and, if so, how much is the company seeking and when will the government be making a decision?

The Hon. A. KOUTSANTONIS (West Torrens—Minister for Manufacturing, Innovation and Trade, Minister for Mineral Resources and Energy, Minister for Small Business) (14:49): I think it is important to note that when the member for Norwood, or the Liberal candidate for

Dunstan, asks a question about Nyrstar, he is really trying to inflate the fears and anxieties of the people of Port Pirie.

Members interjecting:

The SPEAKER: Order!

Mr PISONI: Point of order: the minister is clearly debating—

The SPEAKER: Thank you, sit down.

Mr PISONI: —clearly debating the answer.

The SPEAKER: The minister has only just started his answer, but I would ask him to stick to the substance of the question.

The Hon. A. KOUTSANTONIS: I know there is one set of rules for the member for Norwood and one set of rules for the rest of us, but perhaps I will try and walk that line.

Members interjecting:

The SPEAKER: Order!

Mr MARSHALL: Point of order.

The SPEAKER: Sit down, member for Norwood. Minister, you will get back to the question and stop antagonising.

The Hon. A. KOUTSANTONIS: Yes, ma'am. They are very precious. The member for Norwood was on radio today saying that the carbon tax would kill Nyrstar. He said that the costs of \$6 million to \$10 million per year—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: —and I am paraphrasing now—could be used to reinvest into Nyrstar because of the cost. Now, Nyrstar have said themselves that the introduction of the carbon tax is not a factor.

Mrs Redmond: That's got nothing to do with the question asked.

The Hon. A. KOUTSANTONIS: I am answering the question the way I want to answer it.

Ms Chapman: How much have they asked?

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: The introduction of the carbon tax is not a factor in the decision-making process related to any potential redevelopment of the Port Pirie facility.

Ms Chapman: How much have they asked for?

The SPEAKER: Order, Member for Bragg!

The Hon. A. KOUTSANTONIS: The most important thing to realise about the redevelopment of the Port Pirie smelter is that it is not the carbon tax or the policies of this government that is in any way inhibiting the redevelopment of that smelter.

Members interjecting:

The SPEAKER: Order! Member for Norwood.

Mr MARSHALL: I do not know whether you would like me to repeat the question, but the point of order I raise is relevance.

The SPEAKER: Thank you.

Mr MARSHALL: The question was about whether the government has received any request from Nyrstar for financial assistance—

The SPEAKER: Thank you.

Mr MARSHALL: —for the upgrade of their Port Pirie smelter.

The SPEAKER: Thank you. The minister is very aware of your question. He has only just started to answer it.

Mrs Redmond: He doesn't want to answer it.

The Hon. A. KOUTSANTONIS: I do want to answer it, but the unfortunate thing is that, like I said, there is one set of rules for the golden boy and one set of rules for the rest of us.

Members interjecting:

The SPEAKER: Order! Point of order.

Mr PISONI: As far as I understand, members are to be addressed by their electorate.

The SPEAKER: Thank you. Minister, I refer you back to the substance of the question. Please do not refer to members as 'golden boys'.

The Hon. A. KOUTSANTONIS: Sorry, I know he's sensitive.

The SPEAKER: They are men.

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: How is David Ridgway? Speaking to you yet?

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: I want to make very clear—

Members interjecting:

The Hon. A. KOUTSANTONIS: I wouldn't take David Ridgway on either. The government has no policies that are in place that is doing anything to inhibit—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: —the redevelopment of the Port Pirie smelter. To the contrary, Nyrstar and the government are working together—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: —to make sure we have a solution for the people of Port Pirie. This is not a debating point: this is about the future of Port Pirie, and this government is committed. I am not going to get up in the house and detail for the pleasure of the member for Norwood or the Liberal candidate for Dunstan—whatever you prefer—just for his own personal pleasure. We are going to go ahead and deal with this company and we are going to do it in confidence. If we detailed in advance—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: If we detailed in advance every single negotiation we have with every company on the floor of the parliament, no company would come to us for assistance. The only way you can deal with companies—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: The only way you can deal with these companies to get an outcome for the people of Port Pirie is to do it in confidence. Do we really believe that it would benefit the community of South Australia if the government and Nyrstar were negotiating about any form of redevelopment—not that it requires necessarily a bailout, but in terms of what policy settings, how we can help facilitate Nyrstar to reinvest into a new model that does not have emissions? I think it really is low form for the opposition to be blaming the carbon tax. Nyrstar has been denying it is the carbon tax. When the government—

Members interjecting:

The SPEAKER: Order!

The Hon. A. KOUTSANTONIS: When the government then works with Nyrstar management to try and get a solution, they complain.

Members interjecting:

The SPEAKER: Order! Have you finished interjecting, member for Norwood? If you have, you can ask your next question.

NYRSTAR

Mr MARSHALL (Norwood) (14:54): My question is to the Minister for Sustainability, Environment and Conservation. Can the minister confirm what the lead emission level condition in the new EPA licence he referred to in a previous answer is, and has the government determined what the net cost of this new licence condition will be on the Nyrstar operation?

The Hon. P. CAICA (Colton—Minister for Sustainability, Environment and Conservation, Minister for Water and the River Murray, Minister for Aboriginal Affairs and Reconciliation) (14:54): I thank the honourable member for his question. I don't have the figures in front of me with respect to what changes have been made. They are more stringent, as I said. They are based on the lead emissions in the air that they say have a corresponding relationship to the lead levels in children's blood. I don't have those details of a technical nature with me, but I will get them to you and show you. I do not know whether they will mean anything to you, but I will give them to you, anyway, and I am not meaning that in a disrespectful way. What I—

Members interjecting:

The Hon. P. CAICA: I'm not.

The SPEAKER: Order!

Mr Marshall interjecting:

The Hon. P. CAICA: I'm not.

The SPEAKER: Order!

The Hon. P. CAICA: Well, if the member for Norwood is technically minded like that he will understand them better than I. But in layman's terms—and bearing in mind that is what I am—we have certain conditions placed on them now. Those conditions were not being met, and it was exposed by the spike. More stringent conditions are being put on them, which was agreed to by Nyrstar; and, of course, as I said in answer to my earlier question, that in itself is an indication that if—

The Hon. A. Koutsantonis interjecting:

The Hon. P. CAICA: —that's right—they cannot meet the current requirements and have agreed to more stringent requirements, it sort of means that there is a commitment to reinvest and to ensure because we know that, under the current—

Mrs Redmond interjecting:

The Hon. P. CAICA: I don't know what the cost is, but what I do know is the benefit that will arise not only from Nyrstar's perspective but also to the wonderful members, the constituents, of the member for Frome in that their health and wellbeing will be further enhanced—as will be the case for people who in the future live in Port Pirie—by the fact that operations will be in place that reduce the levels of lead being emitted to the air, and that clearly is a good thing.

Members interjecting:

The SPEAKER: Order! The member for Bragg.

ADELAIDE OVAL FOOTBRIDGE

Ms CHAPMAN (Bragg) (14:56): My question is to the Minister for Transport and Infrastructure. Minister, apart from not doing a footbridge at all, could you tell the house what was the cheapest option investigated by the government for the footbridge from the southern side of the Torrens to the Adelaide Oval?

Members interjecting:

The SPEAKER: Order! The Minister for Transport.

Members interjecting:

The SPEAKER: Order!

The Hon. P.F. CONLON (Elder—Minister for Transport and Infrastructure, Minister for Housing and Urban Development) (14:57): We did have some suggestions that would have been cheaper. I do remember one kind lady on talkback radio suggesting that we could take people across on the *Popeye* boats, but we—

Members interjecting:

The Hon. P.F. CONLON: That was true; they did. That would need a flotilla bigger than that at Dunkirk, but the—

The Hon. M.J. Atkinson: A similar situation for Port supporters.

The SPEAKER: Order!

The Hon. P.F. CONLON: Madam Speaker, I wish to indicate that I am deeply hurt by that remark. It would help the member for Bragg if I could explain the process that we took. We first modelled—using Atkins, an international company—pedestrian movements and what we would need to move the number of pedestrians that we are seeking to.

I would remind the member for Bragg, as I understand it, the Liberal opposition supported an amendment in this very place for us to attempt to ensure that 70 per cent of people attending the oval did so by public transport. So, we modelled what you would need to do with that, but we then set out—because we are building a bridge which will be there not just for us but for the next and many generations to come—to find the best possible design and gave those designers our budget parameters.

What that came back with was something like 18 participants in the process, which was later reduced to four and then subsequently reduced to two. There is no doubt that some of the designs would have been cheaper, but the design team does not actually cost the construction. What they do is work within the parameters we have given to give us the design to select and then we go out to a tender for a construction cost. So, it is—

Mrs Redmond interjecting:

The Hon. P.F. CONLON: Sorry, you find that ridiculous? How would you have done it?

Mrs Redmond interjecting:

The Hon. P.F. CONLON: Yes, the indicative cost, for the Leader of the Opposition, was as I have said. We asked them to keep it within our parameters and we have some indications. There is no doubt that the bridge that we have is not the cheapest model. There would have been—

Mrs Redmond interjecting:

The Hon. P.F. CONLON: Well, actually, that wasn't the question, but—

Mrs Redmond interjecting:

The Hon. P.F. CONLON: What I have tried to explain to you is that we know that other designs would be cheaper but we did not ask the designers to cost the bridge other than—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. P.F. CONLON: —other than to keep it within the—

Mr Marshall: Come on, Pat. You can do it.

The Hon. P.F. CONLON: I certainly can, as soon as you stop talking.

Mr Marshall: You used to be able to.

The SPEAKER: Order!

The Hon. P.F. CONLON: I used to be able to. The member for Norwood interrupts with his has-been stuff again. Can I say, if I were asked—

Mr Marshall interjecting:

The SPEAKER: Order!

The Hon. P.F. CONLON: If I were asked to sum up—

Members interjecting:

The SPEAKER: Order!

The Hon. P.F. CONLON: If I were asked to sum up—

Members interjecting:

The Hon. P.F. CONLON: Madam Speaker, I am going to say it when he stops. If I were asked to sum up the member for Norwood's political achievements in one short sentence, I'd have to filibuster.

The SPEAKER: Order!

Members interjecting:

The Hon. P.F. CONLON: So—

Members interjecting:

The SPEAKER: Order! The minister will sit down. Point of order, member for Bragg.

Ms CHAPMAN: I think, Madam Speaker, you will appreciate that it is not only irrelevant but it is entirely debate—

Members interjecting:

The SPEAKER: I have no idea what your point of order is. I can't hear it, member for Bragg.

Ms CHAPMAN: My supplementary, if I may, Madam Speaker, is—

Members interjecting:

The SPEAKER: Order! You have got 47 seconds, minister.

The Hon. P.F. CONLON: I look forward to the member for Norwood screwing his courage—

Ms CHAPMAN: Point of order, Madam Speaker.

The SPEAKER: Order! Point of order. The minister will sit down.

Ms CHAPMAN: Clearly, I haven't asked any questions about the member for Norwood. My question was clear, and I think the minister is now defying your ruling to deal with the substance of the question.

The SPEAKER: I think we will move on to the next question. Member for Bragg.

ADELAIDE OVAL FOOTBRIDGE

Ms CHAPMAN (Bragg) (15:01): I have a supplementary. Of the 18 models that you started with, minister, apart from the one that you finalised at the \$40 million level, which others did you investigate and do any costing on?

The Hon. P.F. CONLON (Elder—Minister for Transport and Infrastructure, Minister for Housing and Urban Development) (15:01): Well, I will try to answer this again.

The SPEAKER: Order! That was not a supplementary.

The Hon. P.F. CONLON: If I'm not interrupted, I won't respond. I will try to explain again. The design teams were asked to produce a design within the ambit of that funding that we have available. They were not asked to cost their bridge, except—

Ms Chapman: No, but I've asked you.

The Hon. P.F. CONLON: You are asking me. I didn't cost the bridges, either. I don't think that would be wise.

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. P.F. CONLON: What we sought to do was, within the envelope that we have, produce the best possible design for now and the future. I believe we achieved that. Can I say I now welcome a healthy debate—a controversy, if you like—about that. I think it is very important that people have their views about these things that are going to be there forever, but the process for costing it will occur when we actually go out with a tender for construction. The people involved in the design were design teams and we will now go out with a tender for construction.

Can I say, too, the way that design was picked was a panel of four experts, including the state architect, and a healthy debate in cabinet about the last two suggestions. What I would indicate is we will know the price when we actually go for a tender, and I am hoping we land a good price. It is a good time for tenders but we do not know if that is going to occur.

What I would say is that we have sought to do this in every single way possible that gets a good result, and I invite the Liberal opposition to engage in a debate about the quality of this bridge and the structure—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. P.F. CONLON: —and the alternatives, but I would say that the Liberal opposition should not ask us to get 70 per cent of people there by public transport unless they want us to build the infrastructure to do it. That is what we are seeking to do, and we believe we have the best possible design but, contrary to some people's view, I welcome a healthy controversy on this matter.

VOLUNTEERS

Dr McFETRIDGE (Morphett) (15:03): My question is to the Minister for Emergency Services. What is the government doing to ensure its changes to work safety laws do not limit the number of volunteers available to respond to emergencies? The SES Volunteers' Association have complained that their reclassification as workers under new work safety rules that begin in October will limit the number of hours volunteers can be on emergency duties. The association says that these changes will mean some volunteers who assist in a night-time emergency will be unable to work in their paid job the day after.

The Hon. J.M. RANKINE (Wright—Minister for Police, Minister for Correctional Services, Minister for Emergency Services, Minister for Road Safety, Minister for Multicultural Affairs) (15:05): I thank the member for his question. Following quite widespread consultation I understand an approval from the SES Volunteers' Association of Regulation 17 of the Workers Rehabilitation and Compensation Regulations was varied in June this year, and that allowed for the activities of those volunteers of the SES and marine rescue associations to be prescribed under the Workers Rehabilitation and Compensation Act.

Prior to this, it was only the CFS volunteers that were specifically covered under that, but there was an agreement that they were afforded those benefits nonetheless; but what we have done is clarify that so that they have the rights now that the CFS volunteers had. The advice that we have is that there is no 12-hour restriction on the volunteers; however, every organisation has a responsibility not to put their volunteers at risk. The amount of time that a volunteer would spend either in a fire front or responding to a rescue emergency would depend on the conditions on the day.

PRIORITY BUS LANES

Ms CHAPMAN (Bragg) (15:06): My question is to the Minister for Transport Services. Why wasn't new traffic modelling undertaken when assessing the viability of the bus lanes on Grenfell and Currie streets? The information presented to the opposition by the minister's department indicated traffic modelling prepared for the O-Bahn extension project was actually used for this bus lane project. This modelling was more than two years old and was for a project that involved changing the bus drop-off and pickup points on the identified streets to accommodate bus rapid transport.

The Hon. C.C. FOX (Bright—Minister for Transport Services) (15:07): The information which was provided to me by the department was current, it was adequate, I was happy with it. It was gone through by a number of people at senior level, and I was very pleased with what I received. I would also like to add—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. C.C. FOX: —because the member for Bragg has given me the opportunity to do so, that the bus lanes which she is discussing have been really very successful thus far. We have had very few complaints. In fact, the only complaints that we have had thus far have been in relation to buses having to wait a little longer, because it is school holidays and because they do have the time with which to wait. I am very disappointed by the opposition's continued desire to talk this stuff down. They trash it time and time and time again. When we do something positive they just stomp all over it. And what is interesting is that when I go out there and I look for a policy, which I do, from the Liberal opposition, about public transport, I find—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. C.C. FOX: —nothing at all. I find a complete policy vacuum. I went on their website and I found two policies—

Mrs REDMOND: Point of order: surely this is debate.

The SPEAKER: Order! Thank you. I'd ask the minister to return back to the question.

The Hon. C.C. FOX: —two policies from this year and none of them to do with public transport at all. So, come up with something, then we'll talk.

PRIORITY BUS LANES

Ms CHAPMAN (Bragg) (15:08): Supplementary question: does 'current' mean more than two years?

The Hon. C.C. FOX (Bright—Minister for Transport Services) (15:08): The word 'current' needs to be taken into, I suppose—

Ms Chapman interjecting:

The SPEAKER: Order!

The Hon. C.C. FOX: —a time/space continuum context. What is current, for example, for a dinosaur? What is current for an egg? It is all entirely contextual. If the member for Bragg doesn't—

Members interjecting:

The SPEAKER: Order!

The Hon. C.C. FOX: —if the member for Bragg—

The Hon. M.J. Atkinson: What is 'current' for a leader of the opposition?

The Hon. C.C. FOX: What is, indeed, 'current' for a leader from the opposition? I could talk about dinosaurs. I think the important thing here—if the member for Bragg is unaware of the meaning of the word 'current' I actually can't help her.

The SPEAKER: The member for Ashford.

Members interjecting:

The SPEAKER: Order! The member for Ashford.

Ms Chapman: They should bring you back, Steph; bring you back to the ministry.

The SPEAKER: Order! The member for Bragg, leave the chamber for 10 minutes.

Members interjecting:

The SPEAKER: Order!

The honourable member for Bragg having withdrawn from the chamber:

PUBLIC TRANSPORT SECURITY

The Hon. S.W. KEY (Ashford) (15:09): My question is directed to the Minister for Police. Minister, can you inform the house how the government has delivered on its election promise to improve security on public transport?

The Hon. J.M. RANKINE (Wright—Minister for Police, Minister for Correctional Services, Minister for Emergency Services, Minister for Road Safety, Minister for Multicultural Affairs) (15:09): I thank the member for Ashford for her question. At the 2010 election, Labor promised protective security officers on public transport who would have more powers than private security guards or passenger service assistants. Following consultations with the Commissioner of Police, the government went one step further and boosted the ranks of SAPOL's Transit Services Branch with additional sworn police officers.

Last Tuesday, along with Assistant Commissioner Bronwyn Killmier, I welcomed 28 new officers. They have been made available by the additional recruitment in the past year. We now have 102 sworn police officers working across our public transport system to keep commuters and public property safe. They will continue to work closely with staff from the Department of Planning, Transport and Infrastructure to detect offenders, investigate crime and prosecute people who show disregard for staff or fellow passengers. The expanded Transit Services Branch will include:

- patrol teams, tactical teams and an investigations unit;
- a new shift from 2pm to 10.30pm when most offences occur;
- police on duty all night on Friday and Saturday nights;
- monitoring of taxi ranks, buses, trams and trains;
- trail bikes patrolling rail corridors where cars cannot access but vandals often do;
- large-screen TVs in the Adelaide Railway Station, and more to come in other interchanges, to seek public assistance in the identification of offenders; and
- a Neighbourhood Watch-style Facebook page to interact with commuters while they are on the move.

Around 250,000 trips are taken every day by 100,000 people on our public transport system. In 2009, 216 assaults were reported on public transport, and this reduced by one-third in the last two years. We have seen a significant reduction in victim-reported crime on public transport and in the wider community. This Labor government is committed to maintaining the pressure on antisocial behaviour to make our community safer for everyone.

GRIEVANCE DEBATE

TAFE FEES

Mr PISONI (Unley) (15:12): Today we asked a series of questions of the acting minister for skills on the sudden increase in TAFE fees due to Skills for All. It is interesting that the acting minister was not able to confirm or answer questions, considering that he was the minister that was involved in the setting up of the Skills for All program in the first instance, yet was not aware of the extra income that his government achieved through increasing fees for diploma courses in particular in South Australian TAFEs.

How do we know that that has happened? I want to read into *Hansard* a couple of emails that my office received just yesterday in regard to increasing fees in TAFE. The first was from a Jessica Parkin, a former Unley High School student, who signed up for a visual merchandising course at the beginning of the year. On the first day of TAFE she received a lot of documents from her course teacher, one of which told her about the fees capping. In particular, the course that she was participating in was capped at \$2,275 for 2012. Her father agreed to pay those fees up-front in order for her to have a full 12 months of diploma training in visual merchandising. As 1 July came around, TAFE changed the way that it does its fees, and this is explained in a letter from TAFE that I will refer to later. Jessica was not the only one to be concerned about the government's approach, tactics and management of TAFE.

I have a letter from another parent concerned about the fact that his daughter had \$1,200 added to her TAFE course. When they signed up they were under the impression that they had paid at the beginning of the year, that it was capped and that, therefore, they would not be

required to make any further payments for the year. Yet they received another letter, which stated that, because of Skills for All, students who had enrolled for semester one in 2012 were advised that new fees would take effect from July 2012. The facts are that, when both of those students enrolled for their diploma at the beginning of the year, they were given a letter confirming their enrolment which contained the line, 'Fees are capped to \$2,275 for 2012'—not for the first half of 2012 but for 2012.

Why has that changed? Minister Kenyon was quoted in the press as saying that fees would not increase because of Skills for All, yet we have TAFE SA writing to students just this month telling them, as follows:

From 1 July 2012, TAFE SA Fees Policy would take effect. Students who enrolled in Semester 1, 2012 were advised that new fee structures would take effect from 1 July 2012.

There are no Fee-Capping arrangements between TAFE SA and Department of Further Education, Employment, Science and Technology...from July 1 2012, with the exception of a Maximum \$7,000 cap for most qualifications.

The letter then goes on to tell students that they can apply for VET FEE-HELP, which is an accredited program provided through the federal government, which enables students to borrow the money to pay TAFE fees and to pay it back when they are earning money.

What the government has decided to do halfway through these training contracts is to jack up the fees and then tell students, 'If you are having trouble paying the fees, don't worry about it.' They are told that they can apply for the HECS-style funding, which VET students are now able to access, and to just put it on the Bankcard—that was the advice.

Of course, we know that the Treasurer has been doing it for years here in South Australia, and now this advice is being given to students here in South Australia. Why has that advice been given? That advice has been given because TAFE has been constantly using money year after year. There has been a bailout of \$8.4 million over the last five years, and more money will be handed over when TAFE eventually leaves the DFEST nest here in South Australia.

What surprises me is that Elaine Bensted told the media this morning that the government would no longer put up those fees that were capped at the beginning of the year, yet she did not bother briefing the minister, or the minister was not at the top of his game today and was not aware that this decision, which was made by cabinet, I imagine, was then rolled back by the exiting manager for TAFE here in South Australia when she said that those fees would no longer be charged to those students who had been told their fees would be capped. We will be holding the CEO to her word on this issue.

Time expired.

COMMUNITY VOICES PROGRAM

Mr SIBBONS (Mitchell) (15:18): I recently had the honour of representing the Minister for Volunteers in launching the Community Voices program's next round of funding. This program is a source of support funding keenly sought by community organisations. It is also a program which sparks a lot of excitement and creativity among scores of budding screenwriters and filmmakers within the state.

Five years ago, the Office for Volunteers came up with the idea to team up volunteer-based community groups with screen and media students to produce documentaries and TV community service announcements. The results of this collaboration are advertisements which promote the work of these groups and their need for volunteers.

Each year, the Office for Volunteers makes available \$50,000 to be shared among five or six successful applicants. Projects are assigned to the production partner, namely the Department of Screen and Media at Flinders University. We have seen some of the results on TV. Participants report excellent outcomes; in particular, Lifeline, which credits the program with a 300 per cent increase in the number of volunteering inquiries received since its community service announcements first aired on television.

In my electorate of Mitchell, we have the office of the Sammy D Foundation, established in memory of teenager Sam Davis, who died as a result of a one-punch assault. This group of enthusiastic volunteers raises awareness of harm-causing behaviour, provides support and promotes a healthy approach to life.

Nat Cook from the Sammy D Foundation, the successful applicant in the 2009-10 round, told me this week how a few thousand dollars has been a great kickstart to encouraging support for her foundation. Nat said that the 16 or so airings of the foundation's community service piece from late 2010 were enough to boost networking and support, and, above all, awareness levels of the foundation improved substantially. Since then there have been other television spots, partly supported by the foundation, and the short film piece has been added to and adapted for showing to service clubs, schools and community groups. So as I said, from small things big things can certainly grow.

One of the reasons Nat Cook gives for the success of the foundation's Flinders University production is the technical quality, making it visually appealing. Another is the wonderful content. She informed me of the efforts students made to understand what the organisation was all about, applying knowledge and sensitivity. It is this relationship between student and client which people such as Tom Young and Cole Larsen at Flinders University value most. They see their role as educators being more than ensuring students know the technical stuff and are creative; they have to understand and interpret the subject. Cole Larsen says:

The Community Voices Program aims to provide an environment where students are required to interpret the needs of the community group and ensure these needs are met in terms of program content, design and audience reach. Client needs rather than student aspirations drive the projects. At the same time students have the responsibility (and reward) of knowing their work may be seen by hundreds of thousands of people when shown on television or at a major sporting event, where a club supports a particular community body that relies on volunteers.

In this way, a small amount of funding grows into promotional and volunteer support, while providing marvellous opportunities for exposure of meaningful productions by students.

In the most recent round, recipients of funding were Hands On SA, MOSH Australia, the Mannum Dock Museum of River History, the Muscular Dystrophy Association of South Australia, and the Prison Fellowship of Australia. The range of recipients since the program's inception includes the Arthritis Foundation, the Tutti Ensemble, Teen Challenge, Fauna Rescue, the Hackham West Community Centre, the Royal Society for the Blind, and the RSPCA.

Applications for the next round open in October, and I am confident the program will continue to serve our community well. It is a public investment with an outstanding benefit to cost ratio.

The SPEAKER: Member for Schubert, you will notice I have forgone my cup of coffee and scone because I understand you have an important grievance you wish to make.

MEMBER FOR SCHUBERT

Mr VENNING (Schubert) (15:23): Thank you, Madam Speaker. I take this opportunity to officially inform the house that I will not be seeking endorsement for my seat of Schubert and that I will therefore retire, after 24 years, from this parliament in March 2014.

An honourable member: Don't go.

Mr VENNING: Anyone got a hanky? It has been a wonderful privilege to represent a great electorate for so long, even though it has changed dramatically in those 24 years. I make this official announcement now so that people interested in replacing me can make their own public announcements and begin the process that will happen later this year.

Mrs Redmond: No-one can replace you, Ivan.

Mr VENNING: Well, they will have to learn. So I have one year, 247 days and 14 hours left as the member for Schubert. I can assure this house and the people of Schubert that I will go to the end at full throttle. I will not coast over the line. I believe there are certain things I can and must do as the retiring member that a new member would not readily take on.

I will continue to fight to achieve a new hospital for the Barossa with even more vigour and for the reinstatement of the wine train—I am forever the optimist and I think it is actually getting closer. I will also push for council boundaries in the region to be examined and amended along modern geographical lines. I would also like to see the completion of the wonderful restoration of the Hill & Son Grand Organ, the old Adelaide Town Hall organ, now situated in the Tanunda hall. In addition, I want to do all I can to address the inequity of fuel prices in the Barossa Valley, and I will paint a bridge in the near future.

Dualling of the Sturt Highway, at least to Blanchetown, stage 1, I believe is a priority. Even though it is not in my electorate of Schubert, I think dualling Highway 1 from Port Wakefield to

Snowtown and then to Port Pirie and Port Augusta is a very important state project. I remind the house that the bituminising of the Morgan-Burra road was done under the previous Liberal government and it cost \$19.6 million, so nothing is impossible.

This is not my valedictory but at this point in time, as I reflect on my future, and therefore my past, I will be making detailed comment in my last days in this place. However, I will mention briefly my humble gratitude and thanks to the people of Schubert (previously the Custance electorate): you have given me a great honour and opportunity that I will never forget. Yes, you worked me hard, but you have been totally worth it. You have shown me in so many ways that you have appreciated it.

To the Liberal Party, thank you very much. I know that I was often a bit hard to handle, but the results speak for themselves—for instance, I know that premier Olsen was not amused when I distributed a bottle of unfiltered Barossa water to all members in this place but, again, it was a means to an end and today our region has filtered water.

To the Schubert Liberal team, I have been blessed with the best and most professional outfit, totally focused and outcome driven. To my campaign chairman, Peter Frazer, and previous SEC president, Mrs Stephanie Martin, I am eternally grateful. To all my branch officials and members and to my leader, Isobel Redmond, to my colleagues here past and present, thank you very much. I have appreciated your support and friendship over all these years. I will see you all over the next 18 months to express my gratitude. To my community leaders, mayors, councillors and others, I really have enjoyed a great relationship with you all.

To my family and Kay my wife, yes, I publicly admit that as many people voted for her as for me. She has been a fantastic support, giving me the freedom to pursue my political career and my private whims, and she filled all the gaps. I look forward to returning home and learning how to cook, wash and be a better grandpa to my eight grandchildren.

Finally, I was a teetotaler before I was elected, so as I leave this place it will be a very enjoyable habit that I will take with me. I look forward to sharing a red with you all over the next 20 months and ever after. Again, thank you all. There is a point in time, and that time has arrived. I have enjoyed the friendship of members on both sides of this house and I hope that continues into the future. Thank you, Madam Speaker.

Honourable members: Hear, hear!

The SPEAKER: Member for Schubert, of course you are breaking all the rules, but I know that you will be very sorely missed in this place when you leave. You are one of the most popular members in the place on both sides of the house, and we wish you all the best. You have been a great advocate for the country, which is certainly after my heart. You will be able to spend more time with Kay and also with your pig, Bertha. One of the most memorable speeches I have ever heard in this place was how much you loved your pig, Bertha.

Mr VENNING: Thank you very much, Madam Speaker.

The SPEAKER: Good luck to you.

VIETNAM VETERANS ASSOCIATION OF AUSTRALIA

Mrs VLAHOS (Taylor) (15:28): I rise today to speak about the Northern Vietnam Veterans branch of SA which I have the pleasure to visit regularly in my electorate of Taylor at Edinburgh. I would also like to promote an inspirational community event coming up this August which they host and have hosted for a number of years with committed veterans.

I have had the pleasure of working with the northern suburbs sub-branch of the Vietnam Veterans Association of Australia since I was elected in 2010, and I have regularly assisted them. However, more recently I had the pleasure to sit down over a warm cup of soup last week and present them with a large linen flag which they will use in the sad task of farewelling members at their funerals.

I also had the pleasure of presenting them with a small cheque as a contribution to the upcoming Walk for Charity which will be held shortly for the fifth time. The Walk for Charity is a five-day trip which takes the group throughout South Australia's countryside, leapfrogging from town to town to raise funds for charity. Having hosted the event in 2007, 2008, 2009 and 2010, the association is now raising much needed funds for three major charities. These are Legacy, the Long Tan Bursary (sponsoring children's education) and Foundation Daw Park (sponsoring the Repatriation General Hospital for the returned servicemen and women, where I used to work).

The walk departs on Monday 13 August from the northern suburbs sub-branch rooms and will progressively make its way to the Long Tan service at Montague Farm to be held on Saturday 18 August. Using a bus, the group will travel throughout many towns in regional South Australia and progressively stop to walk and collect donations from local residents. During this time, VC Keith Payne and Northern Vietnam Veterans will speak at local schools on the contributions that our veteran community have made to our nation and the local area.

Through sponsorship and collections, the association and its dedicated members hope to raise considerable funds to support these worthwhile charities. I, together with Zoe Bettison (member for Ramsay), will be joining them on their final day of walking. I encourage others to do so. I wish them the very best and encourage all members, especially the northern suburbs members, to get behind this important community event that raises valuable funds for useful works.

MARINE PARKS

Mr TRELOAR (Flinders) (15:31): With all due respect to the member for Taylor, I think the hardest act to follow here is from the member for Schubert today. Thank you, Ivan, for your time with me and all the others here. I wish you well.

Mr Venning: By the time I leave here, I'll be an expert.

Mr TRELOAR: That's right; in the next 20 months. I am sure you will enjoy it.

Mr Sibbons: You can join him.

Mr TRELOAR: He hasn't gone yet.

The Hon. S.W. Key: You don't have to stand again.

Mr TRELOAR: No, that's right. I want to use my time today to finish my contribution going back a couple of weeks and comments I made on the budget because my time was cut short at that time. I would like to highlight some of the cuts the government have made in regard to agriculture and PIRSA in particular. From the budget we are seeing that 98 jobs have been cut from PIRSA. This is in addition to 400 jobs that have already been slashed. Budget cuts in total are \$24 million from agriculture.

I come from an agricultural background; I know how vitally important this sector is to the state's economy and how important it is to keep services up to an industry such as this and also investment into research and development. For 150 years South Australia has been at the forefront, not only of Australia's agricultural development but the world's. Many of the technological advances have been made here in South Australia through considered research and development and extension of that work.

It is a pity to see this government walking away from it. I think we run the risk of becoming an agricultural backwater rather than the leader that we should be and have been for almost 150 years. So, \$24 million has been cut; fees, fines and penalties are increasing by \$1 million; the total operating expenditure has been reduced in PIRSA by \$50 million. The cost of compliance is one that I hear about constantly from constituents—the cost and compliance from agriculture and fisheries and seafood. I think this government is working on a business model where they introduce a service, then after a short number of years announce that they can no longer afford to provide this service for free and so they begin to charge for it. In many cases, it was a service that was not requested or required in the first instance.

Also, I will touch on the marine park process once again, because obviously there are budgetary impacts from marine parks. Unfortunately, the government has been looking for ways to cut the amount of compensation to be paid to commercial fishers that will be displaced by the proposed marine park sanctuary zones. It has come to light that the minister has requested the amount of compensation be reduced from \$26 million to something like \$15 million to \$20 million a year, which really is an insult to the commercial fishing industry.

The saga continues. The government has released a single map that has been uploaded onto the government's website which indicates where the sanctuary zones are likely to be, but unfortunately the government still has not managed to release a regional impact statement. For so long we have been asking for this.

Mr Griffiths: August, apparently.

Mr TRELOAR: August, apparently. We will wait with bated breath. The member for Goyder has suggested that it is due in August. It cannot come too soon for all of those regional

communities and the fishers themselves. Now, of course, we have got to a point where the Eyre Peninsula Local Government Association has expressed its total lack of confidence in the government and the department with respect to the consultation process.

Just to finish off my few minutes today in this grievance debate, I wish to put on the record my disappointment that the application to the federal government for funding for the fish unloading facility at Thevenard was not successful. It was in this very place that the state government reiterated its support of \$1.5 million for the fish unloading facility but, of course, that was always going to be contingent upon federal funding.

Despite an extraordinary amount of lobbying at a local council level and to the federal government on the part of the RDA—and incidentally, the RDA on Eyre Peninsula has highlighted this particular project as the number one priority for the whole region, the number one infrastructure project for the jobs it will bring and the service it will provide once again to that fishing industry—unfortunately, it has not been successful. I would express to the federal government and also the state government my disappointment that it was not successful and assure people that we will continue to lobby for that project.

The SPEAKER: Thank you, and with the departure of the member for Schubert, I think probably we achieved a first today—I think it is the first time the Speaker has ever been kissed while in the chair, as a farewell. The member for Ashford.

NEW ZEALAND SEX WORK INDUSTRY

The Hon. S.W. KEY (Ashford) (15:36): I would also like to acknowledge the contribution of the member for Schubert. I consider him to be a good friend and I have always enjoyed working with him. I am very sad that he has come to this decision. I am hoping that his decision is not related to another event that happened on the weekend, which is the marriage of the former member for Taylor and Labor minister, Trish White, to Joe Thorpe. The member for Schubert will understand the connection I am making. It was a wonderful wedding and we are very pleased to see them announcing their relationship in a formal way and also to see the joy from the three children who are now part of that unit.

Part of the research that I have been doing over a number of years (but particularly recently) is in relation to the New Zealand Prostitution Reform Act 2003. I am very interested to see what has happened with that act. As I have reported in this house before, I think in 2010 there was a review of the act to see whether the end of the world had come because New Zealand had decided to decriminalise the sex industry.

Because New Zealand has two tiers of government—local government and also a federal government—I have been particularly interested to follow what was happening in the local government sector, which admittedly has a different responsibility to our local government in some ways, particularly with regard to the sex work industry.

Because there have been some concerns raised about sex workers who work on the street, I was particularly keen to see what had been debated in New Zealand. It was interesting to note that there was a private members' bill called the Manukau City Council (Control of Street Prostitution) Bill. In 2005 it was first introduced and there were quite different levels of discussion and debate within that council sphere led, as I understand it, by councillor Dick Quax.

This debate went on. That bill did not end up being successful but, in 2010, the council had another bill which was called the Manukau City Council (Regulation of Prostitution in Specified Places) Bill. Although that did have some success, one of the problems that that particular council had was that they were amalgamated with the Auckland Council, so it was thought that, because they were such a large area, it would be inappropriate to enact that particular bill. I guess the proponents of that bill had to go back to the drawing board. Needless to say, my understanding is that that type of bill has not been introduced in recent times.

The other area I thought particularly interesting was the fact that there was a bill introduced which became the Criminal Records (Clean Slate) Act 2004. That was to do what I would imagine would be similar to a spent convictions provision where people who had any offences relating to sex work would have their record wiped clean under that act. Other criminal offences on their criminal record remain. There is also the interesting point that in New Zealand sex work is recognised as legitimate work but not condoned.

STATUTES AMENDMENT AND REPEAL (TAFE SA CONSEQUENTIAL PROVISIONS) 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 8, page 5, lines 3 and 4 [clause 8(1)]—Delete subclause (1)

No. 2. New clause, page 5, after line 5—After clause 8 insert:

8A—Amendment of section 14C—Review committee

Section 14C(1)(d) delete 'Australian Education Union (S.A. Branch)' and substitute:
officers of the teaching service in accordance with the regulations

No. 3. Clause 9, page 5, lines 7 to 11 [clause 9(1) and (2)]—Delete subclauses (1) and (2) and substitute:

Section 29(2)(b) and (c)—delete paragraphs (b) and (c) and substitute:

(b) 2 will be officers of the teaching service selected by the Minister from a panel of officers elected by officers of the teaching service in accordance with the regulations.

Section 29(3) and (4)—delete subsections (3) and (4)

No. 4. Clause 10, page 5, lines 13 and 14 [clause 10(1)]—Delete subclause (1) and substitute:

(1) Section 45(2)(c)—delete 'appointed by the Governor on the nomination of the Institute of Teachers made after elections have been held in accordance with the regulations' and substitute:

elected by officers of the teaching service in accordance with the regulations and appointed by the Governor

No. 5. Clause 10, page 5, lines 16 to 20 [clause 10(2), inserted paragraphs (d) and (e)]—Delete paragraphs (d) and (e) and substitute:

(d) the members of a panel of prescribed employees elected by prescribed employees in accordance with the regulations and appointed by the Governor.

No. 6. Clause 10, page 5, after line 25—After subclause (4) insert:

(4a) Section 45(4)(c)—delete '(2)(e)' and substitute '(2)(d)'

No. 7. Clause 11, page 5, lines 31 to 33—Delete all words on these lines and substitute:

Section 53(3)(b)—delete 'and consisting of members appointed by the Minister with the agreement of the Institute of Teachers (one or more of whom must be nominees of the Institute)' and substitute:

to represent the interests of officers of the teaching service

TAFE SA BILL

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

No. 1. Clause 6, page 3, line 34 [clause 6(1)(a)]—

After 'technical and further education' insert:

in a manner that is efficient, effective and responsive to the needs of industry, students and the general community

CITY OF ADELAIDE (CAPITAL CITY COMMITTEE) AMENDMENT BILL

Received from the Legislative Council and read a first time.

CHILDREN'S PROTECTION (LAWFUL SURRENDER OF NEWBORN CHILD) AMENDMENT BILL

Received from the Legislative Council and read a first time.

STATUTES AMENDMENT (NATIONAL ENERGY RETAIL LAW IMPLEMENTATION) BILL

The Legislative Council agreed to grant a conference as requested by the House of Assembly. The Legislative Council named the hour of 4pm on Thursday 12 July 2012 to receive the managers on behalf of the House of Assembly at the Plaza Room on the first floor of the Legislative Council.

The Hon. M.F. O'BRIEN (Napier—Minister for Finance, Minister for the Public Sector) (15:45): I move:

That a message be sent to the Legislative Council agreeing to the time and place appointed by the council.

Motion carried.

AQUACULTURE (MISCELLANEOUS) AMENDMENT BILL

The Legislative Council agreed to the amendment made by the House of Assembly without any amendment.

STATUTES AMENDMENT (SERIOUS FIREARM OFFENCES) BILL

Adjourned debate on second reading.

(Continued from 13 June 2012.)

Ms CHAPMAN (Bragg) (15:45): I rise to speak on the Statutes Amendment (Serious Firearm Offences) Bill 2012 and indicate that the opposition has foreshadowed an amendment. I note that the government has now tabled an amendment in almost the exact terms during the course of the morning, and I will have something to say about that shortly. However, in principle, the opposition is supporting this bill.

The government tabled this bill on 13 June 2012, and members will recall that this was shortly after there had been a very significant escalation of violence involving guns in metropolitan Adelaide. Having tabled the bill, the Attorney-General on that day made public his intention to progress this bill and that its effectiveness would be to combat firearm-related violence and disarm dangerous criminals, putting them behind bars. He also claimed, and I quote:

The bill also closes a legal gap that previously allowed offenders firing on an empty property to avoid a more serious penalty.

There was other rather flamboyant language by the Attorney-General as to how he was going to make sure that the reckless firing of shots into homes in the sort of drive-by reckless behaviour that had occurred in recent days would be dealt with, and again I will refer to that later. However, the Attorney-General was doing the whole Eliot Ness thing—'I'm going to get them'—to deal with the gun-toting people in the community as a result of those events.

The issue which becomes the substance of the amendment regarding the shooting of police officers, and in particular the proposal to make it an offence attracting a much higher maximum imprisonment penalty if convicted of attempting to shoot a police officer or even shooting at a police officer, is one which the government has, as I said, announced today.

What is interesting is that, if there is any consideration of where police are exposed to the risk of someone discharging a firearm that attracts this, one does wonder why it has taken over two years for the government to act, particularly when one of the most horrific cases of police officers being attacked occurred a couple of years ago. It does raise some very serious concerns. I am not sure who was the minister for police at the time. I know we have another Minister for Police now, and in all the time I have been here with her as minister I have not heard her mention this case at all.

Members will recall that when two Salisbury police officers, Nathan Mulholland and Tung Tran, were on patrol, they were shot when they attended at a dwelling in response to an alleged domestic violence event. A Mr Daniel Van Setten was under consideration for attempted murder charges but, as we know, they did not proceed. He never faced charges for attempted murder, and there was generally a public outcry, but certainly amongst the police community the fact that two of their own could be shot at and injured so appallingly in these circumstances, and not be able to have some appropriate redress, outraged them, not surprisingly. So, it does raise this question about why the government has taken so long to come to the realisation that police, in the course of their duties, should be properly protected.

The Hon. M.J. Atkinson: If we'd brought it in earlier you would have said we were rushing it, a knee-jerk reaction.

The DEPUTY SPEAKER: The member for Croydon!

Ms CHAPMAN: Well, of course, I was not going to respond. The issue of gun violence was raised in the context of this announcement of the new bill. The government used a number of statistics to assert also that the courts were being lenient on firearm offences and many firearm

offences were committed while the offender was on conditional liberty, that is, parole, bail, released on licence or subject to a suspended sentence. The figures used by the Attorney do not allow for the seriousness of the offence, nor do they detail firearm offences as a proportion of total offending. In any event, the government claims that this legislation will deal with the serious firearm offences with a view to protecting the public while not unreasonably interfering with the law abiding.

The opposition shadow attorney, the Hon. Stephen Wade, has outlined a number of aspects of this legislation which I wish to place on the record because they put in context what we have now, what we need and how effective this legislative answer is likely to be. First, on the question of conditional liberty, the Criminal Law Sentencing Act 1988 and other applicable legislation would be amended so that prohibition, parole, bail, release on licence and suspended sentences contained mandatory conditions prohibiting the possession of any firearm or ammunition and subjecting the person to random testing on gunshot residue.

These conditions can be excluded or modified by the release authority if there are cogent reasons to do so. Cogent reasons have been described as reasons which are compelling, convincing and powerful. There are no examples given to illustrate what would amount to cogent reasons. I will be asking the Attorney during committee—as he will have an opportunity to provide this, at least overnight—that we have some particulars provided on that aspect.

The general sentencing reform: section 10 of the Criminal Law (Sentencing) Act 1988 would be amended by the bill to provide that, in sentencing for firearm offences, the primary aim is to emphasise public safety and specific and general deterrence. There is certainly an element in relation to that that is, I think, a reflection on the judges at present, with the implication that they are failing to adequately take that into account in their sentencing. I will come back to the particular statistics that are used in a moment.

Then there is the serious firearms offender. The bill proposes to amend the Criminal Law (Sentencing) Act 1988 to provide a new sentencing category of serious firearm offender. Bear in mind that it is the government's intention here with this legislation to insist that there be serious gaol time that applies to someone who is a serious gun offender. So, they are wanting to look at a particular class of offender which should attract the most serious penalty and, in this instance, to have an aspect of the penalty which would require that there be a period of imprisonment.

So, firstly, an offender will be deemed to be a serious firearms offender if they commit a serious firearms offence. One is the focus on the firearm—an offence against the Criminal Law Consolidation Act 1935 or the Firearms Act 1977. The offence involves the use or carriage of a firearm against those acts if that firearm is an automatic firearm, a prescribed firearm, a handgun when the user is unlicensed to use that handgun and/or the handgun is not registered to the user.

There is also the focus on organised crime. There is to be an offence against the Criminal Law Consolidation Act 1935 or the Firearms Act 1977 involving the use or possession of a firearm and committed while subject to a control order under the Serious and Organised Crime (Control) Act 2008, where an offence was committed for the benefit of or in association with a criminal organisation or while subject to a firearms prohibition order.

Then we have a focus on drug offences. There is to be an offence against the Criminal Law Consolidation Act 1935 or the Firearms Act 1977 involving the use or possession of a firearm if the use or possession occurred in the course of the commission of a serious drug offence.

Then there is the focus on conditional liberty. There is to be an offence against the Firearms Act 1977 while on conditional liberty if a condition of that liberty was not to possess a firearm. So, those are really the sort of parameters by which a serious firearms offender is identified and under which they would attract this higher penalty.

Certainly, from the stakeholders' point of view, including the Law Society in South Australia, it would be their preference that the status of being a serious firearms offender be more closely linked to the seriousness of the offence rather than the focus on the particular aspects of, as I have said, firearm, organised crime, drug offence or conditional liberty. Really, we should be looking at the seriousness of the behaviour and contravention rather than by a particular subject matter.

It is also important to note that there has been some national attempt to deal with firearms in Australia. I am sure every member in this house will remember the travesty that occurred in the early 1990s when a gunman let loose on members of the public down at Port Arthur in Tasmania and lives and families were ripped apart in one of Australia's worst massacres. One does not need to dwell on the particulars of that case. It shocked Australians that there would be such a level of

violence indiscriminately perpetrated against women, children, families and so on. It was just incomprehensible. There was a public outcry and I think an outpouring of commitment—including from the then prime minister John Howard—that, as a result, there would be a reining in of guns and access to them, particularly automatic and semiautomatic weapons.

It was a very confronting period, I think, in Australian politics and in the community. There was public outcry in some of the regional parts of Australia, particularly targeted against the then prime minister because of his commitment to arrest the exposure of vulnerable people by implementing a national gun buyback, but he remained committed to it. I am one on the Liberal side of politics who not always agreed with the then prime minister, and I do not shy away from that, but on this issue I have before and I will again today commend him for his commitment to the safety of vulnerable people in our community, particularly women and children, by his absolute dedication to following this through in the face of hateful and quite vile reaction at public forums during the mid 1990s when he attempted to introduce this reform.

It was the aspiration of the government of the day to have a low firearms community, and that is why in general with this bill the opposition is supportive of the measures that are to be implemented. Now, whether it actually achieves all that it aspires to do is yet to be seen, because introducing new offences and penalties does not necessarily deal with the broader picture. Given that a condition not to possess a firearm will become a mandatory condition of conditional liberty and the presence of such a condition does not suggest a history of firearms misuse, and whilst we have reservations as to making it an offence specifically under the Firearms Act 1997 while on conditional liberty, we otherwise support the intent of the bill.

I come to the use of the data that the government appears to rely on, I suppose, to try to satisfy the parliament that there seems to have been some statistical data to assert that the courts are lenient on firearm offenders. There is an interesting paper that was prepared by the Australian government's Australian Institute of Criminology entitled 'Court outcomes for firearm offences in Australia'. It appears to have been published in 2008 by the Australian Institute of Criminology.

The General Manager of Research at the Australian Institute of Criminology, Judy Putt, has apparently been the principal researcher in dealing with this information, which is a report that helps us understand what firearm offences we have, to some degree how effective they are when they are traced through and what actually happens with them. In short, although this data that they use for the purposes of identifying what happens with these offences is now six or seven years old, there is some interesting information that comes from it. I will read from what Ms Putt says. I do not mean to be disrespectful but I do not know whether she has any professorship or doctorate, so I will just refer to her as Ms Putt. She says:

Unauthorised or otherwise illegal possession, including carriage and use, was the most common offence prosecuted, followed by offences relating to improper safekeeping and storage of firearms.

When we come to the actual detail on page 18 of this report, on the type of firearms or weapons offences brought before the courts, over four in 10 (that is 44 per cent) of firearms offences charged in South Australia related to possession and almost one-third related to safety storage offences. The firearms usage offences such as carrying or discharging a firearm accounted for 18 per cent of all firearms charges. About a third of them, in fact, related to the question of storage.

Members would know—I am sure, particularly country members would know—that there are a whole lot of very important but detailed obligations in relation to storage of firearms for those who have a licence to have a firearm. They have very clear obligations as to how they are to be stored. You cannot just have a firearm and store it under the bed, or whatever. Usually it has to be in a locked facility. I am sure some members here in this house are very familiar with what these rules are.

I am not but, obviously, coming from a country upbringing, I can say from my own observations that the use and storage of this type of weaponry has very much changed over the years. A gun sitting behind the back door of the office is clearly no longer tolerated and, as I understand it, there are very clear rules about separating the ammunition from the weapon, and so on. There may even be some obligations as to where the bolt has to be kept. I do not know: I am not an expert on that. I am sure the member for Finnis will give us some information about that.

What I do know is that the rules have been tightened (and this is very important), not the least of which is not just the ready access to weaponry that might be accidentally found by a child who might discharge the firearm and cause a fatality or serious injury but, also, from the domestic

protection laws that we have developed over the last few decades, it was very clear that weapons were sometimes used even in domestic circumstances to frighten people.

If a gun was readily accessible—behind the office door or under the bed—the presentation of a weapon, that is, the pulling out of this weapon and brandishing it, even without discharging it but just pointing it at somebody, was clearly enough to terrorise people. This was unacceptable conduct. I think (and I think in a good way) the obligation to secure a weapon meant limiting the opportunity to go and grab a weapon quickly and brandish it in some way to intimidate somebody into silence or submission or to comply with demands, and that is something that I certainly welcome and I think other members of the house would agree.

There is a fairly high threshold of obligation and lots of rules surrounding it, so it is important to understand that when we are talking about the government's assertion that there has been some leniency by the courts in relation to firearm offences, a third of them can relate to simple things such as storage. So, there may be no attempt to harm anybody or use them in any improper way, but simply having the bullets in the wrong place with a firearm in its vessel, which had not been properly secured—these are the sorts of things that have attracted a third of these offences.

Before the government starts brandishing statistics, they should be much more disciplined and clear about the data that they are relying on so that they do not in any way mislead the public or leave them (even inadvertently) with the impression that there is a whole lot of these offences out there and the courts are not being tough enough on them. I think if it was inadvertent, it is still recklessly irresponsible, and if it was deliberate, it is unacceptable. The Attorney-General can indicate his views on that in due course.

If a person who is classified as a serious firearms offender is convicted of a serious firearms offence, including the one that gave them that status, the sentence must involve an immediate sentence of imprisonment. This can only be varied if the sentencing court is satisfied that exceptional circumstances exist and that they outweigh the primacy of public safety and personal and general deterrence. Here is where we start to unravel how effective this is going to be. Whilst the Attorney has been quite prescriptive in this bill to insist that there be certain obligations (that there have to be assessments identifying public and personal safety and general deterrence as the primary factors to be considered here now), there seems to be a complete failure to identify what that sentence of imprisonment is to be.

We all know that trying to be too prescriptive in mandatory sentencing sometimes raises all sorts of questions; for example, if you remove the discretion from the sentencing judge too much, you can end up with circumstances where people can be imprisoned. A common one that was used when mandatory sentencing was first touted was that people could have a shoplifting offence and, whilst that can carry up to an eight-year penalty (or it did at the time), somebody could be imprisoned for years under mandatory sentencing for stealing a loaf of bread. We have to ensure that we protect against the ridiculous and what would be clearly unacceptable.

What has happened here is that the tough mantra of the Attorney has demanded that there be imprisonment, there would have to be a serious gaol term, to use his description in his press release of 13 June, and yet it seems on the face of it that, as long as the person has been in gaol for a day, it actually qualifies in the legislation. We need some guidance from the Attorney-General as to how he expects this will operate and what real standard will be imposed as a result of it. It seems to me that he wants to look tough, but when it comes to the actual particulars the reality is that the period of imprisonment can be very short. It is more than likely to have been covered even by the time spent in the watch house, before coming out after arrest, which may qualify so that it would not translate into serious gaol time.

The courts have described 'exceptional circumstances' as being circumstances which form an exception, which is out of the ordinary course, or unusual, or special, or uncommon. It 'need not be unique, or unprecedented, or very rare; but it cannot be...regularly, or routinely, or normally encountered.' The shadow attorney has kindly provided me with a copy of *R v Kelly* (Edward) (2000 QB 198). Although this bill was scheduled to be debated tomorrow, I am happy to advance it as much as we can today. As a result, I have not had an opportunity to read that decision, but it may provide us with some extra guidance.

I think it is important that we have an understanding about what the exceptional circumstances are that we are talking about, and often the best way to do that is by example. Again, I would ask the Attorney to provide us with some clarity on that. From a layman's point of

view, one's understanding of the definition of these words can be very diverse but, from a legal point of view, I think it is important that we as legislators give guidance in the legislation as clearly as possible to the judiciary; after all, we expect that they will be implementing it.

On the general debate on mandatory sentencing, whilst there are a lot of flaws in reducing the discretion of the sentencing judge, because there is no time limit on this I do not think that this bill can attract the same arguments against it as a mandatory sentencing bill because, as I say, the imprisonment here could just be a fleeting incarceration. The bill also creates a presumption against bail for those charged with a serious firearms offence. If bail is granted, conditions prohibit the person from possessing any firearm, part of a firearm or any ammunition, and random testing for gunshot residue will be imposed. The bail authority has the discretion to waive these conditions if it has cogent reasons to do so and if there is no undue risk to the safety of the public. This is another area where we need to have some understanding from the Attorney as to what would suffice as a cogent reason.

I am sure members who represent our country regions understand the importance of being able to use firearms; many of them have them for the purpose of managing livestock, vermin, feral pests and the like. I come from an area where I think the most dangerous thing is a blue-ringed octopus or a red-back spider, and you do not really need a gun to deal with those. We do not even have any foxes or rabbits. However, there are parts of South Australia that do have to protect themselves against certain animals and even birds.

I notice that in the National Parks and Wildlife Act magpies and snakes are protected species. In fact, there is a specific provision in the National Parks and Wildlife Act that you are not allowed to shoot, kill or even harm a snake or a magpie unless you are under threat. I have never asked a snake whether he or she considers that I should be fearful of them and that they are likely to strike. Their very presence is enough to make me think that my life is in danger.

The DEPUTY SPEAKER: The snake may think the same thing.

Ms CHAPMAN: Indeed it might, and it might be more frightened of me. Snakes and magpies have a very special area of protection—unlike crows I might mention, which are not a protected species. A crow is a common bird that has absolutely no protection whatsoever, but I am getting a little distracted.

My point is that in some regions in South Australia it is important to be able to use a firearm to humanely dispose of a predator. From my own experience, I think it is more likely that creatures sometimes get into trouble. For example, stock, animals, cats or dogs might get caught in a fence, stuck in a creek or be in a very desperate circumstance and it is important, as quickly as possible, to humanely kill them. In that instance, I think it is important that someone who might be a local farmer or a person who is a Parks and Wildlife officer, or someone who might be committed to ensuring that an animal is put out of its suffering and misery that a firearm and shooting that animal is the most humane thing to do—and as quickly as possible.

So, there would be circumstances, clearly, where a judge may need to consider that the use of a firearm in general livestock management or vermin control would be used. I do not know whether it should apply or whether it is the intention of the Attorney that it should apply. A cogent reason is to enable someone who might be otherwise caught by this who is on bail who should still be able to use a firearm for shooting in a rifle range. They might be someone who is caught up in this type of circumstance—it is a serious offence. They may be a serious gun offender or they may be on bail. They may well be training for a squad in the Olympics. I simply make the point that there needs to be some guidance from the Attorney as to how this is going to apply.

One aspect, though, that does concern us—and it is consistent with lots of things the government seems to bring to this parliament—is that the new Attorney seems to be following the same pattern as the old one, and that is that it seems they always want to make a law for which there is no appeal or review. I do not know what kind of planet of justice they have existed on, but I do know that one of the best ways in which you can protect people against the abuse of a person or persons who is in power, whether they are a legislator, police officer or judge, is to ensure that the decisions that people have made, whether it is at executive level or judicial level, is reviewable—that people know that they have a process where they can seek relief, review or appeal. They may have to pay costly expenses if they fail in doing that, but at least they have a remedy available to them which they can pursue.

It is a very important instrument in ensuring that the mischief that a person in power may be attracted to is minimised and therefore the risk to the member of the public is reduced. The bail

authority's direction to the alleged offender to surrender their firearms not being reviewable is a concern of the opposition. The Hon. Stephen Wade has taken advice from the Law Society on this matter as well.

In relation to serious repeat offenders, under the Criminal Law Sentencing Act 1988, a sentence of a serious repeat offender need not be proportional and any nonparole period needs to be four-fifths the length of the sentence. A person can be a serious repeat offender only by discretionary declaration of a court after two or three relevant offences.

On the other hand, the bill increases the scope of relevant offences (for example, home invasion and firearms offences) and removes the discretion of the court in the declaration. The bill allows the court not to sentence the offender as a serious repeat offender if it is satisfied by evidence on oath that the personal circumstance of the offender is sufficiently exceptional to outweigh considerations of public safety and it is not appropriate in all the circumstances the offender be sentenced on the basis of a declaration.

This also raises the question of what has been the experience in respect of declarations of serious repeat offenders under the current act. I do not know how many there have been. I think the Attorney should (and I will ask him to do so) advise the house as to any declarations that have already been made and in what circumstances and, if not, why not. The changes in this bill perhaps reflect a hope by the government that allowing judges to opt out of sentencing a declared person in a prescribed way is more likely to have an impact than expecting them to opt in. I do not know what the intention of the government is there, but I think it needs to tell us.

The government also cites an increase in drive-by shootings and the difficulty for SA Police to prosecute shooters appropriately for such reckless and dangerous behaviour if no-one was home at the time of that drive-by shooting. SA Police has argued that it cannot prosecute an offender for endangering life if no-one was at home or if no life was, in fact, endangered. The only other serious charge available is the use of firearms under section 51 of the Summary Offences Act 1953, which has a maximum penalty of only two years' imprisonment or a \$10,000 fine.

The government asserts that a maximum term of two years' imprisonment is not serious enough for an offence involving firearms. To overcome this deficiency, as the government suggests, it has created two new categories of offence. One deals with missiles and remains in the Summary Offences Act 1953, and then the Criminal Law Consolidation Act 1935 as amended, to deal with the discharge of firearms without lawful excuse. The new offences distinguish between intentional and reckless discharges aimed at persons and property.

I think that, generally, with the drive-by shootings that have been experienced only a short time ago, my recollection is that in the drive past bullet holes had careered into the front wall of the house. Apparently no-one had been in the property at the time, but there is the fear invoked as result of this behaviour. Let us assume there are several options here. One is that the offender had presumed someone they wanted to frighten or harm was in the property and they discharged the firearm to try to hurt them; another alternative is that they thought they might be there and it was a risk they were prepared to take.

The third alternative is that they did not think they were in the property, or that there was anyone who would be at risk in the property at the time, but the whole exercise in setting off the firearm and bullet holes through someone's house was to warn the occupiers of that property, when they found out there been a shooting into the premises, that they would in some way be terrified by that and would, presumably, comply with whatever the whole exercise was about.

Another group of people who are in the area of risk, and I think the public understands this; are the neighbours and other people in the precinct. They are terrified. They hear what they believe to be gunshots, cars squealing their wheels leaving a property, etc., and of course this is highly disruptive and intimidating to those who live in the precinct. Even for those who do not hear it or observe it but who learn later that one of their neighbour's houses has been shot up, it is obviously enough to instil considerable fear. In all those circumstances, the public says it is not acceptable.

There are probably some in the community who would say that a two-year term of imprisonment for doing that recklessly, even though they do not hurt anyone, is possibly enough. I am in a group that suggests it probably should be higher than that, although there would be some in the community who think is enough. In any event, the government is acting on this and we are supporting it.

Next there is this issue of what happened two years ago in May 2010, when two Salisbury police officers responded to a domestic violence complaint early one morning. When they arrived—this was published at the time, and subsequently there was a rather grotesque description of events in the *Police Journal* of October 2011 under the title 'Lured, shot and left with the scars'—it was a case of Nathan Mulholland, aged 25, and Tung Tran, 22 years of age, being, as was clearly identified by the person discharging the firearm, set up.

In fact, it is claimed that Daniel Van Setten had said to the two officers when they arrived, 'You've been set up', and then shot them through the screen of the front door with a semiautomatic rifle. Mr Mulholland received shrapnel wounds to the head and hand which required surgery. Mr Tran endured multiple shrapnel wounds to his right cornea, right forearm, left upper arm and chest and apparently still has the legacy of two metal fragments remaining in his eye.

The outrage at the time came as the result of Van Setten's charge, which had originally been that of attempted murder, being downgraded by the DPP, and the offender Mr Van Setten pleading guilty to lesser charges of aggravated acts to endanger life, aggravated recklessly causing harm and possession of a prescribed firearm, and he was sentenced to nine years gaol. There was, again, a general concern about the two extremes of what would be an adequate penalty in such a circumstance.

The Police Association which, as we know, is the police union and representative of a very large number of police officers, considered that there should be an intermediate offence between the acts of endangering life (which is the basic 15 years, or aggravated, 18 years) and the life sentence which can apply across to attempted murder convictions.

The opposition felt very strongly that police officers are in a very special and unique situation. The papers and media outlets frequently tell us of occasions when people, in the course of their duty, are exposed to violence and risk to life or limb. We hear about nurses and people in hospitals who are, in the course of their duty, trying to assist people, especially in emergency departments, people who might be under the influence of drugs or alcohol who lash out and may cause very considerable harm either to people working in the industry and trying to help them, or other patients, children and other vulnerable people around them.

We hear about ambulance drivers who, similarly, might attend somebody at the scene of an accident, dealing with people who are injured, dealing with people who are sick, dealing with people who have a mental health problem, dealing with the distraught relatives at the scene, all those types of circumstances where there can be an escalation of activity that results in an ambulance officer being wounded, assaulted or worse.

So we have that situation. We also have under aggravated offences people who not by profession but by their age or frailty are much more vulnerable to being at risk. Previous to the aggravated offences being introduced, there was always the capacity for a sentencing judge under the legislation, I suppose, to deal more harshly with an offender if the victim was someone who was in a much more vulnerable capacity, usually someone who was very young, very old or suffered some disability. It was more heinous to use, abuse, offend or in some way attempt to harm someone in those circumstances than an able-bodied person—a bit like 'pick on someone your own size'.

There is also the matter of a position of trust (for example, teacher and student, etc.) where there is a higher level of obligation not just to protect but, obviously, to abstain from hurting the victim, and that the sentence should reflect that. However, when this parliament looked at aggravation it set down, in a statutory way, a number of different categories that should attract a higher penalty. So we have the aggravated system as it is, but while all these people may be more vulnerable than the ordinary person in the street who might go to work—I have to say that as a member of parliament in Australia I have certainly never been assaulted by a constituent or another party in any political environment, and that is something we enjoy, as long as we can speak freely and we have parliamentary privilege in this house. We are fortunate in Australia to have the capacity to be able to be legislators without guards and so on. Quite often we see our own Premier and Prime Minister without the security guards we see in every other country in the world.

I make the point that there are many of us in the community who are not actually exposed to that same risk, but the two groups in the community which I think have a very special consideration are those in our armed forces, who obviously are paid for and instructed to go into a circumstance in the knowledge that there is every likelihood that they will be wounded or, worse, killed—and they have a job to do, they do it on our behalf, and we recognise them for that.

The second group is police officers, the men and women who do not have a choice when it comes to their responsibility to attend a scene where somebody may be a victim, particularly in domestic violence situations where people's behaviour may well be out of character but highly volatile which can place the police officers in a very precarious situation. Also, police officers are called upon to attend scenes where someone has a mental ill health issue and where ambulance officers and health professionals who are not trained are simply not able to manage the patient; therefore, police officers are brought in. In the circumstance where police officers are sent to the front line, which is an obligation they have, then it is the opposition's view that they are a special category above all other citizens and should have protection.

One way of doing that is to send a message that to shoot at a law enforcement officer, a police officer, should attract an even higher penalty. Today the shadow minister, the Hon. Stephen Wade, announced that the opposition would be moving to increase protection for South Australian police to make it an offence to shoot at a law enforcement officer with a basic penalty of 25 years for intending to injure and 10 years for intending to harm. I had been puzzled as to why, two years after the police had clearly publicly called upon the government to give some extra protection in these circumstances, particularly post the Mulholland and Tran case, there had not been any action by the government (and certainly no action coming into this chamber) to provide any extra protection and, in this instance, to increase the penalty.

I cannot think of any possible offence that has not come under eye of the government where their answer to a criminal behaviour has been to increase sentencing and where they have not gone ahead and done it, and they have done it very promptly. Sometimes it has been without any dent as a result on the incidence of the offence. They have been quick to act, but in this instance where two police officers were gunned down at a home they were called out to, there has been no action taken. I find that extraordinary.

Only today, after the opposition indicated that it would be seeking this legislative reform and that this new offence was to be announced—only then did we have tabled in this house an amendment of the Attorney-General indicating that he will be doing exactly as the opposition had called for and had foreshadowed in its own amendment. We are not complaining that the government is agreeing to do this. It seems rather churlish that it should do it two years after a very serious event. It is not as though the government had not had regular communication with the Police Association and the police commissioner.

I can recall coming in here more recently on amendments to the Correctional Services Act in which the Minister for Police and Minister for Correctional Services, minister Rankine, had outlined how she had had regular consultations with the police commissioner and that there were various amendments requested by him and that this was going to be necessary for the proper protection of the community in dealing with parolees and blah, blah, blah, blah. You would think that they were joined at the hip and that there was a direct line of communication between minister Rankine and the police commissioner which she was implementing.

When that was supported by the Police Association as well—as something that was a necessary reform for the advancement or protection or proper resourcing, for example, or preparation for the police officers—they were in here like a flash. I still do not understand why she is suddenly completely absent from this and the Attorney-General just seems to have gone along for the last two years without any action at all.

Interestingly, our shadow attorney has, of course, in consulting with stakeholders, sought the advice of the Police Association. They had apparently raised this issue and it was something we thought had merit and should be followed through, but only when finally we do it does the Attorney-General suddenly jump into gear and decide that he is going to do it.

I suppose he can come back to the house and tell us why he and/or his colleague the Minister for Police have done nothing about this for two years, but it does seem to be very odd, given the preparedness to comply with police officers' requests on many other pieces of legislation which I have personally dealt with and which I know other members have spoken on. I look forward to hearing that explanation.

I will say this, and I mention it because I recently wrote to the then deputy commissioner, now police commissioner, Mr Gary Burns to recognise his appointment and to congratulate him and of course wish him every good wish, if you can do that, as a police commissioner—it is a very hard job. We certainly, I think, need to support each arm of law enforcement in this state, and the police commissioner and his army of men and women are a very important part of that.

We have some other areas of law enforcement. Obviously part of it is our role as legislators; we have the judiciary; we have the DPP, which is independent of these other agencies; and we all have our job to do. Of course you have the legal profession, and they have their job to do. We all really need to live in respectful harmony, so I make the point that, although the opposition strongly endorses the Police Association's request for some proper recognition of shootings of officers, which has now transpired in this amendment tabled by the government, we do not always agree with everything the Police Association says.

I can remember a month or so ago when I wrote to the new commissioner, I alerted him to a concern I had about a statement by Mr Mark Carroll of the Police Association in which he was openly critical of the decision of the DPP to proceed with a charge against a police officer in respect to an alleged assault against someone else. As I have said to the new police commissioner, it is not for me to have any say or view on whether the police officer was guilty or not, or should or should not have been charged. The reality is though, that each of these agencies have an important role. I think it is very important that the agencies have respect for the different roles that each play.

I hasten to add, as I did in the correspondence, that the police commissioner is not responsible for the Police Association, they are two different organisations. I simply make the point that it is important that mutual respect is maintained. When any agency presents with a legal reform that would benefit the community of South Australia then I am very happy to urge my party to support that reform, but when they go too far or they act in a manner which is inconsistent with that respectful, mutual recognition of other agencies, then they will incur my wrath.

Mr Carroll knows that. He and I had correspondence when there was an occasion of a totally inappropriate police search of a female person held in interim custody. I made it quite clear that if it happened again I would make a public statement condemning that sort of behaviour. I am pleased to see that the police have now exercised some new protocols to make sure that, hopefully, that sort of behaviour (the stripping down and leaving naked of somebody who is in custody) does not happen again. It is important that that be maintained. With those words, I look forward to having some of those questions answered by the Attorney and I will listen with interest to other members' contributions to the debate.

Debate adjourned on motion of Hon. G. Portolesi.

ADJOURNMENT DEBATE

SERVICE CLUBS

Mr GARDNER (Morialta) (16:48): This is a time of year when, as members would be aware, that service organisations and other volunteer groups are having a propensity of changeover and handover dinners. I know the Deputy Speaker attends many of these functions; many of us do. I have certainly enjoyed the opportunity to do so for a number of service groups over the last couple of weeks. I take this opportunity to place on the record my sincere appreciation for the work that those volunteering community groups do.

It is quite a significant contribution they make to our local communities, our state, our nation and, indeed, internationally through their fundraising work and their hands-on activities. In particular, we appreciate the significant contribution made in those organisations (the Rotaries and the Lions) by those individuals willing to serve as presidents, and although the handover period is not just now for the Kiwanis groups we also have a number of them and other service organisations.

I take this opportunity to pay particular tribute to the presidents of those groups in the Morialta area, some of which were kind enough to host me, in the last couple of weeks, at those changeover and handover dinners, and some of which I was, unfortunately, unable to go to. The Rostrevor Lions Club is a very hardworking group of people, many of whom have been members of Lions International for decades. I particularly congratulate Cameron Wyers, who of all of the service groups in the Morialta area Cameron is the only one going again for the presidency. So, thank you to Cameron for the year he has done and we look forward to working with him in the year ahead.

The Athelstone Lions Club was welcomed here in Parliament House fairly recently. The stewardship of John Heffernan has been appreciated over the last year, and we look forward to the service of Mrs Patty McKay, who will be taking on the role this year. I am sure they will have a great year ahead.

Last night I enjoyed the opportunity to be the first guest speaker in the year of Jim Silvestri's presidency at the Campbelltown Rotary Club. Campbelltown is probably the biggest service group in the area, with nearly 80 active members, an extraordinary fundraising capacity, donations and in-kind support to groups approaching six-figure sums every year. I note the member for Hartley's support for the work they do.

The new president, Jim Silvestri, has a hard act to follow. Jan Tsoutouris had a terrific year through the art show, the Carnevale, the Porchetta stand and the shed sales, which continue to go strongly every month, as well as a range of other activities. I look forward to another strong year of the Campbelltown Rotary Club, of which I am very proud to be a full member.

The new president of the Morialta Rotary Club is Mr Jeff Frankish. I appreciate that Jeff is going to have a good year, supported by his excellent wife, Libby, who, prior to my election as the member for Morialta, really spent some time with me talking about the needs of the organisation she was representing, that being PARQUAD SA. That is something I much appreciate now in my role as shadow disability minister. I am sure that Libby will support Jeff in a great year for the Morialta Rotary Club. I also thank Brian Sincock, whose service as the president of the Morialta Rotary Club has now concluded.

Ian Carmen of the Magill Sunrise Rotary Club has had a great year. I was unfortunately unable to attend the rotary markets that the Magill Rotary Club run every month on the weekend; usually I get along there. Greg Schutz, who is the new president, has been a driving force in the successful rotary markets which grow and flourish in the new location at the Campbelltown Library car park. I am sure that Magill Sunrise will have a terrific year, as will the last of the service clubs that have just had their changeover from the Morialta area, that being the Burnside Rotary Club.

David Dewar has been president of the Burnside Rotary Club for at least two, possibly three, years. He leaves it in strong condition, with strong foundations, good numbers and good activities. I am sure that Bob Cooper—who has I think been the president of that club before; he has certainly been a former councillor on the Burnside council—is going to have a great year as president. The work that all of these clubs do is much appreciated by me as the member for Morialta, and I am glad to have had the opportunity to recognise them in this place.

SORRY DAY

Mrs GERAGHTY (Torrens) (16:53): In May this year I attended a Sorry Day ceremony in my electorate at a residential program which provides housing for Aboriginal students. Before I share the events of the Sorry Day ceremony with you, I would just like to give you some background on the Wiltja Residential Program. Wiltja is a home away from home for Anangu students who come predominantly from—

The Hon. G. Portolesi: Hear, hear!

Mrs GERAGHTY: Yes, it is a really excellent program. The students come from the APY lands to develop the skills they need to succeed in mainstream education. A group of Ernabella women back in 1970 saw the advantages of offering mainstream secondary schooling to APY lands students and an initial cohort of female students was enrolled at Ingle Farm High School in 1980, with the current Wiltja program being consolidated at the Woodville High School campus in 1990.

Students board at the Wiltja residence at Northgate and participate in a comprehensive recreation program. Wiltja Residential Program staff support these students in their education and also with recreation and cultural transition. Students attend the Wiltja school program, which is now generally based at Woodville High but, speaking to some of the students a while ago, some also now go to the Windsor Gardens Vocational College.

The students who attend Woodville and Windsor Gardens see the additional educational options that are available to the students, which is developing this campus as a multitype campus approach. All students participate in an after-school tutorial program that is designed to support the school-based program. There are youth workers at Wiltja who help maintain and also teach and focus on learning, which is really important. It is evident when you visit the facility that staff provide a high level of care, with a supportive and challenging educational and home environment. It is actually a delight to be there.

The residential program includes a comprehensive recreation and social learning program, designed specifically to provide experiences to enhance cross-cultural learning for students aged between 18 and 19 years of age. The recently completed and expanded facilities have increased

student capacity to about 100, and Wiltja is also able to host additional student numbers for its short-term transition programs.

Upper primary students with an interest in undertaking their secondary schooling at Wiltja visit and participate in the full program for a 10-day period. This initiative has proven to be very successful as it enables families and students to get a feel for the residential program and helps them to make decisions about their future pathways.

At Wiltja students have the opportunity to participate in a range of activities such as sport, art, music and dance activities, aquatics and a health program, driver training and a host of other programs that focus on student wellbeing. These are delivered after school hours on weeknights and weekends and help to equip students with the skills and knowledge required for future study, work and life after Wiltja.

At the Sorry Day ceremony it was a delight to actually witness the students performing a dance. The state-funded AusDance group conducts weekly dance lessons and students shared their movement skills at the Sorry Day ceremony and performed a dance they had choreographed themselves with a bit of help from their dance instructor. On a very cold and wintry morning they did an excellent job. The ceremony also included a song performed by a small group of Anangu women who were either visiting or residing in APY land schools.

Tjinkuma, the leader of the singing group, is a graduate of the AnTEP teacher education program and is a qualified Anangu teacher. The women sang a very melodic tune—I was incredibly impressed—which certainly captured the attention of all who were there on the day. At the ceremony the students 'sorry garden' was officially opened. It was particularly interesting to note that the Wiltja students had selected white standard roses for the plantings in this area with a plaque displaying the following words:

To those Indigenous people affected by the misguided intervention of others we extend our sympathy. We will work to ensure history is never repeated and may love and respect guide us forward together. Sorry.

Those of us who attended also had the opportunity for further reflection and we were invited to write down a personal message of hope and attach it to a balloon, which were then all released together and glided above us, so it marked a fitting end to the ceremony.

In conclusion, I take a moment to reflect on a few commendable outcomes the Wiltja Residential Program has achieved. In 1998 Wiltja produced the first-ever SACE graduates from traditional Anangu communities. There were seven more graduates in 1999-2001. Early in 2002 there were a further six year 12 students on track to complete SACE. This trend has continued and, as at 2012, more than 50 students have now completed their secondary education at Wiltja. Retention rates have risen over time due to a range of finely-tuned improvements made to the way the program operates. In general, 90 per cent of students who are studying in a given term return to further their studies the following year and then complete that year. Consequently, the student cohort is spread relatively evenly across all secondary levels.

The number of long-term male students has also risen by approximately 50 per cent in recent years, which is something to be really proud of. Attendance levels of students at schools on a daily basis sits at above 98 per cent. A significant development over recent years has been that the Anangu communities have decided to actively support the further studies of young men who have been initiated. As a consequence, several young men have returned to Wiltja in the last few years, after undergoing initiation, to complete their secondary education.

It is facilities with relevant and inspiring programs like those at the Wiltja Residential Program which will help to empower our Aboriginal youth. These young people will then become self-determining adults with the confidence and skill to drive their own futures, manage their own communities and choose how they want to participate in the wider world.

It is a program I am exceptionally proud to have in my electorate. I commend the work that they do and I congratulate everyone involved in the program. I know that we are going to hear many good things about the Wiltja program in the future.

At 17:01 the house adjourned until Wednesday 11 July 2012 at 11:00.