

HOUSE OF ASSEMBLY

Thursday, 14 April 2016

The **SPEAKER (Hon. M.J. Atkinson)** took the chair at 10:29 and read prayers.

Bills

VOLUNTARY EUTHANASIA BILL

Second Reading

Adjourned debate on second reading.

(Continued from 10 March 2016.)

The Hon. P. CAICA (Colton) (10:31): I rise to speak on the Voluntary Euthanasia Bill 2016. Of course, my position on voluntary euthanasia is well known and it remains exactly my position that I support this bill and all attempts that are made by this parliament to ensure that we can allow for the provision of voluntary euthanasia that 80-plus per cent of the population of South Australia supports. What I want to speak about today is really the key criteria and I do congratulate the member for Ashford for the work she has undertaken here.

What we have before us today, I believe, is a properly balanced and appropriate bill which takes into consideration the significant concerns that have been raised by many people in the past and addresses those concerns. On the key criteria, I would say this: the aim of the Voluntary Euthanasia Bill 2016 is to allow people with unbearable and hopeless suffering to ask for assistance to die. The words 'unbearable' and 'hopeless' are key to understanding how this bill would work. These two words are defined in clause 4 and it is quite obvious that a definition out of the Oxford dictionary of 'unbearable' and 'hopeless' would not suffice in the bill.

A person would only be eligible to ask for assistance to die if their medical condition is unbearable to them and if two separate doctors confirm that there is no further treatment available to alleviate the person's suffering and their condition is now hopeless. The bill states that if either doctor suspects that a friend or relative is putting pressure on the person to request assistance to die or that the person is not mentally competent to make the request, then a psychiatrist must be engaged to consult the person to confirm their competency.

A lot has been said by speakers in the past and I respect people's views when they refer to 'the slippery slope'. I think these initiatives contained within the bill address their concerns on the perceived slippery slope. The person making the request must be an adult and must have been a resident of South Australia for at least six months. The request must also be witnessed by an adult person who is not a medical practitioner involved in the request, nor a direct beneficiary of the person's estate and not the owner or operator or employee of the residential facility where the person lives. That again is a key part of the criteria that underpin this bill.

After the completion of a formal medical request process, a further 48 hours must elapse before the medication could be administered and, importantly, the request may be revoked at any time by the person who has made the request. The person who assists with euthanasia or self-administration must provide a report to the Coroner. I am outlining these key criteria on the basis that I believe they do provide clear criteria and also address some of the concerns that have been expressed by others in the past about the slippery slope and where it might go to from here.

I also want to touch on some issues of compassion. I know the member for Ashford knew very well a friend of mine called Matis Ositis, who worked for the firefighters' union and other unions in the past. He suffered from a kidney disorder and had a kidney transplant. It worked for a while and then failed. I do not know, but I think he was then on the Baxter self-administering system where he could cleanse his kidneys and do the work that needed to be done. That failed, and he was then required to go onto dialysis. He did not want that. To him, he had been through a lot and he just did not want to continue to live.

At that stage, he had to sign a form that requested that no assistance be provided to him to keep him alive. His lot in life was to not have any food and not have any water. It was supposed to take two or three days for him to pass away. He was one of the bravest blokes I have ever met in my whole life. Of course, knowing Mat as the member for Ashford and I did, he lasted for a lot longer than those two or three days, and it was horrible.

I actually said to him, 'Mat, why are you putting me on this bloody form?' He said, 'Because I trust you, Paul, to do the right thing.' It needed to be signed by two people. We had to sit there and watch him pass away, and I know that, if this legislation was in place, he would have chosen to be able to go out in what I would say was a far more dignified way than he did.

I have also seen my parents pass away over the last decade—my Mum only a couple of years ago—as is the case with my wife Annabel, who watched her parents pass away. My father suffered from cancer. Because he believed the situation was hopeless, he chose not to have any treatment. I know, in his situation, he would have benefited from this. That is not to say that the palliative care was not good, because it was a very good service, but it was not the service he wanted or the service he believed he required. It was awful to watch that. With Mum, it was a bit of a different situation. She was somewhat scared, as most people are when they are dying, and chose the path of being looked after from a palliative care perspective in the nursing home.

What I am saying here in a longwinded way—and I know some of you are used to that—is that the current processes by which we allow people to choose their exit are removed of all compassion, in my view. That is not to say the people who are supporting them are not showing compassion but, from a societal perspective, it is not showing the appropriate level of compassion because it is not a good way to leave the planet.

We know, too, that there are good doctors out there. Currently, I would suggest that some of them are probably not administering necessarily in accordance with the law. I might get into trouble with this, but they are doing the right thing and showing compassion, making sure that what they can do is, for want of a better term, increase the level of medication they are providing to make for a smoother, more timely and faster death. They quite rightly would deny that is happening, but I suspect it probably is and I congratulate those doctors. They should be able to operate in a system that allows them to not only continue to show that compassion but to be able to show that compassion underpinned by a law that allows this to occur.

I will finish off with this: last week, I had a forum at one of my retirement villages. It was very good. It was on Transforming Health and, as you would expect, it was quite a vibrant and robust discussion, but what also occurred was a discussion on euthanasia. There were probably 25 people in the room there, and the significant majority of those elderly people agreed with euthanasia and asked me what is happening.

I said to them that I am very hopeful we will get this bill up this time, and 'Hallelujah!' was the response. Of course, not everyone in the room agreed with it. There were a few who disagreed, but they were silent. They understood, too, that there is still a majority of people in South Australia who agree, and that was just a snapshot of that same percentage, if you like, of people in South Australia, displayed in this nursing home, who support this legislation.

I think we have debated this topic for many years. I have been here for 14 years, and I think it has been up quite a few times. I urge the parliament—and it is a conscience vote—to vote with their conscience, but not only in voting with their conscience but also to make sure that they are supporting the significant majority of South Australians who want to see this legislation in place. I commend the bill to the house and, again, I thank the member for Ashford for all the work that she has done in bringing this to the attention of the house.

The DEPUTY SPEAKER: The member for Hammond.

Mr PEDERICK (Hammond) (10:39): Thank you, Madam Deputy Speaker. I rise to speak to the Voluntary Euthanasia Bill 2016, and anyone who understands my feeling on this type of legislation will understand why I am saying that I will not be supporting the bill, and I will state some reasons why during the debate.

I note that, during the debate, my good friend and colleague the member for Morphett said that people should have the guts to stand up for their electorate. Well, I believe that I am standing up for my electorate of Hammond in saying that I do not support this legislation as a conscience matter, because my door has not been broken down by 80 per cent of my electorate coming through it or emailing me with regard to the situation.

Yes, I have had people lobby me on either side of this. I have had many people from my local churches lobby me on this debate, and I acknowledge that I have had a petition delivered this morning with 49 signatures, 39 of them coming from my electorate. However, I still have a huge belief that the majority of my electorate do not want this to happen, and I have been consistent in this house whenever I have spoken with regard to this debate. With regard to part of the original Hippocratic oath that doctors take, I will just read out a couple of lines. It is a very interesting piece, but I will just read a couple of lines. It states:

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.

I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.

Now, I note what the member for Colton just said with regard to giving medication and, perhaps, what can happen, and it is well known. I have witnessed my father-in-law die (well, I saw him a few days before he died), I was there when my father died last year and I have said farewell to some good mates and to some good mate's parents, and I have witnessed some exceptional palliative care. Certainly some of our aged-care facilities, such as the Lerwins of the world and Resthaven, are to be congratulated for what they do in that case.

I think that the problem with any of this legislation is that it diminishes the role of palliative care, and I think it creates a very blurred line on where we are going. I will concentrate more on the legislation in a minute, but the bill that was before the house five years ago about the so-called protection of physicians was the Criminal Law Consolidation (Medical Defences—End of Life Arrangements) Bill.

I spoke on this in October 2011, and it gave the assertion that medical practitioners did not have protection, but in my contribution I made the statements that certainly there is already legislation in place that protects doctors because any good doctor worth their salt knows that a side effect of morphine can be death, and that is just a simple fact. I know that in my father's case I certainly have a firm belief that that is what happened in the end, and I do not hold that against anyone. We were well aware of the dosage he was taking and we are well aware that that sent him on his journey.

In regard to the Consent to Medical Treatment and Palliative Care Act 1995, I just want to make a few comments, and this about the protections for doctors and medical personnel in case they be charged. Section 17(1) of that act states:

A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, incurs no civil or criminal liability by administering medical treatment with the intention of relieving pain or distress—

I think that is a very important part. Subsection (1) continues:

- (a) with the consent of the patient or the patient's representative; and
- (b) in good faith and without negligence; and
- (c) in accordance with proper professional standards of palliative care,

I think that is vitally important. This is the key in relation to that bill five years ago:

...even though an incidental effect of the treatment is to hasten the death of the patient.

Section 17 then states in subclause (2):

A medical practitioner responsible for the treatment or care of a patient in the terminal phase of a terminal illness, or a person participating in the treatment or care of the patient under the medical practitioner's supervision, is, in the absence of an express direction by the patient or the patient's representative to the contrary, under no duty to use, or to continue to use, life sustaining measures in treating the patient if the effect of doing so would be merely to prolong life in a moribund state without any real prospect of recovery or in a persistent vegetative state.

Subclause (3) states:

For the purposes of the law of the State—

- (a) the administration of medical treatment for the relief of pain or distress in accordance with subsection (1) does not constitute an intervening cause of death; and
- (b) the non-application or discontinuance of life sustaining measures in accordance with subsection (2) does not constitute an intervening cause of death.

Subsection (18), which is the saving provision, states:

- (1) This Act does not authorise the administration of medical treatment for the purpose of causing the death of the person to whom the treatment is administered.
- (2) This Act does not authorise a person to assist the suicide of another.

Certainly, in the legislation we have before us today, in regard to unbearable and hopeless suffering, this is the clause that I really am concerned about:

- (a) the person is suffering from a medical condition (whether terminal or not); and

It is interesting that only the other day I met with a constituent of mine who is quite a fit man in his seventies and he is concerned about his end of life. I guess we all think about it at times because it will come one way or another. It is like taxes—they come whether you like it or not. He is a very fit man and he wants to have a very fit life.

From talking to that man, I believe he had a very good view of where he wanted to be and where he wanted to go and I do not believe he is the type of gentleman who would like to be lying in a bed, and perhaps having to be lifted out with a hoist or use a wheelchair to go to the toilet or to the shower, and that kind of thing. But plenty of people can manage that. Plenty of people do, and so I think it becomes not just an objective argument, but a subjective argument as well.

How good your life is is very much, I believe, in the eye of the beholder. I believe legislation like this, especially when you have a clause in there 'whether terminal or not' could mean people just present with a huge mental issue, not a physical issue, and are not coping with life and get past the psychiatrists and the doctors so they could have their life terminated.

I was really concerned at a lunch I attended in the electorate a few years ago. I cannot remember her name—and I would not use it anyway—but there was a lady there of Dutch descent who challenged me on the bill that was currently on the way. She said to me, 'How are we going to manage funding aged care into the future?' That put really big alarm bells inside my head. I said to her, 'If that is your reason for promoting voluntary euthanasia, I cannot live with that.' This is the sort of thing that was done in the forties in Nazi Germany.

There being a disturbance in the strangers' gallery:

The DEPUTY SPEAKER: Order! The member is entitled to be heard in silence.

Mr PEDERICK: I just feel that comments like that lead us down a slippery slope and I applaud everyone in the aged-care sector and the palliative care sector. I acknowledge everyone's different point of view in this house and I think that is a great part of democracy that we can have those different points of view. I have certainly put mine on the record and I will stand fast in opposing this legislation in regard to voluntary euthanasia.

Ms COOK (Fisher) (10:49): I am going to start my contribution to this bill with just a few words: compassion, empathy, autonomy and choice. Having been a nurse for nearly three decades, I would be lying if I said I had never been asked by a patient to help them end their life more quickly, or also pondered the values of euthanasia within my practice. I have held the hands of more dying people than I care to count, and sat with families laughing and being quite happy knowing that their loved ones were slipping away, trying to make the best of an awful situation.

Death does not always come easily, and it is rarely ideal, but whenever I have been involved in supporting a patient's journey to end of life, I have taken the most steps I can to make it as comfortable, as easy and as ideal as possible within the scope of practice as a registered nurse. I have also sat with family members, my mother and my father, in recent years, two very brave and stoic people in the face of terminal medical conditions where you cannot put a time frame on end of

life; your organs gradually take control of your end-of-life journey. They were both very different—both worthy of their own speeches, to be honest.

My father had a respiratory condition due to long-term exposure to various things. He was sustained in his life by purely oxygen on a home oxygen concentrator for quite a few years, until he had to succumb to living in supported care, which he did again comfortably for some months. He got to a point where he had accepted his destiny and, on admission to hospital, had a conversation about removing the oxygen at some point that night when he felt tired, and we supported that decision. That is not euthanasia; that is just withdrawing the medical treatment that is sustaining your life. He passed away in his sleep and knew no better after having all of his family around.

My mother was overcome by cardiac illness, but she became overcome to a point that she did not even realise she was actually withdrawing her own treatment. She was quite determined she would go home tomorrow, even when it was impossible. I am not sure whether either of them would have chosen euthanasia, but watching them both makes me feel like people would like to have that choice.

To question the capacity or capability of healthcare workers in any sector in respect of supporting end of life with our current choices would be wrong. There is excellent care provided in private homes, residential care, acute care and palliative care facilities. There are advanced care directives, not-for-resuscitation orders, as well as patient-led care plans and patient and family meetings which ensure that many patients can transition to end of life with the knowledge that their wishes are laid out and respected.

I am a progressive person. I believe in choice. Not all progressive choices are ones I would make myself, but I believe that the choices must be available to be made. I believe all people are entitled to be fully informed of the consequences of their choices that they have in front of them and are equipped with the skills to make these choices, but the choices have to be available for them to make.

If there was one thing that the average punter in my electorate knew about the late Bob Such, it was that he was a tireless campaigner for euthanasia—also, in fairness, in relation to speeding fines as well, but definitely a supporter of a campaign to have a bill allowing for the choice of end of life. It was the number one question I was asked during my campaigning in the by-election. Being progressive and knowing that a huge percentage of people in my electorate support end-of-life choice, you would think it was an easy decision for me to vote on. Actually, it is not that easy. There is a huge responsibility when considering any of these situations and these choices that we need to make as parliamentarians.

I have talked to friends, family, constituents, health and political colleagues, and I have sat with local church pastors. This decision weighs very heavily on me and I take it very seriously. I am a person who believes in weighing up evidence, and I did this when considering all the ethical questions posed in respect to protecting the patient, the family, and, importantly, the healthcare workers and the community in general.

I am just going to read to you some notes that have been pulled together with the support of some experienced clinicians in nursing and medicine, in terms of the medicolegal questions that need to be asked and discussed. Firstly, South Australia is leading the way compared to other states. It is a very important piece of legislation to ensure human dignity is preserved. We are an ageing population.

The role of this legislation is crucial in preserving the highest quality of health care and managing human suffering, ensuring the best support framework for the people concerned and their families. We have to make sure it has the appropriate checks and balances, and there are a couple of things which I would really be keen to discuss further as we progress with this debate.

The bill talks about an interstate resident needing to be in South Australia for six months before being eligible. Interstate patients may choose to move here, and they should not have to suffer for six months in order to be eligible, in my mind. Human suffering must be a key consideration in the legislation.

The act refers to a specialist psychiatrist. I do not know whether any of you have tried to book a psychiatrist—I am sure my colleagues probably would not admit to this—but the waiting list is enormous and it is extremely difficult. They are difficult to access and they are often booked out well in advance. Once again, human suffering (which this bill is trying to prevent) will be prolonged, and the intent of the bill prevented.

Are we better to offer a specialist physician? They are involved in patient care at the end of life and they are experts in this field. This would enable a specialist in the field of, for example, medical oncology, haematology, palliative care and a whole range of other specialties, including general practice, to fulfil the requirement. This allows far greater access to medical specialists, and when the need arises, rather than waiting for an appointment with said psychiatrist who already has a heavy workload in the caring of the mentally ill.

The bill also specifies that two practitioners, to be medical registrants of AHPRA, need to be involved. I think this is something we need to discuss further, because that includes all doctors, including junior doctors like interns, residents and registrars. To avoid junior doctors having to be involved in these really heavy decisions, it would be best to specify that they be on the specialist register of AHPRA. That would include GPs, as I said before, fellows of the Royal Australian College of General Practitioners, fellows of the Australian College of Rural and Remote Medicine, etc. GPs will need to play a significant role in the end-of-life decisions of patients for me to be comfortable with this bill.

The decision for me is like many of the conscience-based decisions. Who will this benefit? Who will this harm? Is this important for the person who will make the choice, and if they decide to end their life in this way, what will it do to other people? In the end, I keep coming back to the fact that this is a choice. It might not be my choice, but I am not currently facing hopeless or painful suffering—certainly, no suffering that I cannot bear.

I urge members to vote in support of the reading of this bill and allow its progress to committee so that this parliament can tease out some of these medicolegal and ethical questions that have been posed to many of us. I support this bill so that people who are facing this have the full range of end-of-life choices. In doing so, I wish to thank my colleague Steph Key for her relentless commitment and compassion, and also her wise counsel in respect to this bill. I thank all the other members for their contribution, and respect everybody's choice to have an opinion. I will finish by saying: compassion, empathy, autonomy and choice.

Ms REDMOND (Heysen) (10:59): I rise to express my support for this bill. Whilst I am always disconcerted at the length of time that some of these debates go on, I am particularly grateful that this was extended, because I had lost my voice the last time this was before the house and I was not able to make a contribution. It is now more than 10 years since the last time I spoke, and it was on a bill introduced by the Hon. Bob Such who, of course, has since passed away.

If you look in Wikipedia or even an ordinary encyclopaedia or dictionary you will find that euthanasia is generally defined as something along the lines of 'the practice of intentionally ending life in order to relieve pain and suffering'. I suggest that in fact euthanasia—as opposed to voluntary euthanasia—could have a more extreme version; that would be, for instance, if you deleted those last few words so that it was just 'the practice of intentionally ending life', without the words 'in order to relieve pain and suffering'.

As a matter of theory, in some post-apocalyptic world I suppose you might have a government that says, 'We can't afford to keep people in aged care and therefore we are going to call a halt to life at a certain age.' I do not think that is anything to do with what is before us today. What we are talking about today is a relatively simple step furthering the situation as it currently exists.

The Voluntary Euthanasia Bill 2016 is subtitled 'An act to provide for choices at the end of life.' That is all that it seeks to do. We are talking about something that is entirely voluntary, not something that can ever be forced on an unwilling person. I know that one of the objections raised is the idea that an otherwise unwilling person could be persuaded that taking the steps allowed for in this bill was in their best interests or those of their family, but I am satisfied that the bill contains

sufficient precautions to prevent this. Furthermore—as has already been mentioned a couple of times this morning—the overwhelming majority of our population wants us to pass this bill.

It is not an issue from which I have ever resiled and I have not hidden my agreement with the principle involved; in fact, I have been puzzled that there have been several attempts to get it passed yet, in spite of overwhelming, majority community support, colleagues from all sides, all parties, have sometimes been too frightened to vote in favour of it. Largely, it seems, they have been worried about the electoral consequences for them but, given that massive community support and given that people overwhelmingly want our politicians to stand for something, again, I do not see the problem.

Of course there are those who take a religious or moral point of view and say, 'It is something I will never countenance because to me the taking of human life in any circumstance is abhorrent and I will not stand for it.' I have no argument with those people; I can understand the depth of passion from which they argue the case. Indeed, there are those who say, 'Well, I've polled my electorate and I will do what the majority of my electorate wants me to do.' I have never taken the view that my role in this place is to do that.

I think straw polls are next to useless in terms of determining often complex issues; in the case of the death penalty, for instance, it would not matter if 100 per cent of my electorate said to me, 'We want you to reintroduce the death penalty.' I think that is morally bankrupt and I will never support it, and it would not matter if I lost my seat at the next election because of that. So I do not think it is simply a matter of taking a straw poll, but I do note that there are overwhelming figures in support of this.

Let us look at exactly what we are getting at this morning. At present the law allows us to refuse medical interference in certain circumstances, and the previous speaker spoke about turning off the oxygen. We already have legislation that allows for advanced care directives; we can nominate in advance certain things and nominate how we are to be treated in the event that we are in a situation where we can no longer decide or communicate our wishes. We can make some of those decisions now.

In fact—and this becomes important in what I want to say—at the moment we can make a determination about some of those things whilst we are still competent, so that if we are subsequently not competent we have made the decision earlier and do not have to make it when we do not have the capacity to do so. I think that will affect what I think about some of the provisions of this bill. It is also noteworthy that a few years ago a young man in Western Australia who did not want to live anymore refused to take food, and he was found by the Supreme Court to have the right to do this. There are already some things in place which can provide some assistance. What this bill seeks to do is simply incrementally increase the situation where we can take action.

I will digress briefly onto my own situation, because it becomes relevant for some of the things that I would like to see included in this bill, and when we get to the committee stage I will no doubt suggest them. I lost my father from cancer just after I had been preselected as the candidate for the seat of Heysen. I happened to be with him when he died, and it was not a wonderful death by any means, but he did have two of the five children with him; I was one of them. His suffering was relatively short. He had what I would describe as a good death.

My mother passed away just between when I was elected and when I gave my maiden speech. When I finally leave this place one day I will no doubt get around to talking about my parents at some length, because nearly everyone who comes in here talks about their parents and thanks their parents in their maiden speech, but I could not because I had done the eulogy at my mother's funeral two weeks before I gave my maiden speech.

My mother had dementia, and she had profound dementia for three years. I would have to say that her quality of life was good, albeit in a nursing home, albeit she had no recognition of any of us, no recognition of my father's death, no recognition of so many things. She could still enjoy concerts and sunshine and picnics and all sorts of things, but her relative quality of life was good, given the level of dementia.

Eventually she had a stroke, and that stroke paralysed her throat and she could no longer eat. I am not the largest person in this chamber, but if you can imagine my mother at that point when she had the stroke was about 20 kilos lighter than I am. She was a very tiny person. At that point she had no capacity to think, to speak, to see. We do not know whether she could hear, but she did not seem to be able to, but she had a strong heart; so for 3½ weeks that heart kept going.

We stayed with my mother as much as we could. I did not happen to be with my mum when she died, but a couple of us were. It seems to me incredible that in this state currently we allow people in my mother's situation (she died in another state, as it happens) for 3½ weeks to effectively starve to death. She had no possibility of an improvement in her situation, no possibility of recovery. There was no quality of life left in those last few weeks, but we were not able to arrange to have her given a needle.

I know for a fact that in this state it is an offence to treat a dog in that way. People have been prosecuted in this state for allowing a dog in that situation to die, yet my mother and many others like her have been in that situation. You can imagine, if she started out at under 36 kilos and then did not have any sustenance for 3½ weeks, what she was like at the end. She would have been horrified at her situation, but there was nothing we could do but simply stay with her while she very slowly drifted away.

I am here to support this bill, obviously from a very personal perspective, but also to say that I am an 'incrementalist', and this is just one incremental step. I do not think that this bill actually goes far enough because it does not solve the problem of my mother's situation. I want to see us, if we get this bill through, and I hope we do, in the not too distant future, after that say, 'Well, if we can make the decision when we are of sound mind at the end of our life, why can we not then make a determination when we are of sound mind'—and believe me, I am looking down the gun barrel of potential dementia—to say that if I am in that situation subsequently then I want this to happen?' Why can I not at some subsequent point authorise someone else, as under an advanced care directive, to make that decision for me? In closing, I will simply say that I am here to support the bill. I do not think it goes far enough, but we do need to get it passed.

Mr TARZIA (Hartley) (11:09): I rise to speak on the Voluntary Euthanasia Bill of 2016, and do so as respectfully as possible. Like many members, I have put this bill to the electorate to gauge their views on the bill itself. In short, what I will say is that, on the whole, my electorate did not support this bill, and my own conscience does not support this bill. I thank all who have made submissions. I respect and acknowledge the arguments on both sides, and I have weighed up these arguments carefully. Many more have been against the bill in my electorate than have been for it.

I believe that life is a precious thing and I think we should aim to preserve life wherever we can. Are there extreme exceptions? Yes. Does this bill adequately address these exceptions? My answer to that is: no. I also have a personal experience where this topic was actually called into question, which I would like to share with the house briefly.

Not so long ago, I was called into the Royal Adelaide Hospital when my grandfather was dying. I got to the emergency room and stood by his side while his hand was warm, and by the end of that visit his hand was cold. I actually experienced that recently. For me, it was a very sad event, but it really enabled me to understand what death is like for the family of the victim involved. Whilst there are ample arguments to suggest that everyone has a choice on how they should go, the fact is that it is more than just the person involved who is affected, because it also affects the family of those involved.

We have seen in some instances that euthanasia laws overseas have gotten completely out of control. Some countries in Europe are actually referring to euthanasia as assisted murder. I cannot stand with this bill on assisted suicide. I cannot stand for what people are calling assisted murder. Often family members will have the final say on when a person's life is to end. As we have heard, there can be many ulterior motives that can come into play. I believe strongly that this bill in its current form has the ability to diminish the role of good palliative care and good palliative care tools that are available in this state.

We have all heard about domestic disputes. My fear is that, due to the thirst of some for money or power, especially in some of these domestic dispute situations, no matter how many

safeguards we put in place, these safeguards and hurdles can still be evaded. I do not want my community to be a place where people feel that they should not be allowed to live. The sick, elderly and those with disabilities should not be made to feel like they are a burden on society. I cannot stand for a bill which, if successful, may allow our community to be a community where some are made to feel like they, by living, are becoming a burden on society. That is wrong at law, that is wrong morally—it is just wrong.

On the front page of the bill we see that it states: 'A bill for an act to provide for choices at the end of life,' but we know that the person affected does not always have a choice. I cannot stand for what some call assisted state-sanctioned murder. I cannot vote for this as a member of parliament. I was a legal practitioner before I was a member of parliament and I cannot condone this change to the law.

I believe that the right to life is fundamental. I understand those in the community who would like to see euthanasia introduced to reduce suffering for some people at the end of life. However, as I have said, I have canvassed my electorate as well and my feedback has been in stark contrast to some of that that has been put forward this morning.

I believe that if voluntary euthanasia is introduced it is likely to be open to abuse from patients, family members and doctors. I believe that this legislation is not tight enough in its current form and it also allows for doctor shopping. I do not want to be involved in a community where life is commoditised; that is absolutely wrong.

If voluntary euthanasia is introduced it can be open to abuse. We will actually see more legal disputes regarding consent to die, whether the patient has mental capacity, where there has been undue influence by family members or third parties, and the more extreme, potential (who knows) charges for manslaughter if things are wrong.

The bill in its current form has the ability to weaken society's respect for the sanctity of life and I believe that by accepting this bill in its current format some may take the view that some lives are worth less than others. I believe that this does have the capacity, if the bill is passed in its current form, to be the beginning of a slippery slope and I do not want voluntary euthanasia and the killing of people who are thought to be undesirable by some.

Euthanasia may not be in the person's best interests. Euthanasia, as I have pointed out, affects other people's rights, not just those of the patient. Let me just say that all of the people who have come to see me in my office, because I have always extended an invitation to whoever wants to come to see me on this or any other issue, those people who have come into my office are those who are potentially looking to be, or their family members are looking to be, possibly, euthanased one day.

What about the families of those people? I think you will find that the families of those people have a different view. While I understand that it is the individual who will usually make the choice, this does have an impact on their extended family. This will have an impact on our community. I cannot be involved in a bill which, if successful, may allow for our community to be a community where some are made to feel like they, by living, are becoming a burden on society.

In the current format of the bill, I would like to talk about a couple of sections that speak to my argument: sections 4, 10 and 28. Section 4—Unbearable and hopeless suffering, is very subjective and can be open to abuse. Section 10—Who may make a request for voluntary euthanasia, again, is open to abuse. Section 28, I think, is the most damning. When you go to section 28—Insurance, it states:

- (1) An insurer is not entitled to refuse to make a payment that is payable under a life insurance policy on the death of the insured on the ground that the death resulted from the administration of voluntary euthanasia.
- (2) A person is not obliged to disclose a request for voluntary euthanasia to an insurer.
- (3) An insurer must not ask a person to disclose whether the person has made a request for voluntary euthanasia...
- (4) This section applies despite an agreement between a person and an insurer to the contrary.

I cannot stand for a bill that may allow ulterior motives to win, for ulterior motives to come into play. As I said, the thirst of some for money or for power, especially in domestic circles, no matter how many safeguards we put in place, these safeguards and hurdles can be evaded.

So, with respect, I speak against the Voluntary Euthanasia Bill 2016. I have endeavoured to be as respectful as possible for all arguments. I have canvassed the electorate and the electorate has spoken and so have I.

Ms SANDERSON (Adelaide) (11:19): I rise today to speak in favour of this bill going through to the committee stage. I spoke regarding euthanasia in 2013, the month after my mother passed away, where I had just been through what it is like to see someone die in a really hopeless and painful way.

My mother certainly would have used voluntary euthanasia had it been available, and it probably would have cut short her life by one to two months at the most, and that would have been the time when basically she starved to death. Touching her was painful. It is a horrible thing to go through, not only for my mother, but for any of the people who have to witness that.

For me, with the bill in its current form, I have issues around the definition of the 'unbearable and hopeless suffering'. I think that is a lot wider than in the original bill in 2013. The terminal phase of a terminal illness, for me, is very easy to describe, it is very easy for me to understand what that is and to convince others that that would be completely suitable. I think it might be a better starting point for us to see how this goes and to see that it is not misused in any way.

When I was starting out as an MP in 2010, I put out a survey to my entire electorate in 2011 and, since then, I have been keeping statistics in my office. For anyone who contacts me, for any letters I get, even the recent one from the Doctors for Voluntary Euthanasia Choice, my office goes through and it is noted for anyone in my electorate on their file whether they are for or against. At latest count, 82 per cent of my electorate is in favour of voluntary euthanasia.

It is clearly the will of the people who I represent in this house. It is my duty to make sure it is as safe as possible and that we have very good legislation. When I was looking at this issue, there was a lot of pressure on me before becoming a member of parliament to form a position, and I stood my ground and said that I am not prepared to form a position until I have knowledge. When I am representing a group of people, I need to know what they think because, unlike some people in this house, I believe my role is to represent the conscience of my electorate, not just my conscience.

I am here on behalf of the 30,000 people who reside in my electorate and for the good of the state as a whole. So, in my duty as a member of parliament, I went to both the for euthanasia and the against euthanasia forums and I have sought the opinions of as many people as I could. I found that for the people who were against euthanasia their main reasons came from the original bill back in 2011 when there were issues around the definition of around what a doctor was, and that is been fixed up. They wanted to have at least the opinions of two doctors, they wanted to make sure the person was of sound mind to make the decision, they wanted to make sure that other family members or third parties could not actually pressure somebody into choosing this.

I think the word 'voluntary' is an important one to remember. I might never use this, I hope never to have to use voluntary euthanasia and many of us, even though we would accept it for other people, might not ever choose to use it. That is not the point. It is voluntary, so you have that choice for your body, for your life.

The people who were against euthanasia also were concerned that it could be swept under the carpet that it would not be recognised, so they want it acknowledged somewhere on a death certificate or in some reporting so that it would be recorded. I am told that all deaths will go through to the coroner and that there would be recognition of that or a registration, so it might not be on the death certificate but there would be a register somewhere so that people who are fearful of hundreds of people dying by euthanasia could have their fears allayed because they would be proper record-keeping that would show that, yes, 10 people used voluntary euthanasia in this year and these were the reasons and these with the illnesses they had.

For me, this legislation is very good. It is just the 'unbearable and hopeless' definition because it is quite undefinable, for me. I think it might just be too wide at the moment for the

community to be able to accept that. The insurance was also an issue originally and that has been cleared up in this bill as well which is very good. Whilst I, too, respect the opinions of everybody in this house, I think we need to remember that we are acting on behalf of our electorates and on behalf of the state as a whole. I believe the 82 per cent who are in favour in my electorate is quite representative of the state as a whole and, if any of us are against it, just don't use it for yourself. But certainly amend the legislation to get rid of anything that you are worried about, as I would like to.

We really have a duty, as members of parliament, to put this through at least to committee where we can discuss it properly and sensibly and give people the opportunity to fix any of the problems that we see in this bill as a responsible member of parliament. I call on all members of parliament to at least let it go through to committee so we can have a full and frank discussion on an extremely important piece of legislation that affects many people's lives.

There are many people who are sick and people who are ageing who are very fearful of dying in pain. I am only 47 but I can see that that is something that starts to come to mind the older you get and you ask, 'What will happen?' I know 100 per cent that I do not want to die the way that my mother did. I do not want anybody to have to die that way, nor do I want their family to have to witness that. That is not the memory that I wanted to hold of my mother in my mind. I support this bill going through to committee and I urge my colleagues to support the bill also.

Debate adjourned on motion of Hon. T.R. Kenyon.

NATIVE VEGETATION (ROAD SAFETY AND ROADSIDE FUEL REDUCTION) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 10 March 2016.)

Mr TRELOAR (Flinders) (11:27): In the time remaining I would like to make a contribution to this bill, and congratulate the member for Morphett on bringing this bill to the parliament once again. It is in a slightly different form but essentially he has been working on this particular bill for quite some years—and it has great merit.

This bill will allow property owners to clean up road verges without having to go through the red tape of applying to remove native vegetation and cumbersome state government and local government regulations. It is a common-sense bill. The aim is to remove the confusion where property owners have to apply to clean up the road verges along their properties, and it will allow property owners to get on with protecting their property, reduce the chance of bushfire and increase the chances of bushfire survival.

The member talks a lot about bushfire management and bushfire control and making the environment and landscape a safer place, and I wholeheartedly agree with that sentiment. I also believe very firmly that a wider road is a safer road. It is not just that fuel loads are reduced but it is also—in my part of the world at least—so that the transit of quite wide farm machinery can proceed unhindered and also so that just occasionally, if a kangaroo pops out of the scrub, people have time to see it and take action to avoid it, and time and space to pass other cars and also oncoming traffic and quite large trucks.

Considerable confusion exists because of the current application process which prevents people from doing the right thing as they have often been too scared to clean up, adding to an already considerable fuel load after our Mediterranean summers, our wet winters and our spring growth period.

Coronial evidence highlights the number of people who have died on roads fleeing fires; evidence also shows that many deliberately-lit fires also start on road verges. Thousands of tonnes of branches, bushes and leaf litter on road verges add to bushfire loads. I speak from experience here and, sadly, in my part of the world at least bushfires have occurred all too frequently, often with significant damage and often, rather sadly, with the loss of life.

In a bushfire situation, to be in a vehicle on the road is a very dangerous place to be. I know for a fact that in the Wangary bushfire, which I experienced firsthand, people in that situation died. Had they had better vision, had there been removal of some of the vegetation at least and a broadening of the road carriageway, they would have been in a lot safer situation, had vision and been better able to proceed through what was a very dangerous situation.

There has been a lot of consultation go on, and I congratulate the member for Morphett. He has talked with the South Australian CFS, our SES, our MFS and our Local Government Association. I seek leave to continue my remarks.

Leave granted; debate adjourned.

Motions

REPATRIATION GENERAL HOSPITAL

Mr MARSHALL (Dunstan—Leader of the Opposition) (11:31): I move:

That this house urges the Minister for Veterans' Affairs and Defence Industries, a veteran, to immediately reverse the decision to close the Repatriation General Hospital to—

- (a) ensure South Australia continues to have a dedicated veterans' hospital for ex-servicemen and women;
- (b) ensure veterans continue to have access to the quality medical care that they require following their brave and selfless service to our nation;
- (c) support our veterans as we mark the important ANZAC Centenary;
- (d) ensure the Labor government stands by its 2010 commitment to never close the hospital; and
- (e) support the people of Waite who use the local hospital and will face longer wait times and increased travel if the hospital closes.

The Repatriation General Hospital is a fantastic institution. The staff, the patients, the board, the veterans who volunteer their time, and the whole community are completely unique. I visited my grandfather there when he was a patient; I visited friends there; and, when we were in furniture manufacturing, I manufactured beds for the Repatriation General Hospital. I was very grateful at one stage to convert, free of charge to the Daw House Hospice, some of their wind-up beds to electric-operated beds with batteries, so that patients could go out into the beautiful garden there and still have all the advantages of those beds without having to be plugged in in a ward. It is a fantastic hospital. Every single time I have visited I have been struck by this unique campus and all that it offers.

In 2012 I was taken on a tour of the grounds by veterans Laurie Lewis and Mike Currie. Both volunteered their time to visit patients at the hospital to ensure that the veterans' community was supported as they underwent important health battles. They were proud to show me the facility, and pointed out that almost every ward at the Repat is separated by a garden or courtyard, which is why the Repat has been dubbed 'a hospital in a park'. They took me to the Memorial Chapel, with its magnificent stained glass windows. This is another place for quiet reflection and contemplation.

At the time both men were very concerned about the impending closure of the acute referral unit, another decision by this government, taken with very little consultation. In fact, they feared that closing the acute referral unit was the government's first step in closing the whole hospital. They were fearful of the Repat's future and they had every right to be.

There is no doubt that the Repat Hospital is an incredible hospital for the veterans' community, but I would also like to reflect in speaking to this motion this morning on the incredible work this hospital does for the wider community in South Australia. Ninety per cent of Repat patients are in fact from the community, and it is an incredible workhorse in terms of elective surgery in this state: 25 per cent of all the state's orthopaedic and neurological elective surgery is performed at the Repat Hospital.

Adelaide's elective surgery capacity is already completely overstretched. It would be an absolute disaster if we were to lose further capacity with 250 beds, 170,000 outpatient attendances per annum, and a massive transfer of patients from the Repat to the Flinders Medical Centre. As of

this morning—I looked at the statistics—1,514 patients were already on the waiting list for elected surgery at the Repat, with 37 already well overdue.

Removing these elective surgery beds will do absolutely nothing to improve the lot of the people who are waiting for elective surgery in South Australia. To date there has been no announcement on the future location of many of the Repat specialist services, including orthopaedics, ophthalmology, urology, rheumatology, respiratory and diabetes. Nothing is clear to the people of the wider community as to where these services are going to be provided into the future, and when we look at the most recent statistics which have been handed down on elective surgery it is telling—it is very telling.

In fact, South Australia was the only state in the nation that last year did fewer elective surgery procedures than we did the previous year—the only state in Australia where elective surgery procedures went backwards. Every other state increased the amount of elective surgery, and the government's response to being bottom of the league table is to actually remove capacity for elective surgery in South Australia.

This will be an absolute disaster, and the AMA specifically referred to this in its submission to the Transforming Health consultation period where it was concerned that the collocation of elective and emergency surgeries increased the likelihood of infection, and I quote:

The proposal to amalgamate the Repat's orthopaedic services at the Flinders Medical Centre could lead to blended trauma and elective lists. This is seen by medical experts as a major precursor to increased infection rates for patients undergoing elective surgery and a backward step. It will also increase delays in receiving elective surgery as trauma patients take priority over the limited operating theatre time available.

So, as members can see, this is a hospital which does a lot more in terms of its capacity and its workload than just the veterans, but clearly that is its number one focus. I mentioned earlier the unique layout of the campus. The gardens and campus-style layout provides a therapeutic environment conducive to recovery and rehabilitation. The care, quality and commitment of the staff working out of the Repat are also second to none. They have built a culture which is treasured by many South Australians. It is clear that the closure of the Repat General Hospital will affect the veterans of South Australia and residents of the inner south in particular.

The Repatriation Hospital is a living history for the people of South Australia. In this year especially, in the midst of the Centenary of ANZAC, it is vital that we understand and appreciate the importance of this hospital to our veterans' community and the proud history of our nation. This hospital was built in 1942. The hospital began operating as the 105 Adelaide Military Hospital with 150 beds on a site largely surrounded by orchards and open land.

In 1942 the first patients were admitted with the first wards in tents and temporary huts. The hospital's primary objective to care for wounded veterans was overwhelmingly fulfilled as service men and women returned from World War II. In 1943 and 1944 the hospital's capacity peaked at 1,000 beds, and the nearby Springbank camp swelled with service men and women.

In 1947 the hospital became the Repatriation General Hospital Springbank, and then in 1967 its name was changed to the Repatriation General Hospital Daw Park. In the early 1970s the hospital's role broadened as it began accepting community patients and became a teaching hospital affiliated with the Flinders University of South Australia. The federal ANZAC Centenary website says this about the Centenary of ANZAC:

...is Australia's most important period of national commemoration. Marking 100 years since our involvement in the First World War, the Anzac Centenary is a time to honour the service and sacrifice of our original ANZACs, and the generations of Australian servicemen and women who have defended our values and freedoms, in wars, conflicts and peace operations throughout a Century of Service.

Which begs the question: how are we honouring the service and sacrifice of our ANZAC legends by closing their hospital? And, indeed, it is their hospital. One of the most visited outdoor areas of the Repat is the peace garden. It includes a hedge grown from rosemary cuttings that a digger brought back from Gallipoli. In a recent open letter, the RSL stated its support for keeping the Repat open. It said:

The Repatriation General Hospital is a sacred institution—an expression of our duty to honour the sacrifice of all who have served and died in the defence of our nation by caring for the health and welfare of the service men and women who returned.

Despite everything you have heard here today, despite the history, despite the value to the veterans' communities, despite the world-class services, the Weatherill Labor government has decided to close the Repat. The closure is also a breach of the promises made time and time again by this current Labor government.

Let us reflect on some of those commitments that have been made to the people of South Australia and, of course, most importantly, to the veterans' communities. Former premier Mike Rann once promised:

The Repat Hospital is here to stay. The Repat hospital will never ever be closed by a Labor government.

Former health minister John Hill said that any suggestion that the Repat would close was 'ridiculous' and promised that 'it's not something that's going to be done by the government'. That was the solemn promise from the former premier Mike Rann and from the former health minister John Hill. The current health minister, Jack Snelling, the architect of the Repat's downfall, once said:

SA Health is dedicated to maintaining the same high level of care that Veterans and the local community have come to expect from the [Repatriation General Hospital] both now and into the future.

But look at where we are at the moment: we have been told that this hospital is going to close. We have an expression of interest process underway for the redevelopment of the Daw Park site. The government needs to stop its campaign to destroy the Repat and take this opportunity of the expression of interest process to bring together partners, non-government and private, who can renew and redevelop the Repat as a veterans' and ageing health precinct.

Last year, the member for Waite, acting as the health minister, promised that the veteran community and the public would have the opportunity to have their say on the proposals outlined in the expression of interest submission. Minister Snelling repudiated the commitment in parliament only last month. We are saying, on behalf of this side of the parliament, that the government must hold firm to its commitment. It should, of course, hold firm to its commitment to never, ever close the Repat but, at a bare minimum, it must hold firm to its commitment only made in the last six months for the people of South Australia to see the various proposals that are being put forward for this site.

We completely and utterly reject the government's proposal to close this site and to take it away from the people of South Australia as a major teaching hospital, an elective surgery hub and, of course, an ageing care specialist site. As I said, it is much more than just the Repat hospital for veterans. It serves as a centre for excellence in the ageing sector. This site has specialist care in terms of geriatric care, aged mental health and the wonderful Daw House Hospice for palliative care and rehabilitation.

The government's plan is to scatter these services to a range of hospitals right across South Australia which, by the way, we on this side of the chamber think is not only poor in terms of overall service to our veteran community in South Australia but also a complete and utter waste of money. We have spent almost \$50 million in upgrading facilities on that Repat site in the past decade. All of that will be completely lost. The government's proposal is to then spend a further \$159 million on the Flinders site. And what are they going to do on that site? They are going to essentially replicate facilities that already exist on the Repat site.

We are going to stick the wrecking ball through the tens of millions of dollars that we have invested on that site and we are going to replicate them at the cost to taxpayers of \$159 million by building a new 55-bed rehab centre at Flinders, a new palliative care unit and a new aged mental health facility. Those facilities already exist and it is a complete waste of taxpayers' money to replicate them just a few hundred metres down the road from where they are currently domiciled.

Ms Sanderson: It's more Labor waste.

Mr MARSHALL: It is more Labor waste, as the member for Adelaide has said.

The DEPUTY SPEAKER: Order! You're not in your seat, member for Adelaide; you shouldn't be interjecting.

Mr MARSHALL: I want to just conclude my remarks by really addressing the fundamental issue that veterans raise with me time and time again. The issue is how we treat our veterans who might have comorbidity issues. The government, the minister and the acting minister (the member for Waite) have repeatedly said that many of our veterans are now using the major teaching hospitals for their treatment and that is true. There is no doubt about that.

When a veteran might have a specific general medical need, they will often go to the closest hospital, but many of our veterans have comorbidity issues. Many of our veterans are suffering from post-traumatic stress disorder and this is when the Repat comes into its own. There is a specialist service. The doctors, the nurses and all the ground staff—everybody who works on that site—are completely focused on giving the best service to veterans who might be living with comorbidity issues. This is why it is so critical to keep this in place. The current model of the government is to scatter these services across South Australia and the most reprehensible of these decisions is to relocate Ward 17 to the Glenside site.

You cannot treat post-traumatic stress disorder in isolation. It needs to be part of an overall precinct which is going to service the total needs of the veterans community. I have with me today the Second Interim Report of the Select Committee on Transforming Health and, in particular, the area that deals with the relocation of Ward 17 to the Repatriation General Hospital. What is quite clear from this well-considered report is that the service to the veterans community with regard to the post-traumatic stress disorder unit really misses the opportunity to co-locate these services. What should be co-located is quite specific in this report.

On-site access to medical and surgical care, will that be at the Glenside site? No. Access to allied health services, dietetics, occupational therapy, pain management, physiotherapy and podiatry? No. Access to the diabetes clinic? No. Access to the sleep disorders unit? No. So, as you see, there is a major diminution of services to our veterans community with this appalling decision to relocate Ward 17 away from this suite of services they currently enjoy with Ward 17 being based at the Repatriation General Hospital at Daw Park.

Does Ward 17 need to be updated? Absolutely, it is long overdue. This government has been in place for 14 years. It was well overdue for update a decade ago, and they have been sitting on their hands, but the solution they have come up with is completely and utterly unacceptable. On this side of the house, we would like to see the Repatriation General Hospital saved; we do not want to see it sold off. Once it is gone, it is gone; there is nothing that can be done.

We see it is as absolutely critical that this year, the 75th year since the establishment of the Repatriation General Hospital, our government should focus on renewing this site, making it a specialist centre for our veterans, keeping their services together, updating this and making it a real centre for aged care in South Australia, maybe co-locating with some private sector services but unequivocally saving this site for future generations.

Dr McFETRIDGE (Morphett) (11:47): The Veterans' Service Guarantee is a document that is still on the government's website. It lists all the things this government is guaranteeing that veterans' will receive at the Repatriation General Hospital, a 250-bed acute hospital that is still today listed on the government's own website. When you look at that veterans' guarantee, there is absolutely no way that that can be replicated in any shape or form at any of the other places that they are going to push veterans to under Transforming Health. Whether it is parking, access to specialists, right down to that free cappuccino, that veterans guarantee has been torn up and thrown away.

The Minister for Veterans' Affairs and I work as much as we can in a bipartisan way in veterans' affairs. When there was the initial furore over the member for Waite's move to the government benches, my federal colleagues were saying, 'We're not going to talk to that man, but we will talk to you.' I made a point of saying that I was not going to work that way and that this was all about the veterans, and I insisted that they deal with the minister as well as me.

I have had great pleasure working with the minister and going to Lone Pine, and I am going to France with him in June, but this is one area where he and I differ. We could not be stronger in our disagreement on where we are going with the Repat. I would drive the bulldozer through some of those buildings at the Repat because they are out of date, but what the Repat offers the people of

South Australia—besides the 250 acute beds, the 3,500 arthroplasty and neurology surgeries and the over 100,000 outpatient appointments there—is a spiritual home for the veterans.

If you go down to the chapel there, as the minister and I have on many occasions, whether it is for the bombing of Darwin remembrance day or for other days, you also go to Ward 17 and talk to the people in there, you go out to the remembrance garden and see the beautiful sculptures, and you see the little smokers hut (and I do not think there is any minister in this place who is brave enough to tell the veterans there that they cannot have a smoke); when you do all that, you know that you cannot replicate it anywhere.

That is where the minister has to stand up to the government and say, 'Stop, rethink what you're doing.' We are hearing it from the AMA, and we are hearing it from the Salaried Medical Officers Association. We are hearing it from every avenue across South Australia, at the moment, that Transforming Health is not doing the job that it was designed to do. It will transform it—sure—but what is it going to transform it into? People will die.

I asked the minister a question—I think I interjected, which would have been out of order anyway—but I interjected about EPAS at Noarlunga, and I said patients are at risk. The minister said, and it is in *Hansard*, 'Yes, patients are at risk.' Now, we know the fiasco that EPAS is. Where did they try and run EPAS as a trial? Noarlunga. Has it worked? No, it has not worked. They need to stop the run they are doing with EPAS and stop wasting millions and millions of dollars. More importantly, they need to stop and think again about the Repat.

Just this week, in my portfolio of disabilities—and it is a wonderful portfolio; you meet some of the most amazing people—I met with people from the motor neurone disease board. Stephen Hawking is probably the most well-known person with motor neurone disease, but he is an exception to the rule. You do not know if you are going to get motor neurone disease, there is no cure for it, and you would normally die within two years. From go to whoa: two years. Where is the motor neurone disease clinic in South Australia? At the Repat. That will never ever be replicated anywhere in South Australia.

The palliative care that is offered at the Repat; the sleep disorder clinic that is offered there; the appliances, orthotics and the specialist rehabilitation services there that modify wheelchairs and provide other appliances to these people with motor neurone disease—you will never replicate that anywhere else, just as you will never ever get the veterans' guarantee replicated anywhere else. You will not get Ward 17 replicated anywhere else. Why? Because when you stick it over at Glenside in a flash new building—it is not quite a flash new building, but was going to be; now it is part of the intermediate care facilities there. What you were promised is not what you are getting, anyway.

I would say that the vast majority of those patients who go into Ward 17 have comorbidities. What are you going to do? Get the 'ambus' and run them across to the Royal Adelaide? Run them down to Flinders? What are you going to do with them? You need to have a better thought-out plan. This plan, Transforming Health, is transforming in a direction that nobody other than the tamed doctors want. I do not know why these doctors are betraying their principles, but also their patients and their practices. They are betraying them because they must know.

Even the latest import, the Canadian lady who has just come in—and I have not met her, but she is probably well intentioned—is misinformed. They are not transforming health in South Australia into where it should be, and where it needs to be. The current minister is the third Minister for Health we have had in this state. The first minister was a teacher who was well intentioned. We had the reviews of the health department then: the Menadue report. The government ignored that. Under minister Hill, we had review after review.

All of a sudden we had this thought bubble; the most expensive thought bubble in the world. The hospital down the road—the most expensive hospital in the world, the third-most expensive building in the world—the black hole of all black holes of health funding was being built down the road. What will be the consequences of that decision; that thought bubble? The victims are going to be right across South Australia. They are going to be the veterans, they are going to be the women, the men and children of South Australia. All of them will suffer the consequences of that ill thought-out decision.

The bit that galls me most of all is the sacrifice that has been made by our veterans, and they are being sacrificed on the temple of Transforming Health. It is just so wrong. This is where the minister has to man up. He has to go and tell the Minister for Health to do exactly what the AMA wants, what the doctors want, what SASMOA wants, and what South Australians want. They want a health service like minister Hill described. The minister said here in October 2011:

The people of South Australia expect me to deliver the very best public health service I can.

That is what minister Hill said. He also said that the buck stops with him. That is what he said in this place; it is in the *Hansard*. This minister—the third minister—needs to understand that that is his responsibility. He needs to stop. He needs to listen. He needs to think about where South Australia is going to be, because this is not a short-term solution for a long-term problem. What we are putting in place is a very ill thought out long-term solution for a very long-term problem, because if we continue down this path we are all going to pay.

This is where it is beholden on the Minister for Veterans' Affairs and certainly the member for Frome, the Minister for Regional Development. Both of those people should be influential people on that side. They are not listening to the veterans who slept out the front for 100 days or to the 120,000 people who signed the petition. They are simply not listening, and this is where it is up to these two crucial members of the cabinet to say to the Premier, to the Treasurer and to the Minister for Health, 'Stop. We do need to listen. We do need to rethink.'

We will not think any less of you. There will be a bit of flak, sure, but you are not in here for your own ego, you are not in here for your own benefit, you are here to do the very best to deliver long-term solutions for the people of South Australia. If this minister, the Minister for Veterans' Affairs, and the member for Frome, the Minister for Regional Development, do not do that, they do it at their peril. They do it at their severe political peril.

What I need to emphasise is that this is not just about the veterans at the Repat; this is about all South Australians and a 250-acute bed hospital. We know—and I will put it on the record—that a lot of the veterans have the gold card and use private hospitals. Good on them. The DVA helps out with federal funding. But do not sacrifice the whole hospital system because of your mismanagement. You are building a Taj Mahal down the end of North Terrace, and I just hope beyond hope that it actually works because that is going to be the next state bank for South Australia.

Everybody on the government side should remember what this is all about. It is not about us in this place. It is about the people who are walking up and down North Terrace now and the people who are lying in the beds in the Repat now. It is about the people in Daw House right now. It is about the people in the motor neurone disease clinic right now. It is about them. It is about each and every one of them. I am not saying abandon it and throw it all out the window, but stop, think about it and make sure you are getting the results we all want and need.

Mr ODENWALDER: I move:

That the debate be adjourned.

The house divided on the motion:

Ayes 23
Noes 19
Majority 4

AYES

Bedford, F.E.
Caica, P.
Digance, A.F.C.
Hughes, E.J.
Koutsantonis, A.
Piccolo, A.
Rau, J.R.
Weatherill, J.W.

Bettison, Z.L.
Close, S.E.
Gee, J.P.
Kenyon, T.R. (teller)
Mullighan, S.C.
Picton, C.J.
Snelling, J.J.
Wortley, D.

Bignell, L.W.K.
Cook, N.
Hildyard, K.
Key, S.W.
Odenwalder, L.K.
Rankine, J.M.
Vlahos, L.A.

NOES

Bell, T.S.	Chapman, V.A.	Duluk, S.
Gardner, J.A.W.	Goldsworthy, R.M.	Griffiths, S.P.
Knoll, S.K.	Marshall, S.S.	McFetridge, D.
Pederick, A.S.	Pengilly, M.R.	Pisoni, D.G.
Redmond, I.M.	Sanderson, R.	Treloar, P.A. (teller)
van Holst Pellekaan, D.C.	Whetstone, T.J.	Williams, M.R.
Wingard, C.		

PAIRS

Brock, G.G.	Speirs, D.	Hamilton-Smith, M.L.J.
Tarzia, V.A.		

Motion thus carried; debate adjourned.

The SPEAKER: The member for Chaffey, a force for good order at this time of the day.

RACING INDUSTRY

Mr WHETSTONE (Chaffey) (12:03): I move:

That this house—

- (a) acknowledges the important contribution of the racing industry to the South Australian economy; and
- (b) recognises the outstanding work by metropolitan and regional racing clubs to hold annual meets attracting thousands of spectators.

The racing industry's contribution to the economy in South Australia, I believe, is often understated. It is an industry that receives very minimal assistance from the state government, yet generates more than \$400 million per annum in its economic benefits. The industry in South Australia has three arms—thoroughbred, greyhound and harness racing—and falls under my role as the shadow minister for racing. The impact of the racing industry extends well beyond that seen on the racetrack. It is an industry that constitutes a key aspect of the state's social fabric, both on a metropolitan and a regional basis, and provides impressive economic, social and community benefits.

If we look at the overall picture of South Australian racing, the industry sustains employment of around 3,628 people, one in every 80 South Australian adult residents. It provides \$224 million per annum in household income. It generates GST of \$19 million per annum and \$303 million per annum in direct expenditure with more than 40 per cent of this expenditure occurring in regional centres.

In a report of the economic benefits of the industry undertaken in 2013, racing was second only to the AFL in terms of even attendance with 13,852 members and members' guests of racing clubs throughout South Australia. It is of course hard to go past some of the most valuable contributors in South Australia, which are the volunteers. There are 1,240 volunteers the South Australian industry engages, and 161 charities and community organisations that racing clubs assist each year. South Australia itself has 42 racing clubs operating on 38 tracks across the state, and the volunteers are often the backbone of these clubs.

There are large meets, small meets and annual meets right across South Australia. As an example, in my electorate, we have a meet that happens once a year in Halidon. It attracts a good amount of prize money and very strong crowds. I would like to read part of the opening summary of the Economic, Social and Community Benefits of the South Australian Racing Industry report. It states:

The racing industry should be recognised by the State Government as the important industry and community asset it undoubtedly is.

For the South Australian racing industry to survive and ultimately flourish, we believe it is essential that the Government provides a level of support commensurate with the commitment it demonstrates towards other similarly vital sectors of the economy.

In the face of growing competition from interstate, underpinned by assistance and recognition from respective Governments in those jurisdictions, the South Australian racing industry will inevitably become a less competitive and sustainable industry in the absence of meaningful State Government support.

My intention with this motion is not to become too political because we know that the Minister for Racing has brought politics into the racing industry that is severely damaging the industry and tarnishing it, as we speak. I want to leave those few paragraphs from our three major racing industries right there.

Currently, the South Australian government has just 0.5 of an FTE dedicated to the racing industry. Yes, that is right, half a person full-time for an industry that is worth many millions of dollars—\$400 million of economic benefit. I think that just speaks for itself. The racing industry also spends hundreds of millions of dollars on producing foals and pups and preparing racehorses and greyhounds to underpin that industry.

If we look at a breakdown of racing's value-added contribution to gross state product across the three codes in the regions, in the northern region, \$7.5 million; Eyre, nearly \$8 million; Yorke and Lower North, nearly \$10 million; and Adelaide, \$290 million. I guess that would be predominantly underpinned by Globe Derby. We look at Morphettville and we also look at greyhound meets right across the state. Outer Adelaide contributes \$47 million; Murraylands, \$14.5 million; and the South-East, nearly \$25 million.

If we link that to employment and participation: the northern area, 1,260 jobs; the Eyre area, 900 jobs; in Adelaide, 7,800 jobs; Yorke and the Lower North, 540 jobs; outer Adelaide, 2,750 jobs; the South-East, a little over 1,600 jobs; and the Murraylands, about 750. So, 60 per cent of the racing clubs of South Australia actively promote the history and heritage elements of their club, and I would like to see more of this as our racing clubs are some of the most historic across the state.

The greyhound adoption program has had growth in adoptions of 33 per cent on the previous year. Educating our young people about harness racing training is vital for the continuation of racing and I note the work in that field. If we look at greyhound racing in South Australia as an example, there has been plenty of investment in infrastructure:

- the completion of the \$2.6 million Gawler redevelopment project;
- the installation of the catching pen with a run-off chute at Angle Park;
- the 270-metre slipping track at Angle Park; and
- the multiple projects undertaken by the Mount Gambier club, including a major upgrade of the kennel house, the slipping track, a new maintenance shed and the installation of a 600-metre start.

Notably, GRSA has also associated half a million dollars annually towards integrity and welfare initiatives, which is great to see after the scandal that raced through that industry. If we look at the 2015 Thoroughbred Racing SA annual report, we see that the number of meetings conducted was 188, six up on 2013-14, with 1,473 races—almost 60 up on the previous financial year. I would also like to acknowledge the work of the Jumps Review Panel, which in 2014-15 worked with accredited jumps trainers.

The Murray Bridge Racing Club at Gifford Hill redevelopment is one of the most exciting projects underway in regional South Australia. However, the state government has chosen to ignore the potential of this project that has been ongoing over the last 10 years. An example of the great regional meet is at Mindarie, the Mindarie-Halidon races. It is a great event out in the middle of the bush, away from just about everything. It is at the back of the small farming town of Halidon, which just comes to life. Seriously, you can drive through Halidon at any opportunity and just see dust and weeds blowing across the road, but one day of the year the place comes alive with the Mindarie-Halidon Cup. I like to call it the Melbourne Cup of the Mallee.

The first racing meeting held by the Mindarie-Halidon Racing Club was on 3 September 1921, and it continues today. The club has come a long way since the meeting, with good facilities. The vision of the club is to ensure long-term racing in the Murray Mallee, and I think it really does complement the great work that goes on at Murray Bridge. The two clubs work really well together and support one another, and that is what makes this such a success.

During 2014-15, there were 56 race meetings at Morphettville; in 2013-14, there were 58, with 463 races run with 4,392 starters, averaging 9.5 starters per race. There were four group 1 races held at Morphettville during the year. Talking about other major races around the state, I do want to touch on the Oakbank Easter Carnival, which is one of the great Australian picnic carnivals on the racing calendar.

Obviously, recent commentary between the president of the Oakbank Racing Club and the South Australian government Minister for Racing has really turned into a farce. I think that the president of Oakbank has apologised for calling the minister names, but he was frustrated by the minister trying to bring this industry, this great, iconic picnic event, into disrepute, saying that jumps racing is holding back that venue and that carnival.

I think it is outrageous that a minister with his own personal view will stand up and get in the way of what has been ongoing for many decades. I think the minister's view has clouded people's judgement about jumps racing. Yes, people do have a view on jumps racing. Yes, people have a view on every walk of life for everything that happens every day, but for this select committee to be put up, again, puts a slur on the sport. For this select committee to come up, it really does detract from how important the racing industry is in South Australia.

I commend all three codes and I commend the breeding lines. Not long ago, I was up at Cornerstone Stud, which is a great world-class facility at the back of Angaston, where I was a guest of Sam Hayes. He is producing some magnificent foals and has the blood line that I am sure would be, in some way, shape or form, left by his late father, the great Colin Hayes and his brother Peter, a great, world-class trainer. It is just a great example of what has been achieved in South Australia.

There are many other world-class trainers and breeders in South Australia, but we are sadly being detracted from all the good work that the racing industry has done for South Australia by a few opinionated people, and that really does put a slur on the industry. I think the industry will decide whether the jumps format continues; it is not up to a government to come in and get in the way of something that is so important to our economy and to the sport. I think it is an absolute crime that we can have an opinion get in the way of something that is so important to our economy.

I applaud the great work being done by all of the codes. I am often asked as a guest to go along to Morphettville, Globe Derby Park and Angle Park, and to many of the regional race meets around the state. I note that the Gold Cup is coming up at Mount Gambier in a couple of weeks—

Mr Bell: On 13 May.

Mr WHETSTONE: On 13 May—and it will be another great regional meeting. I know the member for Mount Gambier is a very staunch proponent of racing in South Australia, and is a very proud participant. Not only is he supporting the industry, he supports his local club, and he also supports the economy that is generated from that in his regional community.

I know the member for Stuart is a patron of the Port Augusta Racing Club, and his great work is not to be understated. I think that every MP in this chamber, in one way, shape or form is making a great contribution in supporting their local race clubs and our economy. The reason I have brought forward this motion today is for the simple fact that we see a government that is looking a gift horse in the mouth. I think having a 0.5 FTE to support a \$400 million industry is disgraceful.

The government hold out their hand very quickly when they want revenue from betting. They are very quick to hold out their hand when they have an opinion on a part of the racing industry, but this is a slur and a detraction from what I think is a great industry. It is a great sport, and is known as the sport of kings throughout the world, but it is an industry that needs support and a following.

South Australia needs that extra support because we are seeing a lot of interstate horses coming into South Australia and taking some of our prize money. It is not about the 25 jumps horses in South Australia. It is a bit like the Clipsal race, in that there is one group A team in South Australia,

and yet the Clipsal is one of the great sporting events in this state. So, why can we not continue to let jumps racing take its natural course? Whether it is 23 jumping horses—it is giving them a life instead of coming off the flats and going to the knackery.

In conclusion, I would like to again highlight the importance of the racing industry in South Australia and congratulate all involved for the outstanding job they do. I think the volunteers, the boards, the groups, the country clubs and the city clubs all do a great job. I look forward to working with all of the South Australian racing codes into the future, and I wish them every success.

Debate adjourned on motion of Mr Odenwalder.

Parliamentary Procedure

VISITORS

The DEPUTY SPEAKER: Before I call the member for Elder, I would like to acknowledge the presence in the gallery today of a large contingent of midwives. We welcome them to parliament, hope they enjoy their time with us here today, and thank them for their care and service, often above and beyond the call of duty. We wish them a very happy International Day of the Midwife on 5 May. Member for Elder.

Motions

INTERNATIONAL DAY OF THE MIDWIFE

Ms DIGANCE (Elder) (12:19): I move:

That this house:

- (a) actively recognises International Day of the Midwife celebrated annually on the 5th of May;
- (b) acknowledges the importance of the focal theme of International Day of the Midwife in ongoing support of the global campaign highlighting the vital role of midwives;
- (c) recognises the importance of visible investment and commitment in the advancement of the profession of midwifery as being fundamental to the progress of our future; and
- (d) congratulates all South Australian midwives for their active promotion of woman-centred care, their dedication and professionalism to the health and wellbeing of women and babies, and their families and indeed our entire community.

Today I am delighted to rise and speak on the motion before the house to acknowledge the International Day of the Midwife 2016 on 5 May. I welcome to the gallery a vital and significant group of people to recognise and celebrate the fact that all present are connected by one single important theme, a thread that weaves the story of the very beginning of life and that starts the journey for all human beings on earth, a theme of new life, a story about our most precious resource—babies and mothers—to cherish, nurture and value (and there is a baby, thank you).

As humans we can design, construct, collect and own but to create and nurture, to give breath to new life, is empowering and life at its grandest. So today I welcome midwives and mothers, midwives of all levels of experience—students, teachers, lecturers, professors, eligible midwives, researchers, doctors of midwifery, masters of midwifery, retired midwives—and parents. I was hoping that my sister, a former midwife, and my mother would be here as well today, but sadly they have been delayed.

Between all of you, you represent consumers, the Australian College of Midwives (both South Australian and national), SAHMRI, the Women's and Children's Hospital, Flinders Medical Centre, Loxton Hospital, Child and Youth Health, Your Nursing Agency, Flinders University, UniSA and politics. Between all of us present today, by best guess (we made a rough calculation) we have probably brought into this world well over 1,000 babies. So well done.

This year's theme for the International Day of the Midwife 2016 is 'Women and Newborns: the Heart of Midwifery'. Around the world, daily midwives work hard to ensure that women and newborns receive the quality care they deserve. In doing so, families receive the care they deserve and society flourishes. I want to pause and reflect on the theme, in particular the words 'the heart', as they represent the sense that key to this theme is not only a physical presence but also

symbolically an emotional, intellectual, and moral intelligence, the analogy being that at the centre of the profession of midwifery are our most important—mothers and babies.

Intrinsically, the meaning of midwifery is 'being with woman'. This meaning underpins the profession of midwifery, its philosophy, work, commitment, engagement and relationships. It is all-encompassing. It is who we are. It is our profession. Midwifery is founded on deep respect, the unique value of women, the value of wonder and intimacy, on all the processes of nurturing and of bringing into this world new life and, with it, associated expectations, dreams and hopes for all humankind. A midwife is a professional of high educational status, a practitioner, a carer, an academic, a researcher, an authority, a keeper of the human social bank of health and advancement based on the knowing that continuum of care is critical.

Proudly, South Australia was one of the first states to introduce a three-year undergraduate midwifery degree, allowing students to qualify as a registered midwife in their own right, and making the midwifery workforce a truly professional workforce of highly trained and specialised practitioners. In South Australia there is an expectant anticipation in the midwifery profession as midwifery-led models of care present opportunities and synergies with the current directions of the state's Transforming Health plan.

As many of you here today know, I am a strong advocate on behalf our profession to ensure these possibilities are vigorously explored with a view to facilitate provision of access to safe maternity care choices for every woman, as outlined by the National Maternity Services Plan. South Australian midwives work passionately and professionally, championing progress in the best interests of women, babies, fathers, families and communities.

An ever-growing body of research clearly demonstrates, by hard data, the benefits of midwifery-led care; it is indisputably the best and most effective care model for pregnant women of all-risk profile. Australian research shows that women receiving one-to-one midwifery care have 22 per cent less risk of caesarean birth, are 13 per cent more likely to have a normal vaginal delivery, that there is a 12 per cent reduction in epidural anaesthetic use, and that their babies are 37 per cent less likely to be admitted to a special care or neonatal intensive care nursery for treatment. These statistics are of exceptional excellence, and cannot and must not be ignored.

In comparison, research has shown that low-risk women having their first baby in a private hospital compared to that of a public hospital sees a doubling and, in fact, a tripling of the rate of induction, instrumental birth, caesarean section, epidural and episiotomy. Not only do these interventions cause traumas to mothers and babies, but they also unnecessarily increase healthcare costs. The secondary findings demonstrate a 33 per cent increase in the welcome likelihood of natural onset of labour and associated breastfeeding that will continue into the first six months of life.

Also based on research, the overall median cost of birth per woman in Australia is around \$600 less under the model of midwifery-led care as opposed to standard hospital care. In addition and of note is the duration of hospital bed stay rates, which is lower with midwifery care. Antenatal hospital admission and bed stay for midwifery-led care sees days stays of only up to 12 days compared to standard hospital care of anything up to 40 days. This demonstrates not only a financial saving but also a social gain, as families are reunited more quickly.

The popular and highly utilised midwifery group practices are examples of existing models supported by this research and are deserving of expansion. The education and expertise of the eligible midwife, whose equivalent in general nursing is broadly that of the nurse practitioner, would if utilised to their full potential provide efficiency savings in the health system while ensuring a high level of practice.

The option to explore the extension of the role of the eligible midwife, a highly credentialed professional, could be extended to encompass admitting rights to public hospitals, thus ensuring the continuity of care with corresponding cost efficiencies to the state. Queensland already leads successfully in this model of care, and we hope to follow. Research demonstrates the importance that continuity of care has in contributing to good health outcomes.

I am sure that as midwives and mothers we have always intuitively known what the emerging research is now articulating in relation to the negative effects of trauma during childbirth and unnecessary intervention. Elizabeth Mary Skinner's recent research addresses maternal injuries, and

in particular insights into the use of forceps. Her research indicates that the injuries from childbirth are not just physical but also psychological.

So far, the women who have been surveyed and experienced these injuries are asking questions, and they are all the same questions: why were we not told and why were we left with such terrible injuries, injuries that have ongoing debilitating lifelong consequences? They include injuries such as incontinence, prolapses and being unable to stand for long periods due to all these injuries and the associated pain. The psychological injuries Elizabeth cites in her research can be likened to post-traumatic stress disorder as opposed to postnatal depression.

This builds on the evidence that already exists from other studies that traumatic birth experiences are associated with psychological impairments. Feeling safe is such an important element during pregnancy when in labour and also postnatally. It is not just one person's health: it is two—a mother and a baby. It may actually be three and sometimes more. This can weigh heavily on the minds of the expectant mothers and fathers and parents. As one new mother said:

With a midwife, I knew I had a greater chance of having a natural birth without surgery or medication—and that if I did need some kind of intervention, that it was truly needed. I felt safe, guided in the hands of a professional but someone caring as well—someone who really listened, someone who was really [there] with me every step of the way.

I wish to also acknowledge at this point that midwifery care alone may not be appropriate for everyone. We all know that there are some very complex health issues and complex pregnancies, and that collaboration and cooperation between midwife, doctor and hospital can be essential for these particular cases. At the end of the day, and rightly so, what we are after is the best health outcomes possible.

So I appeal to you all in your role as professional midwives: be vigilant, be confident, be proud of our profession and continually advocate a behalf of our profession. What you do, what you achieve, what wish to achieve, what you offer, how you practice, and all that encompasses being a midwife is limitless—do not confine it.

Use language befitting a proud and important profession. The use of language, as we know, is so powerful that it affects outcomes and actions. Just on Monday, for instance, I was appalled to see a little teaser in *The Advertiser* alerting readers to the fact that, in the *SA Weekend* section coming up this weekend, there would be an article. The heading was: 'Is breastfeeding becoming a cult?' I read it a couple of times. Was this ignorance, bullying, harassment, gender disrespect or plain stupidity? The use of the word 'cult'?

I am here to tell everyone (and it is on the record) that breastfeeding is not a cult, it is an essential to baby and maternal wellbeing. It has well-recognised maternal, infant and public health benefits, and should be supported, encouraged and embraced. The World Health Organisation recommends exclusive breastfeeding only for infants up to the age of six months and continuation up to two years of age, complemented by solid foods where possible. This advice is based on evidence and is a basic human right. Breastfeeding can be difficult enough as it is without social stigma being added to the mix.

I also urge you all to ensure that the 90,000 or so new mothers who benefit from a vital breastfeeding helpline do not miss out as a result of the current federal government funding cutbacks. The federal government, in its wisdom, is only going to fund the Australian Breastfeeding Association's 24-hour telephone counselling service until June this year. The association says there is no process for it to re-apply for the \$1 million grant it relies on to survive. Make this a campaign and let those in Canberra know that this is not on.

I will end on a bright note, and rightly so, because we are here to celebrate and recognise. I highlight the rise and rise of the profession. Excitingly and proudly for all South Australians, we see that UniSA's nursing and midwifery faculty now ranks in the world top 50 in the 2016 QS subject rankings, which is an annual publication of university world rankings. Congratulations.

I am really honoured to announce here today a very special, innovative and groundbreaking program: UniSA has plans to open the doors of the state's very first university midwifery-based service. It will be a pregnancy and parenting hub, with eligible midwives providing exceptional care

opportunities for both student midwives and mothers-to-be alike. It will ensure high-quality antenatal and postnatal maternity care, and is aiming to be opened in June this year. Congratulations to all involved, I know it has been a long road, and in particular to Dr Lois McKellar. Well done. It is groundbreaking and really exciting.

With this great milestone announcement, I pay tribute to all of you here today in the gallery. Congratulations to all who practice in this very privileged area of expertise, the profession of midwifery, and thank you from all of us here in the house. We have many in our cohort who have babies: we have parents, new parents, grandparents and parents-to-be. Thank you to all of you for all you do and your commitment to South Australia and South Australian families in the role you play in the care and advancement of the welfare of this state. Thank you from all of us here in the house of parliament in South Australia.

Dr McFETRIDGE (Morphett) (12:33): The 27th of January 1952 is not that long ago in reality. It was snowing very heavily in Leicester, England on that morning. My father had brought the bed down from upstairs and put it in the front room. He had been out the back and dug up some bricks, because the midwife wanted the bed higher. She suspected that I was going to be a rhesus baby, so she sent dad off to get the doctors.

Dad's only mode of transport (it was snowing heavily) was a pushbike. He reminded me a number of times that he fell off his pushbike in the snow and was quite battered and bruised by the time he got back with the doctor. However, at 8.30 in the morning on 27 January I was born 7lb 2oz, a healthy boy. The midwife was there and made sure it all happened.

Can I just put on the record that I would like to thank my older brother Ian, who was 11 pounds two ounces, and the midwife delivered him as well. I have to thank the profession of midwifery. I do not know the name of the midwife who assisted my mother with my birth, but so many of us are here today and are fit and healthy because of the work that midwives have done.

In Australia, according to the AHPRA website, there are 370,303 nurses and midwives registered in Australia and 89.5 per cent of those are females. The midwife who delivered me, from what my mother has told me, was a very experienced midwife. As a veterinarian, you know that there is a lot of science in what we are dealing with in pregnancy, gestation and birth, and the difficulties associated with obstetrics.

But it is not all science. It is experience and it is know-how. It is knowing what is right, what is wrong, and having that third sense. I know that is something that we have in abundance in Australia with our midwives. We know that they are a vital part of the obstetrics and gynaecology section of the medical profession today, and it is a profession. The announcement today about the increased opportunities for tertiary education for midwives is a great one.

The empathy, the professionalism that we have in our midwives in South Australia is something that I think we should all be very proud of. I know there are members on both sides who have wives or relatives who are midwives. My aunt was a midwife at the Queen Victoria Hospital many years ago. The need to make sure that we do value the input from our midwives, and nurses and doctors, the whole medical profession, but today we are celebrating the International Day of the Midwife on 5 May, is very important for us to do in this place.

The member for Elder has highlighted a number of points in her speech about the debt we owe midwives. I know that on this side of the house we all support the motion very strongly. I will say one political thing though: I wonder if Bill Shorten is going to support the National Breastfeeding Hotline. I hope he does. I think we should because they are very important things to do. Giving mothers information is something that is very important. That information should be good information, it should be based on experience, based on training and based on professional knowledge.

Who are the best placed people to do that? Our midwives. So, why not continue funding those programs? I think that is something the federal government should do. I think Bill Shorten should come out and say to do that, so that we are supporting not only the midwives in being able to deliver what they want to do, but also the mothers. As a father, and a grandfather, it is a learning experience, it is a huge learning experience, and you can only learn if that information is available.

I will end my short contribution there. The member for Elder has put a fair bit on the record. I congratulate the midwives in South Australia and I acknowledge their presence today in the gallery. Some of them are present here today, others are out there doing their job, they are delivering babies as we speak and making South Australia a wonderful place to live because they are bringing healthy babies into this state.

The good thing about being in this place is being able to do this sort of thing. While some people think we should be arguing about other things, this is a very important issue for us to acknowledge in this place. So, to the ladies and any gentlemen who are in the gallery today, congratulations. Thank you for what you are doing. You can be assured the Liberal Party of South Australia is supporting you very strongly.

The DEPUTY SPEAKER: Member for Fisher. We are allowing a little bit of latitude today.

Ms COOK (Fisher) (12:38): Don't stop them clapping now.

The DEPUTY SPEAKER: No, they can clap but not make noise, perhaps.

Ms COOK: Thank you, Madam Deputy Speaker. I rise today to make a very small contribution in support of the member for Elder's motion supporting midwives this year (2016), and very proudly. This is my second contribution as there was a similar motion last year. Midwifery is a science but, most importantly, it is an art. It is the art of understanding, adapting and supporting women at various stages through their lifespan, and also children.

I am not a midwife, I am a registered nurse. I had every intention of becoming a midwife when I was in the School of Nursing at the Queen Elizabeth Hospital but, as you all know, sometimes things happen that take you down a different pathway. I have had the absolute pleasure of working with many professional midwives throughout my career, at one stage in a private hospital many moons ago when life was a little different in practice. I was what you would probably call a midwifery 'wingman' (or 'wingwoman') so to speak.

When the heat is on and when the women are waddling in the front door and the numbers of women far outweigh the numbers of midwives because it is Christmas morning, things have to be done very quickly. You need to become very quick and clever at adapting. I have had the great pleasure of having very close and deep relationships with many midwives over the course of my nursing career and have shared some of the happiest and some of the most challenging times in my life.

My first child was a challenge during delivery, shall we say. I was quite unwell and consequently ended up having an emergency section, but that was after having many hours of very comforting but firm words. I do not know if you are up there, but it was Fran Schmidt, who many of you would know, and I have never forgotten her. I know she is still around the place. She delivered my son with assistance in theatre by a surgeon and obstetrician, and I will never forget that calming influence she had. I still have not looked her in the face and apologised for the scratches on her hands which occurred during the course of that afternoon.

The National Breastfeeding Helpline, and any breastfeeding support, must and will be supported. I know that Kate Ellis, a shadow minister in the federal parliament, has put on record their support for the funding model. I attended a forum last night in which Kate Ellis, Amanda Rishworth and Penny Wong took part. With those three women having welcomed babies into their world again in the last year and a half, and with the feeding problems that come with it, I do not think our leader Mr Shorten will have any choice but to support continuing that model.

Change is an extremely challenging thing in anything, but in health care it is very difficult sometimes when you are inside that system to see the benefits of a change in outcome. However, I watched within the healthcare system the wonderful leadership and progressive movement of midwives towards their independent profession, and I congratulate those of you within the gallery today who were part of that. I know some of you were part of that transition. Thank you for that because it has certainly improved the care that is delivered within our community to women and children. We are grateful for that.

Thank you for your enduring commitment to our community to women and children which in turn improves full lives within the community to everybody. I promise you that while the member for Elder and I are in this place you have an absolute direct voice to government. I thank you for your attendance. I congratulate you on the work you do and commend the motion.

Ms DIGANCE (Elder) (12:43): I would like to thank those who have contributed to the debate today, my friend in the opposition the member for Morphett and also the member for Fisher. Thank you for your support. Once again, I congratulate all the wonderful work you do as midwives. It is an amazing profession. We are to be proud of what we do and what you all do. I commend the motion to the house.

Motion carried.

REPATRIATION GENERAL HOSPITAL

Adjourned debate on motion of Mr Marshall (resumed on motion).

Mr DULUK (Davenport) (12:44): I want to thank the Leader for moving this motion this morning. I am speaking on this very important motion to share a story with you: it is one man's story but it is a story that could be just as easily told by many other veterans.

In 1966, a 20-year-old South Australian man won a lottery. It was a unique lottery; not the kind that made you an instant millionaire but it was certainly a lottery that changed your life. I am talking of course about the national service scheme. The scheme required 20-year-old men to register with the department of labour and national service. They were then subject to a ballot.

The ballot resembled a lottery draw: it was conducted using a lottery barrel and marbles, with the marbles representing birthdays. The final five ballots of the scheme were even televised, just as Powerball or SA Lottery draws are today. If your number—that is, your birth date—was drawn it did not mean the keys to a mansion, fast cars or a life of luxury; it meant the possibility of two years of continuous full-time service in the Regular Army. It also meant the possibility of special overseas service, including combat duties in Vietnam.

In this lottery this young man's number came up. He was forced to enlist for two years and sent to Puckapunyal to prepare for armed service, and then his battalion was deployed to Vietnam's Phuoc Tuy Province in Nui Dat. A 20-year-old man, at the start of his life, with a successful career beckoning, a beautiful young girlfriend and dreaming of his future, had his life turned upside down.

Without choice, without fault, this young man was plucked out of the western suburbs of South Australia and dropped into the Vietnamese jungle. I urge you to stop and think about that for a moment: one day in the western suburbs of Adelaide and the next day in the jungles of Vietnam. One minute you are a 20-year-old hanging out with your mates, playing cricket and footy and falling in love and the next the government tells you that you are to report for military service. Imagine yourself as a 20 year old, think about your sons and what their lives look like and how you would feel if this happened to them.

From the moment his birth date was drawn things moved quickly. A letter arrived telling him to complete a medical examination. He is then sent for an interview, followed by a security check and, finally, he is given a month's notice before having to report for full military service. In February 1967, he heads off for his first block of military training. Over the next 12 months he spends time at Army facilities at Puckapunyal, Singleton, Woodside, Yeppoon and Cultana. He is assigned to 3RAR.

One day on training exercises a guy brings a radio to training—that day was 18 October 1967. Back then they were not supposed to have a radio with them, let alone listen to it whilst on an exercise, but some of these exercises went on for a while and there was not much to do and they got bored. After all, they were young men and all young men like to break the rules every now and then.

They were listening to the radio when all of a sudden the program is interrupted. There is a special broadcast. The then prime minister Harold Holt had just announced that a third infantry battalion is to be deployed to Vietnam. That battalion is 3RAR. As the servicemen listen it takes a

little while to understand but slowly they realise what has been said and they realise what it means: they are heading into a war zone.

This particular young man sits there stunned. He is just a normal guy. His friends are all normal guys but their birth date did not get drawn, they did not win the lottery, life for them is normal and nothing has changed. But not for this young man: the government compelled him into military service and now the government is deploying him to a war zone. They did not even have the decency to tell him first, he had to hear it on the radio. His parents and his girlfriend also heard the radio announcement—they are all affected, they are all scared, they all shed a tear.

On 16 December 1967, three RAR main body departs Port Adelaide on board *HMAS Sydney*. This young man is part of the rear detail, so he flies out 10 or so days later. Three RAR arrive in Vung Tau on 27 December for the first tour and deploy to Nui Dat. This young man joins them shortly after, after he spends New Year's Eve on picket duty in the South Vietnamese jungle. Over the next 12 months he sees a lot of action. There are operations, mine clearing, counter mortar rocket tasks and reconnaissance missions. He has the job of forward scout. That is the person at the head of the platoon who sends back the various hand signals, telling people what is up ahead and what is the situation. He frequently leads 30 to 100 men into the jungle.

He does not like to talk much about these 12 months in Vietnam, but he shared a couple of stories. There is the time he returned from home for five days of R&R. On his last day in Adelaide he enjoyed lunch with his wife and parents and then headed to the airport. He flew to Sydney and then Saigon, before arriving back at Nui Dat. Shortly after his arrival he was once again leading men into the jungle. This time it was a full battalion, that is, more than 500 men. Try to imagine this: try to comprehend one day sitting in your parents' kitchen enjoying a roast and then, only days later, you are forward scout for your battalion, responsible for the lives of over 400 men and heading into a jungle that acts as a veil for your armed enemy.

There are other stories. Card games were a popular pastime. During basic training the young men had become good mates with another conscript, and the two of them were always ready for card games. They played whenever and wherever, including whilst in the Vietnamese jungles on operations. For some reason they were always short on a pack of cards, though they only seemed to have one in their platoon. After playing a handful of games one afternoon his mates ended up with the cards for safekeeping. That night they were mortared. There was a direct hit on his mate's fighting pit; his mate was killed. Shrapnel shredded some of the cards. The next day he continued to play card games, but now some of the cards were marked. It was the only pack of cards, after all. Life went on, the war continued.

There are plenty of other stories: recovering bodies after a patrol was attacked and all members were killed; digging shallow fighting holes during operations, sometimes to lie in, sometimes to sleep in; and, visiting the morgue to ID yet another man lost too soon. After 12 long months deployed in Vietnam, he finally boards *HMAS Sydney* and heads home. He is relieved, anxious and full of expectation and enthusiasm. But returning home is not an end point to this terrible ordeal; it is instead the beginning of a long period of readjustment.

The public backlash to the Vietnam War is painful; as images of the Vietnam War light up TV sets in lounge rooms across the country, they also ignite public opinion and public understanding of the deadly and horrific nature of the war zone. The young man is left feeling like many in Australia blame him for the war and how it was conducted. He is a broken man, struggling to put himself back together. Alcoholism, depression, nightmares and violence are common vices for many veterans.

Thankfully, though, there is help, and that is the Repat. The Repatriation Hospital at Daw Park has provided a place of refuge for war veterans for 74 years. Not only has it provided a critical role in delivering vital healthcare services but also has provided veterans with a home, somewhere they can go and feel understood and somewhere they can feel safe. It has helped countless veterans deal with a variety of ailments, including post-traumatic stress disorder.

Considerable expertise has been built up over the years to help the veterans, to help them readjust back into civilian life. The Repat is their hospital. But, now, five decades since that young man was forced to register for national service and fight in a war, he is engaged in another battle. Now he is fighting to save the place that helped him rebuild his life, the place that continues to help

him deal with a lifetime of flashbacks and nightmares. At a time when he deserves a simple, trouble-free life, this Labor state government is instead causing another round of stress and anxiety. Has he not suffered enough? I urge the government to show some compassion. I urge the government to support our veterans, and I urge the government to stand by its 2010 commitment to never close the Repat.

The DEPUTY SPEAKER: If the leader speaks he closes the debate.

Mr MARSHALL (Dunstan—Leader of the Opposition) (12:54): Thank you very much, Deputy Speaker. It is telling that not one person from the government benches has bothered to talk about this important motion to save the—

The DEPUTY SPEAKER: Is that necessary?

Mr MARSHALL: Sorry?

The DEPUTY SPEAKER: Is that necessary?

Mr MARSHALL: Well, would you like to speak on it?

The DEPUTY SPEAKER: Well, if you would like me to, but then your vote won't happen, will it?

Mr MARSHALL: It is just telling that nobody on the government side has bothered to talk about this important motion before the house regarding the Repatriation General Hospital. It shows the contempt with which they hold the people of South Australia who delivered to this parliament the largest petition in the state's history, the largest petition—

The DEPUTY SPEAKER: That is not true. How do we handle that?

Mr MARSHALL: What's not true?

The DEPUTY SPEAKER: It is not the largest petition ever tabled, that's the trouble.

Mr MARSHALL: I didn't say it was tabled, Deputy Speaker.

The DEPUTY SPEAKER: Okay.

Mr MARSHALL: Goodness gracious! It is extraordinary. Clearly, the Deputy Speaker has a position on this. She does not want to convey it to the—

The DEPUTY SPEAKER: Now you will get bogged down if you are not careful.

Mr MARSHALL: Well, let's be quite clear about this. The people of South Australia have spoken—120,000-plus people have spoken on their thoughts regarding the Repatriation General Hospital. They want to see it preserved for future generations.

Veterans slept on the steps of this Parliament House. They showed their mettle when it came to preserving this valuable resource for future generations to enjoy. The Labor government has treated the will of the people of South Australia completely and utterly disrespectfully. What is most galling is that it has done this in this year which is, of course, one of the years in which we are commemorating the centenary of ANZAC.

I would like to close this debate reflecting on how disappointing it is that nobody from the government or, in fact, anybody from that side of the house has joined to even express their position regarding the continuity of services. I commend the motion to the house.

The house divided on the motion:

Ayes 19

Noes 20

Majority 1

AYES

Bell, T.S.

Gardner, J.A.W.

Knoll, S.K.

Chapman, V.A.

Goldsworthy, R.M.

Marshall, S.S.

Duluk, S.

Griffiths, S.P.

McFetridge, D.

AYES

Pederick, A.S.	Pengilly, M.R.	Pisoni, D.G.
Redmond, I.M.	Sanderson, R.	Treloar, P.A. (teller)
van Holst Pellekaan, D.C.	Whetstone, T.J.	Williams, M.R.
Wingard, C.		

NOES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Caica, P.	Close, S.E.	Cook, N.
Gee, J.P.	Hughes, E.J.	Kenyon, T.R. (teller)
Key, S.W.	Koutsantonis, A.	Mullighan, S.C.
Odenwalder, L.K.	Piccolo, A.	Picton, C.J.
Rankine, J.M.	Rau, J.R.	Snelling, J.J.
Vlahos, L.A.	Wortley, D.	

PAIRS

Speirs, D.	Hamilton-Smith, M.L.J.	Tarzia, V.A.
Brock, G.G.		

Motion thus negatived.

Sitting suspended from 13:02 to 14:00.

*Petitions***QUEEN ELIZABETH HOSPITAL**

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition): Presented a petition signed by 249 residents of South Australia requesting the house to urge the government to take immediate action to ensure that critical care services at the Queen Elizabeth Hospital are maintained and not to implement proposed changes to the Queen Elizabeth Hospital Emergency Department under the Transforming Health Plan.

QUEEN ELIZABETH HOSPITAL

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition): Presented a petition signed by 1810 residents of South Australia requesting the house to urge the government to ensure that the two cardiac catheter laboratories continue to operate at the Queen Elizabeth Hospital to ensure quick and effective cardiac treatment in the case of emergencies and for chronic cardiac patients.

*Parliamentary Procedure***ANSWERS TABLED**

The SPEAKER: I direct that the written answer to a question as detailed in the schedule I now table be distributed and printed in *Hansard*.

VISITORS

The SPEAKER: I welcome to parliament today students from Mark Oliphant College, who are guests of the member for Napier, and students from Our Lady of the Sacred Heart College, who are guests of the member for Enfield.

PAPERS

The following paper was laid on the table:

By the Minister for Higher Education and Skills (Hon. S.E. Close)—

Training and Skills Commission—Annual Report 2015

STANDING ORDERS SUSPENSION

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:03): I move:

That standing and sessional orders be so far suspended as to enable me to move a motion without notice forthwith.

The SPEAKER: The motion is put. I am satisfied there is an absolute majority here; is it seconded?

Honourable members: Yes, sir.

Motion carried.

The Hon. A. KOUTSANTONIS (West Torrens—Treasurer, Minister for Finance, Minister for State Development, Minister for Mineral Resources and Energy) (14:03): I move:

That the time allotted for the debate be one hour in lieu of question time.

Motion carried.

No-confidence Motion

MINISTER FOR HEALTH

Mr MARSHALL (Dunstan—Leader of the Opposition) (14:03): I move:

That this house has no confidence in the Minister for Health in light of his handling of the South Australian public health system.

The health system in South Australia is in crisis and the minister responsible for this crisis is in this house—the Minister for Health. He was appointed by the Premier in January 2013. He was sacked from his portfolio as treasurer for this state, demoted to the important health portfolio, and ever since that time he has proven himself to be completely and utterly inadequate to look after this most important of portfolios.

This is a portfolio which deals with almost a third of the state budget but, more importantly than the monetary terms, it deals with the lives of South Australians. This minister is responsible, or supposedly responsible, for the care and treatment of our most seriously ill people in South Australia and his performance over the last three years is nothing short of deplorable.

There has been a rolling wave of scandals which have enveloped the South Australian health department since he came to look after this department. Let's take a look at some of these this afternoon: South Australian Pathology Services; I mean, a year ago, at the beginning of last year, we learnt that this agency had put hidden cameras in their department to spy on their employees. Then there was the chemotherapy dosing bungle, so the dosage which was given was completely and utterly wrong, but does this minister support the pleas of the victims? Does he support the pleas of the opposition to conduct an independent parliamentary or judiciary inquiry into this? No, absolutely not, he refuses.

The Lyell McEwin records bungle; this is another scandal where doctors' notes, put onto the private patient records, were tampered with by management within the department—another scandal that he has presided over—21 separate privacy breaches of patient records in South Australia. Another scandal: SA Pathology in recent weeks has been further in the media because of their bungling of the prostate cancer notifications where this department again failed to inform the victims and inform the people of South Australia.

This rolling wave of scandal and incompetence is undermining the people's confidence in our public health system in South Australia, and there is only one person responsible, and that person sits opposite. Not only do we have a scandal-ridden department in South Australia but we have a department which is not fulfilling its obligations.

Let me tell you, Mr Speaker, we have the highest expenditure per capita in the nation in terms of health expenditure, yet do we have the best outcomes? Absolutely not. So we have the highest amount of money going in, and in fact we have the equal worst performance in the nation. It

almost beggars belief. It takes a certain type of incompetence to be able to deliver the worst outcome with the greatest level of input, but that is exactly what we have in South Australia after three years of mismanagement by this minister.

This afternoon I would like to focus on two specific areas of incompetence in service delivery: number one, mental health; and number two, I would like to look at elective surgery waiting times. Last year, this minister told the people of South Australia that his number one priority was fixing mental health in this state, and he did not want to have one single mental health patient in an emergency department for more than 24 hours. Let me tell you that there have been plenty of people sitting in emergency departments right to this day.

So what was his response? He handballed it. He decided, 'I do not want to do it, I am going to go nowhere near delivering on my number one priority, so my number one priority is going to be handballed to somebody else.' He no longer looks after that. He prioritised tickets to the opera, he prioritised tickets to arts events, because he kept the arts portfolio, but he handballed mental health and substance abuse to someone else. So we now have this ridiculous situation in South Australia where the department head is responsible to two separate ministers. I mean, is this anything like best practice? No, but this is what is presided over by this minister.

The Hon. A. Koutsantonis interjecting:

The SPEAKER: The Treasurer is called to order.

Mr MARSHALL: Elective surgery is the key indicator of the health of a system, and in this instance it is really found wanting. In South Australia, we were the only state last year which performed fewer elective surgery procedures than we did the previous year. It is the worst performance in elective surgery in the nation. Elective surgery waiting times are massively blowing out, and what is the minister's response? He decides to close the elective surgery beds at the Repat Hospital. His response to the blowout in terms of elective surgery in this state is to close beds at that wonderful hospital which is doing a huge proportion of elective surgery here in South Australia.

The waste in this department is absolutely deplorable. We have had a massive blowout, of course, in the new Royal Adelaide Hospital, a \$640 million blowout. We have had a massive blowout in the EPAS system, which has been presided over by this minister for the last three years, and we have had in excess of \$400 million worth of unbudgeted expenditure in just a three-year period. In three years he has managed to blow his own budget by \$400 million.

So we know that this is a system which is not working well, and so what is the minister's response to this system which is clearly in crisis? Well, let me tell you sir, this minister is the architect of a disastrous plan, which threatens patient safety, and it is called Transforming Health. What an absolute mess Transforming Health is. I will tell you what it is, sir, it is the closure of three hospitals in South Australia—

Ms Sanderson interjecting:

The SPEAKER: The member for Adelaide is called to order.

Mr MARSHALL: —the Repat, St Margaret's and, of course, the Hampstead Rehabilitation Centre. Three hospitals are closing and emergency department services are being cut across the state. The emergency surgery at Modbury is being closed, and, of course, we have the veiled threat by this minister that he is going to close a further 800 hospital beds in South Australia. He is on the record saying that he thinks that we need to get to the national average in terms of the number of hospital beds per person in this state. That means 840 beds in South Australia will be gone. This would be absolutely catastrophic; but that is the minister's plan. It is already in crisis, and his plan is to make it absolutely worse.

There are a couple of areas that I would like to highlight, where the people of South Australia have absolute critical concern. One is, of course, Hampstead Rehabilitation Centre, and this has been high profile in recent weeks. The government's plan, this minister's plan, is to cram all of the services currently at Hampstead into The Queen Elizabeth Hospital. He has been out on numerous occasions saying that this is the plan of the clinicians. So, lo and behold! Weren't we all shocked and surprised when 11 heads of unit made it clear that they were not even informed about the changes

until three months after the department that this minister presides over informed the Public Works Committee. So they had already put the plans in place, and then they told the heads of department; and, guess what? It was not a very good plan.

If you have a look at the absolute avalanche of people who say that this is a poor decision, this minister really has to go. SASMOA agrees that this is a poor plan. Stephen Wade, our shadow health minister in the Legislative Council, agrees that this is a terrible plan.

Members interjecting:

Mr MARSHALL: And hear them scoff! But wait for the next name. The next name is none other than Mark Butler—Mark Butler the federal member for Port Adelaide, the President of the Australian Labor Party. He thinks it is a very bad plan. He is your federal president. He is the Premier's best mate (he was his best man) and he put it in writing, and the reason why he has put it in writing is because it is an absolutely dud plan.

Members interjecting:

The SPEAKER: The member for Mitchell is called to order as is the member for Elder.

Mr MARSHALL: That, of course, is not the only component of Transforming Health which is a dud, but it is one which must be humiliating for this minister. Let's hear what the minister—

The Hon. L.W.K. Bignell interjecting:

The SPEAKER: The Minister for Agriculture is called to order.

Mr MARSHALL: Sir, if you need any further evidence, we have got SASMOA, we have got the doctors, we have got Stephen Wade, we have got Mark Butler. Let's see who else thinks that this is a dud plan. Oh, it's the minister himself! On radio earlier this week, and I quote, sir:

We're trying to fit quite a lot of additional services onto The Queen Elizabeth Hospital site...we'd gone to those clinicians with a plan which hadn't been really well thought through. There were a lot of problems with it. We basically said to those clinicians, 'Look, we can see what you're saying, we're going to go back to the drawing board.'

These are the minister's own comments on his own hopeless Transforming Health plan. Let's hear what SASMOA said only last month about Transforming Health. This is Dr David Pope, President of the South Australian Salaried Medical Officers, and I quote:

What we're seeing is changes which are ill thought out and very destructive and it's destruction which will be very hard to fix. If these changes go ahead, as it looks like they want to, we're looking at 20 to 30 years to rebuild our health system to anything half functional again.

This is what the clinicians are saying. Out at the Modbury emergency department, horrendous problems are identified by the clinicians in that area. Nineteen out of 23 Lyell McEwin emergency physicians say that the government's plan will see their hospital being overloaded. Thirty Modbury doctors wrote an open letter to the minister. Three Modbury Hospital emergency department physicians have now resigned, including the head of the emergency department. He has gone. He does not think it is a very good plan.

Let me tell you what was said right back almost at day one when this was laid on the table by this inept minister. Let me tell you what Patricia Montanaro had to say, because I think she belled the cat when she said: 'This is a real estate deal around closing off the Repat and closing off Hampstead hospital.' That is what the people have to say.

What has this minister's response been to this avalanche of evidence that Transforming Health is going to be bad for the people of South Australia? He persists by telling us all that 95 per cent of clinicians in South Australia support it. It is hard to believe that he could continue to run this line. Let's just have a look at some of the evidence in the past two weeks. Yesterday alone, the AMA put out their survey:

Sixty-one per cent of doctors do not believe Transforming Health will provide better care for patients. In fact, less than 10 per cent of those surveyed agreed or strongly agreed that Transforming Health will produce better outcomes for patients.

Less than 10 per cent. These are doctors. These are the most trusted people in our society and they think it is a dud plan. Seventy-one per cent do not believe that they will deliver best care first time for

South Australians. A staggering 79 per cent of people felt that the consultation had been poor. What was the minister's response? He said, 'Well, this is dodgy polling. This polling can't be trusted.' Has he put forward any polling to substantiate his claim that 95 per cent of clinicians think that this is a good plan? No, he hasn't.

Members interjecting:

The SPEAKER: The member for Kavel is called to order and the Treasurer is warned.

Mr MARSHALL: He hasn't put it forward, because it doesn't exist, because he is just making it up. There is no such support for Transforming Health in South Australia. Everybody knows that it is a dud. Only the week before, we had another survey which came out, this time from the Royal College of Surgeons. They had a staggering '84 per cent of surgeons do not support the implementation of Transforming Health, and more than two-thirds regard the plan as a risk to patient safety', yet this is a minister who persists with it.

This is a minister who persists with closing the Repat after the Labor Party went out very strongly—the former premier of South Australia went out and said, 'It will never, ever close. The Repat will never ever close.' The former minister for health said, 'It would be ridiculous to suggest that it would actually close.' Minister Snelling himself in 2013 said:

SA Health is dedicated to maintaining the same high level of care that veterans and the local community have come to expect from the Repatriation General Hospital both now and into the future.

That was in July 2013, but let me tell you what happened.

Ms Chapman: Just before the election.

Mr MARSHALL: Straight after the by-elections in Fisher and Davenport, this minister decided that this site was going to be flogged off and, let me tell you, once it is gone, it is gone. It is absolutely reprehensible that this minister, a former minister for veterans' affairs, would do it in this centenary of ANZAC year.

The minister has shown that he cannot manage public health in South Australia. His Transforming Health plan is a train wreck, which will cause irreparable damage to the health system and to the confidence of South Australians in our public health system. If the minister won't be open and transparent with the people of South Australia, he has no right to the continuing confidence of this house. The public and clinicians have lost confidence in this minister, and now it is time for him to go. I urge the house to support the motion.

The Hon. J.W. WEATHERILL (Cheltenham—Premier) (14:19): The Minister for Health enjoys my full confidence and should enjoy the full confidence of every single member of this house. He has courageously committed himself to dealing with one of the most important areas of public policy in our state that is confronting our state at the moment.

Mr Pisoni interjecting:

The SPEAKER: The member for Unley is called to order.

The Hon. J.W. WEATHERILL: He has designed an intelligent way of dealing with that system, and he has exercised great integrity in the way in which he has conducted that process.

Members interjecting:

The SPEAKER: The leader, the deputy leader and the member for Hartley are called to order.

The Hon. J.W. WEATHERILL: The reason why it takes courage to grapple with this great question of reform of our healthcare system is that you need to speak honestly to the people of South Australia about the challenges that face us. Every single intelligent commentator who has looked at our healthcare systems around the nation understands that they are growing at a rate which is overwhelming every state and territory government's finances.

Dr McFetridge: Fourteen years you have been here—fourteen years.

The SPEAKER: The member for Morphett is called to order.

The Hon. J.W. WEATHERILL: Every single state and territory government, Labor or Liberal, has reached the same conclusion, and that is because of the obvious reasons associated with our ageing population and the technological changes that are meaning we can do many wonderful things to sustain people in their health and wellbeing.

Mr Tarzia interjecting:

The SPEAKER: The member for Hartley is warned.

The Hon. J.W. WEATHERILL: Over the last 14 years, as we have rebuilt every single public hospital in this state, as we have allocated—

Mr Whetstone interjecting:

The SPEAKER: The member for Chaffey is called to order.

The Hon. J.W. WEATHERILL: —as we have allocated more resources into this system than any other state and territory per capita, as we have now gone through and rebuilt much of the destruction that occurred from the previous government, we have now turned our attention to the biggest challenge facing our state, which has been made more acute—

Mr Tarzia interjecting:

The SPEAKER: The member for Hartley is warned a second and final time.

The Hon. J.W. WEATHERILL: Mr Speaker, we listened to the Leader of the Opposition in complete silence.

Mr Gardner: Your own Treasurer was warned.

The SPEAKER: The member for Mordialta is called to order.

The Hon. J.W. WEATHERILL: We have decided to tackle the single biggest challenge that exists within the healthcare system, the single biggest challenge to the public finances of the state, and that is the reconfiguration of the public hospital system. What that needs to be contrasted with is the approach that has been taken by those opposite. Instead of actually accepting, as every intelligent commentator accepts, that this is the real challenge, they want to pretend that by reducing bureaucracy, by somehow trimming and cutting, by pointing the finger at some nameless bureaucrats, somehow that is going to solve the challenges we face in our healthcare system.

The problem is that it lacks honesty and it lacks the courage that this Minister for Health has had to identify the real problem. On the basis of evidence and facts, he has identified that we have a system that not only is one that is expensive and difficult to run and is overwhelming our finances, but is one which is not delivering the best health care to our citizens.

He has bravely and courageously put that material on the public record, including material about the fact that there are deaths that could be avoided in our system as a consequence of the way in which it is presently configured. Now, that requires courage—the sort of courage which is sadly missing on the other side of the chamber. The way he has also approached this system is to design a system of reform which is also intelligent—

Members interjecting:

The Hon. J.W. WEATHERILL: —one which is—

The SPEAKER: Premier, just a minute. The Leader of the Opposition was not subjected to a barrage such as the Premier is being subjected to in this debate. I call to order the members for Davenport and Mount Gambier. I warn the members for Morphett, Mount Gambier and Mordialta and the leader, and I warn for the second and final time the leader and the members for Chaffey and Morphett. Premier.

The Hon. J.W. WEATHERILL: The Transforming Health process began in June 2014 with clinical engagement committees. It then led to the Transforming Health discussion paper and consultation process between October and November 2014, with a substantial discussion paper which engaged 5,000 community members. It then led to the Transforming Health summit on 28 November 2014. It then led to the Delivering Transforming Health proposals paper in the early

part of 2015 and culminated in Delivering Transforming Health—Our Next Steps, which was delivered on 17 March 2015.

That process, that decision to construct a process of engagement with the South Australian community, treated the community with respect. It sought to put before them facts and materials so that they could engage in a process and an intelligent discussion where they set aside their first thoughts and kneejerk reactions and were given a greater understanding so that they could reach a wise judgement together with us.

Because the truth is, it would not matter who was sitting on this side of the house; they would be grappling with precisely the same questions as the one we are grappling with today. Instead of just papering it over and waiting for the next guys to come in, this minister had the courage and intelligence to design a process that treated the people of South Australia as though they were intelligent, took them into his confidence—

Members interjecting:

The SPEAKER: The members for Mount Gambier and Morialta are warned for the second and final time.

The Hon. J.W. WEATHERILL: —and exposed himself and this government to the political risks associated with talking about difficult things that involve change. Contrast that, Mr Speaker, with what we saw emerge from the Leader of the Opposition just a few days ago with the so-called 2036 proposition.

The Hon. P. Caica interjecting:

The SPEAKER: The member for Colton is called to order.

The Hon. J.W. WEATHERILL: I will give you some of the highlights which were taken from this paper as they are relevant to Health. These are some of the quotes.

Members interjecting:

The Hon. J.W. WEATHERILL: Listen, this is your work, you would be proud of it:

It in our own best interests to stay out of hospital.

Penetrating.

Hospital care is very expensive.

Genius! And my favourite:

The infrastructure we will need in the coming decades is significantly different to what we required 100 years ago.

How can you compete with that? What we are really dealing with at the moment is that, as we go out with these very contentious proposals like amalgamating services and closing much-loved services, the people who have come to rely upon these services and clinicians who have come to enjoy their local surroundings and are very proud of the services they provide, when we ask them to disrupt those services in the interests of producing better outcomes for patients, that causes grief and concern. That is the sort of thing that those opposite are tapping into, and tapping into in the most shameless way.

I remind this house of the way in which the Hon. Stephen Wade took the death of a person at the Noarlunga Hospital and suggested that they had died as a result of not receiving proper care at that hospital and that they had been delayed in having them transferred to the Flinders Medical Centre. He reasoned that that was why Transforming Health should not be supported. This is the letter that came from the son of that deceased person:

Minister,

You may recall the incident [that] occurred [on August 22 2014] when my mother died suddenly at the Noarlunga Hospital.

At that time Mr Wade, the Opposition Health [spokesperson] obtained or received confidential information from her personal medical records which he used to create a false allegation that she had died as a result of not receiving proper care at the hospital.

I note with interest that Mr Wade is now seeking to criminalize the conduct that he sought to benefit from in 2014.

So, here we have a Leader of the Opposition who is prepared to permit those standards that apply to his shadow minister. If there is any lack of confidence that should be expressed in any health spokesperson in this state, it should be in the Leader of the Opposition's health spokesperson. It reflects on the integrity of the Leader of the Opposition that he permits the man to stay in that position.

That is what has characterised—and I want an extra couple of minutes—the way in which they have prosecuted their case against Transforming Health. They have prosecuted their case against Transforming Health by scaring people and by treating people as having a lack of intelligence and a lack of a capacity to engage in this debate.

Mr Speaker, I do crave your indulgence, because I was sorely interrupted for at least two minutes. This is not a debate about confidence in the health minister. This fundamentally is a debate about whether those opposite have confidence in the Leader of the Opposition. There is absolutely no—

Members interjecting:

The SPEAKER: The member for Unley is warned.

The Hon. J.W. WEATHERILL: Mr Speaker, as those opposite contemplate the possibility of 20 years in opposition, and they realise they are putting all of their faith in one man sitting over there, they would be wondering to themselves—

Members interjecting:

The Hon. J.W. WEATHERILL: They would be wondering to themselves, 'Is it going to be a rerun? Are we going to get—'

Mr van Holst Pellekaan: Did you run out of good things to say about Jack?

The Hon. J.W. WEATHERILL: Interviewing for the top job. They will be wondering to themselves whether the Leader of the Opposition is going to swallow his tongue on day one of the campaign and forget who he is voting for on day 28. They will be wondering about that, Mr Speaker, and as those Liberal staffers are crowding around in some small bar around Adelaide, tweeting #SackJack they must be full of fear when they see Labor staffers tweeting back #KeepSteven. They must be full of fear. I ask all members of this house to reject this ridiculous motion.

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:31): I rise to speak on this motion. The most disturbing contribution from the Premier to date is to assert to this house that his minister, in whom he claims he has confidence, has been courageous and brave, has acted with integrity over the last three years, and has overseen his department with confidence.

Let me say this: for a minister who even developed and announced the Transforming Health proposal after the last state election, without telling the people of South Australia what he intended to do, is defective as it is, and it totally overrides what the Premier has just said. That is the act of a coward, not a brave person. That is an act of a coward.

If he wants to have any mantle of integrity, honesty, competence or diligence, he needs to tell the people of South Australia what he is going to spend their money on, how he is going to spend it, when he is going to deliver it and what he is going to deliver, and actually be honest with them before the election, not six months later. That is the act of a coward.

But that is not the only reason I support this motion. This government, in 2011, signed a contract with the consortium SAHP to do three things: one was to build and design a hospital, the second was to maintain that new hospital for a period of 35 years, and the third was to provide non-clinical support services with it.

The SPEAKER: Can I interrupt the deputy leader. On many occasions, 'coward' has been ruled unparliamentary language. It is not for the minister to object; it is for me to object. She will withdraw it and apologise for it.

Ms CHAPMAN: I withdraw and apologise, sir, if any statement I have made was to indicate that I was calling a specific person a coward. I was referring to what the qualifications were for being a coward in light of what the Premier had said. But, in any event, I withdraw and apologise.

That is the contract that was signed, and that is what was entered into. What has happened is that it has now been marred—irrespective of the merits of building this hospital in the first place—with complete reckless mismanagement and incompetent supervision by the Minister for Health.

Let me just identify four things which are key to this: the time frame, the project cost, the services and build that we get, and finally, what has happened onsite. We have a project which was originally promised, from the time of that contract, on 19 January 2016. We then had a situation where in mid-2014, with the denial by the minister that there was any delay—ultimately, by September 2015 we have an admission that we are going into April 2016.

More recently, we have had reports from independent supervisors of this project who are now describing the whole project as being in a 'distressed state' having delayed the project to 25 May this year, and now we face the situation where it is yet to be confirmed, but by the minister in his own statements in the public arena has been talking about early 2017.

If we get this hospital in 2017, 10 years after it was announced—10 years after it was announced—when other states have been building one, two, sometimes three new hospitals in their states all around the country we are going to get one hospital, if we are lucky, and close three. That is the result.

As to the project leadership, who has been sitting side by side with the minister during this period of the last three years and particularly in just the last 12 months? We have seen CEOs come and go, etc. Some people will remember Mr David Panter. He was brought here from the UK. He was supposed to be the alleged expert to build the St Bartholomew's Hospital in London. He was going to be the man who was going to be the absolute expert that we were going to need—great new model of care, etc., etc. He has disappeared. He has gone. He is out of the picture. He disappeared early last year.

We then had Andrew Nielsen the program director. He lasted eight months; he left in March 2015. We had Judith Carr, the project manager, she left in April this year. Another one bites the dust! We have got a nurse, I think, from Canada, who is now a nurse administrator, who is going to be taking this poison chalice to try to manage this project.

We have got a whole stream of people who are just like frogs leaping off a log. They are fleeing the scene of the crime. They do not want to be sitting with the minister, Premier, and you ought to be taking note that it is not just us criticising the situation that prevails: their own people who are working in the high levels of the department are abandoning ship.

With respect to the project cost, people will remember the very embarrassing publication last year when this was identified in a national survey by an international company to be the third most costly building in the world. On dollars per capita per square of the build it is the third most expensive building in the world. It may not be anymore. I do not know. It might be more now; it might be higher up the list. But that ought to have been a shining example to the government that clearly there was some serious mismanagement in this project.

In June 2007 the then Labor government promised a new NRAH to build at \$1.7 billion. I wrote to the Premier after the 2010 election in late 2011 after he became Premier, as were others, calling for an abandonment of this complete folly. He wrote back to me a very interesting letter, and in it he said:

The new RAH and the associated maintenance and services provided under this contract is affordable for our state. The design and construction costs will be \$1.85 billion plus \$244.7 million and associated state costs etc... This will bring a total cost to \$2.09 billion.

He dropped off \$4.7 million, but who cares—\$4.7 million, who cares, it's pocket money. He goes on to promote the project indicating that the only thing that is different, of course, from the \$1.7 million in 2007 is because they had not actually added in the project risk costs. Oh, well, and why do you do that? That would not be terribly responsible. Then he goes on to say:

We will not pay a cent to the private partner until the new RAH opens in 2016 and from then the annual payments will be an average of \$397 million per year...

That is what we got to by the beginning of 2012. Jump forward to now. We are in a situation where this project is costing some \$640 million more than what was originally announced. I mean, how can you get all that just so wrong? Can't these people add up? They have got a Treasurer. The Premier and the Minister for Health have both been former treasurers of this state and they cannot even get it right. I mean, this is just impossible.

It is like the Premier woke up and thought, 'I'm going to be like Joseph Kennedy when he was asked what he would do to make JFK the President of the United States.' Joseph Kennedy said, 'I will do whatever it takes and not a penny less.' They are going to build this hospital and they do not give a toss what it is going to cost. It does not matter what it is going to cost. It is not their money: it is the people of South Australia's money. They are going to pay. They are going to build their little Taj Mahal and that's it. As for services, for all that money we are going to get 50 more beds in the new Royal Adelaide Hospital than we had in the old Royal Adelaide Hospital.

Back in 2007 when they announced this, there were 1,000 beds under the Royal Adelaide Hospital website, 150 of which were at the rehabilitation centre at Hampstead with 850 on North Terrace. We are going from an 850-bed hospital actually down to a 700-bed hospital. We are going to pay billions of dollars for that purpose. Unlike the minister's claim in 2014 that all existing services would be retained, we now know that gynaecological and pain services will be lost at the new RAH. Twelve of the ICU beds are not even going to open on time, whenever that might be.

As to the build itself, we have this absolutely bizarre situation of the steel issue. Whyalla township is on its knees. It is not a side issue: it is a very important financial issue for the state, but the government, when asked questions about the composition of foreign steel on this particular government project, says, 'We don't know; we can't tell you. We haven't kept a record of it; we didn't need to keep a record of it.'

What if there is some structural defect in this steel? How are we going to know who to sue? How are we going to know who is going to be required to make the payments? We need to have some level of audit. Wouldn't that be basic to have audited that?

One alarming thing that has at least been allowed out from under the secret cloud of this development is to tell us that we do not have walls or floors strong enough, a structure strong enough, to be able to hold the patient records and the filing cabinets that hold them. I mean, what is going on down there in the Department for Health and under the minister's watch?

Finally, can I say this: a most disturbing aspect is that the government has been in conflict with the consortium. They are now taking them to court. It arises out of the deaths of two workers on that site who either were operating or were on scissor lifts. That is disturbing enough. What is of great concern is that the government is now in legal proceedings again with the consortium. These are the people they are supposed to be in partnership with for the next 35 years. It is a disgrace.

Ms COOK (Fisher) (14:42): I rise today as a politician but actually also as a clinician. I have been a nurse for 30 years and there are a couple of things I need to say and get off my chest. One is that I have never seen such appalling behaviour in the community as I have seen sitting here watching some of you people. It is a bit rich for the member for Bright to come out and criticise hardworking public servants and then to watch the behaviour here; it is absolutely disgusting. I think everybody needs to learn from what is the most trusted profession in this country and that is nurses.

Members interjecting:

Ms COOK: That is nurses. For 20 years, nurses have been the most trusted profession in this country; in fact, last year it increased. Health care is one of the most diverse and challenging but also one of the most progressive sectors that the government has to oversee. It's challenging, it's difficult—

Members interjecting:

Ms COOK: —and it's constantly changing.

Members interjecting:

The SPEAKER: The deputy leader received very little in the way of interjections from the other side. I would like the opposition to extend the same courtesy to the member for Fisher. Member for Fisher.

Ms COOK: Thank you, sir. Health care is constantly changing. I have worked in a mixed role in clinical and hospital management since the early 1990s and I know too well that there have been changes going on every single day in terms of how we deliver and manage health care. For the last 10 years, there has been an absolutely exponential increase in the demands and the challenges facing our healthcare workers because of other social problems—

Mr Bell interjecting:

Ms COOK: —and because of other pressures placed on them not just by the state government—

Mr Bell interjecting:

Ms COOK: —and the opposition but by the federal government.

Members interjecting:

The SPEAKER: If the member for Mount Gambier makes another utterance in this debate outside standing orders, he will leave us. Member for Fisher.

Ms COOK: What nurses and other clinicians do—and that is right, it is not just doctors who make up clinicians in our healthcare system: it is nurses, it is allied health professionals, it is paramedics—is work together collaboratively as a multidisciplinary team on a daily basis to face the challenges placed upon them by the demands of the healthcare system. Every criticism fired from this place towards the healthcare system hits nurses, allied health professionals—

Members interjecting:

The SPEAKER: The member for Hammond is called to order and warned; the member for Davenport is warned for the first time; and the member for Hartley is warned for the second and final time. Member for Fisher.

Ms COOK: Every criticism fired from within these walls hits health professionals, including nurses, hard-working physiotherapists—

Members interjecting:

Ms COOK: I do not expect people opposite to understand, because they have not worked in the system, and they have not seen the heartbreak that health professionals face on a daily basis. It hits them between—

Members interjecting:

The SPEAKER: The deputy leader is warned and the member for Finniss is called to order.

Ms COOK: It hits them between the eyes, and it offends them deeply and personally, because everything they do, they take personally with absolute commitment and courage on a daily basis.

Mr Pengilly interjecting:

The SPEAKER: The member for Finniss is warned.

Ms COOK: In the early nineties, I participated in what was one of the biggest reviews of rehabilitation and healthcare services in this state. I sat opposite Dean Brown in an office to be informed that the care being delivered at Julia Farr services needed to change. It was care that we were delivering to the brain injury patients of South Australia in what we considered to be world-class

conditions, and under a Liberal government, those changes were driven, and the nurses ran with them without complaint but with a lot of heartache.

We were told by the public that we would never achieve the world-class rehabilitation standards outside of that setting; we were told by people that the way that it already was, was how it should stay; we were told to fight; but we kept going, we kept moving and, over a transitional period lasting half a decade, the brain injury services moved to Hampstead Centre and there they have replicated what is excellent healthcare.

This is change; this is what happens: it is consultation; it is communication. Transforming Health did not start last year; it started with lean thinking principles; it started a decade ago. It is been happening every year, and I have stood with my clinician friends and with my colleagues as we have been devastated by the challenges faced by us, and we have continued to move forward and we have done it, and we have achieved best outcomes for patients, and that is what the healthcare services in South Australia will continue to do.

The important thing is that we have stable and solid leadership. We have consistent support from within parliament. We have had two leaders in this party in the last 20 years. That is stable, that is solid leadership. We have had a health minister in place for three years, pulling this together from the top. It is not the minister who is making up these changes in Transforming Health; he is being guided by healthcare professionals and clinicians. I have been absolutely relentless in my challenging of every single step of Transforming Health. I have lost count of the hundreds of emails I have sent to the minister, and I have lost count of the number of times I have asked him to back up—

Mr van Holst Pellekaan interjecting:

The SPEAKER: The member for Stuart is called to order.

Ms COOK: I have lost count of the number of times I have asked him to back up and validate the evidence that has been put in front of us. I have challenged numerous parts of Transforming Health. I have taken the answers back, the discussions back. Whether I personally like them or not, I have been very open and very frank about that, and I have taken that back to hundreds of clinicians who, every time you criticise the healthcare system, you shoot between the eyes.

Mr Bell interjecting:

The SPEAKER: Is the member for Mount Gambier interjecting or is he talking to himself?

An honourable member: He's talking to himself.

The SPEAKER: He is talking to himself? Good, I am reassured. Member for Fisher.

Ms COOK: If anybody in this place denies that every person in South Australia is entitled to access to the best possible health care from the best people in the best facilities, then they are kidding themselves; they are not serving their people properly. What the minister has done here is maintain this consistent approach with us, with firm leadership.

We have consulted with our people, and we have taken the answers back to the minister. I support him in the work of rolling out Transforming Health, leading our healthcare system, which is one of the most challenging and yet one of the most rewarding parts of our government. I am proud to be here representing the clinicians whom I call my friends and I call my colleagues. I totally oppose the motion.

Mr KNOLL (Schubert) (14:50): If the member for Fisher was so confident in Transforming Health why did she not take it to the people of Fisher in the by-election we had last year? If the member for Fisher is so confident that the Labor Party looks after nurses and front-line staff, why is it that whilst we have had a 43 per cent increase in nursing staff over 10 years we have had a 158 per cent increase in health bureaucrats over the same period? Talk is one thing, but actions show a completely different truth.

Today, we are talking about a motion of no confidence in the minister. Our Westminster system of government demands that ministers are accountable for the actions of their department when implementing government policy. With power must come accountability. In the minister's hands

a decision is made, and so responsibility must also be placed. With a few noble exceptions we have seen this principle erode in recent times, and honour and pride give way to self-interest and self-preservation.

I take no joy in what we are doing here today, but in using the parliament to try to revive this important principle we seek to restore the public's confidence in our embattled health ministry. Not only has the minister presided over the pitiful execution of a flawed strategy, as has been previously highlighted, he has also wasted criminal amounts of money in the process. For every cent wasted, that is one cent less that can be spent on relieving people's pain or relieving someone's illness.

In a state with an ageing population, the proper management of the health budget is one of the government's most fundamental and important tasks, and failure in this regard speaks to a wider incompetence. This incompetence is manifest in the Enterprise Patient Administration System, or EPAS. Originally billed at \$220 million, covering all hospitals, it has now cost South Australians an extra \$230 million and it covers only three hospitals—only covers three hospitals. More galling than that is that one medical officer described it as something that has clearly not been designed for improving patient care; it seems likely it has been designed for increasing revenue.

We see the much vaunted new Royal Adelaide Hospital, first proposed as a \$1.7 billion project now costing an extra \$644 million, as well as potentially being delivered over a year late. Think of the number of knee replacements and cataract surgical procedures. We could take an axe to our waiting lists here in South Australia with that billion dollars of funding unlocked.

We hear the rhetoric of the member for Fisher about frontline health service numbers, but it is the extra 1,200 bureaucrats that she failed to mention—1,200 bureaucrats extra over the last decade. This fact is compounded by comments from the South Australian Salaried Medical Officers Association when they say that one of the challenges they face daily as employees is the ever increasing need to fight the bureaucracy of SA Health over a relentless stream of new bureaucratic processes and controls over doctors that have the effect of undermining care and the doctors' ability to provide efficient and safe care to patients.

So, we can sit here and talk about nurses all day long, but nurses are nowhere near the problem: they are the backbone of our health system. It is the ones sitting in the back offices that are making it hard for them to do their job. Just today, we see that after six years the state's biggest department, the Department for Health and Ageing, still does not have a gift register. At a time when public cynicism in our political system is at an all-time high, this basic failure of administration is inexcusable.

Whether it is the new Royal Adelaide Hospital debacle, EPAS, the Oracle procurement system and the debacle down at Camden Park, the Repat Hospital closure, downgrades at TQEH and Modbury, SA Pathology cover-ups, patient record breaches, the failure to institute a gift register, the fabled 'ambus' or the closure of Hampstead and St Margaret's, everything this minister touches fails. But perhaps what is most scary is what is potentially still to come because, if this minister is willing to butcher metropolitan hospitals in this way, think about what he is going to do to Country Health when it comes to the country in South Australia.

When the member for Light was a minister undertaking reform, he lost the confidence of his sector. He lost the ability to bring people with him on the reform journey, and he did the right thing and he resigned. What we are seeing now is that the same thing is happening with the Minister for Health: he has lost the confidence of the majority of the sector; he has lost the confidence, most importantly, of the public.

This is a minister who has run out of followers and, as the saying goes, a leader without followers is just some guy taking a walk. It is time for the Minister for Health to do that. It is time for him to take a walk, restore confidence in the public health system here in South Australia and resign.

The Hon. S.C. MULLIGHAN (Lee—Minister for Transport and Infrastructure, Minister for Housing and Urban Development) (14:56): After that contribution, you would really think some of these right-wing backbenchers should be on the front bench on that other side. I rise to speak against this motion and I rise to speak in favour of better services for our community in the western suburbs. I have been very concerned to ensure, in the time that I have been both a resident and a

candidate, as well as a member of parliament representing our community in the western suburbs, that we receive the best possible services, whether it is in health, education, policing or other areas of government responsibility.

These are challenging times in managing these services across our communities. These are challenging times because we know what—

Mr Williams: Only because you are incompetent.

The SPEAKER: The member for MacKillop is called to order.

The Hon. S.C. MULLIGHAN: —the challenge is in health: we have increasing demands from our population; we have more and more presentations to hospital; we have an ageing population presenting with more complex and more expensive ailments to treat; and we also have more complex, more advanced and more expensive treatments to deal with those ailments.

We thought we were making some progress when, under the former federal Labor government, we reached a landmark funding arrangement where we would have more money invested from the commonwealth government to all states and territories, to help all states deal with those sorts of challenges that I have just outlined. But, of course, we have had a complete revocation of that commitment from the current federal government.

While we have had a few handfuls of change thrown at the states in the recent arrangement from the latest COAG deal, we are still left with a fundamental problem. But I am glad to say that there are some federal members of parliament who realise how serious and how important this challenge is across all of our states. I speak of the federal member for Hume, Mr Angus Taylor, an assistant minister in the current Turnbull Coalition government, who has singled out South Australia as being a state with the confidence and the courage to address this problem, to engage in the hard, difficult policy reform to ensure that we are delivering the best possible health services we can, within the constraints that I have just outlined.

When it comes a little closer to home, when we are talking about the western suburbs, people would understand that we are a little reticent when it comes to changes in the health services which are being provided to our community. The best example is the revocation of palliative care beds from the Philip Kennedy Centre by Southern Cross Care in 2013. When I was a candidate in the lead-up to the state election, with the member for Port Adelaide also in the approach to the 2014 state election, who did we go to to try to have that problem redressed and resolved? We went to Jack Snelling. We went to the Minister for Health. What did he do? He stumped up money in excess of a million dollars to try to convince that non-government organisation to continue providing quality health services—

Mr Pisoni interjecting:

The SPEAKER: The member for Unley is warned for the second and final time.

The Hon. S.C. MULLIGHAN: —to the western suburbs. So, when it comes to form, the Minister for Health does have form. He does have form sticking up for those residents in the western suburbs and delivering better health outcomes to them.

Of course, you can contrast that form with the form of somebody who the opposition leader has held up as a shining light for advocacy and advice in the healthcare system, Stephen Wade—that person who has been caught out time and time again making false claims and misstatements, and disseminating false information to the community and to the media for shallow, base political purposes. He has been caught out, he has been held to account time and time again, and what has been the response from the Leader of the Opposition? Nothing—no expression of leadership, no expression of remorse. There has been no change to the arrangements over—

Mr Marshall interjecting:

The Hon. S.C. MULLIGHAN: You had your chance and you have failed. We know that the Leader of the Opposition was going to move this motion two days ago on Tuesday. That is when it was due. I assume he put it off for two days to give himself an extra 48 hours to polish his speech. Well, he did polish something, and we know how it has turned up. It was a very average performance.

When it comes to Stephen Wade, when he puts out those lies and mistruths to the communities of the western suburbs using the sorts of terminology that the member for Schubert and the deputy leader and leader have already used—'downgrade', 'closure', 'devolution'—we know that that is not true. St Margaret's has not been closed. The emergency department at The Queen Elizabeth Hospital is not being closed. It will still be available 24 hours a day, seven days a week, but that is not in the interests of the Liberal Party. Those sorts of facts are not in the interests of the Liberal Party. They are interested in coming into communities and inciting fear and concern for base political purposes.

I am happy to know that those residents, our constituents in the western suburbs, know the form when it comes to health services in the west. They know that it has been a Labor government that has already committed \$130 million into The Queen Elizabeth Hospital, the construction of a 200-bed inpatient facility, the construction of a three-level inpatient building with 72 beds, and a new 20-bed older-patient mental health facility.

When we learnt that there were changes afoot in Transforming Health across a metropolitan area, of course we asked the question: what will be happening to The Queen Elizabeth Hospital? An extra \$22 million of expenditure. We still have the Minister for Health and his department down in the western suburbs talking to allied health professionals, talking to clinicians, making sure those changes will lead to better services and better patient outcomes for our constituents, continuing the good form that the health minister has in sticking up for residents in the western suburbs.

Of course, this debate is not just a reflection or an attempted reflection on the Minister for Health: it is a reflection, as we have already seen, on the Leader of the Opposition. What have we seen in recent weeks? We had a shambolic last couple of weeks of sitting. We had Mr Ridgway in the other place freelancing on the planning bill and, most recently, we had Mr McLachlan in the other place saying on all of that effort that we put in for police, all of that effort that we put into making sure bikies do not peddle drugs and do not deal guns throughout our community, we should back off on that, and we should go soft on bikies.

What did the Leader of the Opposition do? He did nothing, but I am glad to say someone did do something. The member for Stuart went into the media and advocated for a crackdown on firearms. That is what leadership is. That is what somebody with some guts and some gall and some conviction would do for a political party—set the record straight and give the people of South Australia some confidence that they could have a leader of a political party with some talent and some conviction.

Unfortunately, we are not stuck with that. We are stuck with a leader whose greatest contribution to the body politic of this state is having a soy-green Frappuccino named after him in an inner-eastern suburbs café. And congratulations—because you can wave around your 85-page vacuous document (that is what the Leader of the Opposition does) but it is so lightweight that if you dropped it onto the carpet, it would make less noise than cotton wool touching felt.

He is a complete lightweight. No policy leadership in health, no policy leadership across his backbench, and his speech today has shown this for nothing but what it is: a vacuous, shallow attempt at political grandstanding. I would urge members to vote against this motion.

The house divided on the motion:

Ayes 19
 Noes 23
 Majority 4

AYES

- | | | |
|---------------------------|-------------------|------------------------|
| Bell, T.S. | Chapman, V.A. | Duluk, S. |
| Gardner, J.A.W. | Goldsworthy, R.M. | Griffiths, S.P. |
| Knoll, S.K. | Marshall, S.S. | McFetridge, D. |
| Pederick, A.S. | Pisoni, D.G. | Redmond, I.M. |
| Sanderson, R. | Tarzia, V.A. | Treloar, P.A. (teller) |
| van Holst Pellekaan, D.C. | Whetstone, T.J. | Williams, M.R. |

AYES

Wingard, C.

NOES

Bedford, F.E.
Caica, P.
Digance, A.F.C.
Hughes, E.J.
Koutsantonis, A.
Piccolo, A.
Rau, J.R.
Weatherill, J.W.

Bettison, Z.L.
Close, S.E.
Gee, J.P.
Kenyon, T.R. (teller)
Mullighan, S.C.
Picton, C.J.
Snelling, J.J.
Wortley, D.

Bignell, L.W.K.
Cook, N.
Hildyard, K.
Key, S.W.
Odenwalder, L.K.
Rankine, J.M.
Vlahos, L.A.

PAIRS

Pengilly, M.R.
Hamilton-Smith, M.L.J.

Brock, G.G.

Speirs, D.

Motion thus negatived.

*Grievance Debate***ONKAPARINGA SES**

Dr McFETRIDGE (Morphett) (15:10): John Hill, as health minister in this place, said in 2011 that the public of South Australia expected him to deliver the very best public health system he could in his role as minister. He also went on to say that the buck stops with him. What do we hear from then governor Kevin Scarce at Proclamation Day down in my electorate a couple of years ago? 'There is no ministerial accountability.' That is what we are seeing from this government; there is no ministerial accountability.

I am not going to focus on the Minister for Health; he had his moment of shame today, and it will continue if he keeps going the way he is going. I want to talk about another minister who apparently still has his L-plate on, but who, unfortunately for me, resides in the other place. I want to talk about the new Minister for Emergency Services.

I must say, if his advisers are listening, he should have invited the local member (and possibly even the shadow minister) to the opening of the Kingscote SES on Kangaroo Island on Saturday, but failed to do so. More importantly, can I just get him to come back and perhaps correct his answer in the other place. On Tuesday, he was asked about some of the issues that are going on in the Onkaparinga SES. In his answer, he said that, 'All services that the Onkaparinga SES were undertaking are now being undertaken by other units,' and that those services will be maintained in the southern suburbs.

Let me tell the minister, the Onkaparinga SES is not in the southern suburbs; it is at Lobethal. He needs to know a bit more about his portfolio if he is going to stand up and make these announcements in the other place and take his money as a minister. He needs to be aware of the accountability that there is going to be as a minister.

In his emergency services portfolio is responsibility for the Metropolitan Fire Service, the Country Fire Service—and I put on the record I am a life member of the Country Fire Service—and the State Emergency Service. They work very well together and have for many years. In 2007, a lot of the barriers and rules were thrown out, and an MoU was signed by Grant Lupton (then chief officer of the MFS), Euan Ferguson (then chief officer of the CFS) and David Place (then chief officer of the SES) which said:

Response of Emergency Services to emergency incidents will be based on the principle that the nearest and fastest appropriate resource will be responded.

Well, that is not happening. What is happening in the Onkaparinga SES response area is that there have been times when the triaging and prioritising of calls has been all over the place. There needs to be some significant improvement, because there is a significant degree of volunteer fatigue and frustration in dispatching SES responses to incidents that could be handled by the nearest, most appropriate and fastest resource.

The degree of angst has come to the point where the signatures of 42 members of the Onkaparinga SES were attached to a letter to the Minister for Emergency Services, which I hand-delivered to the other place on Tuesday. Those 42 signatures add up to 545 years of SES experience. Let me just quickly read from that letter to the minister:

We understand by now you are well aware of the increasing concerns and issues within the Onkaparinga SES unit and have had numerous briefings and assurances from SES Management.

After much frustration and deliberation, we decided to make the tough decision to ask the SES Chief Officer to disband the Onkaparinga SES Unit. A special meeting was held on 7th March 2016, when the vote was unanimous and subsequent phone calls to absent members also endorsed the vote.

Our unit has enjoyed great strength in unity and a strong membership for many years; however, this has progressively been eroded by the constant frustrations and road blocks that the membership have been enduring. There are significant unresolved issues that present an unacceptable level of risk to both life and property to the public of South Australia and to volunteers.

The unit was not willing to ignore these concerns and system flaws or wait for a fatality or significant property loss to force change.

We understand you may be reluctant to intervene as this may be seen as an operational matter between the Onkaparinga unit and SES management. Whilst certain aspects may indeed be operational, of far greater concern are matters relating to public safety, fatigue, morale and interruption to volunteer work life and employment balance.

Despite exhaustive discussions and continued examples provided to SES management of unacceptable and avoidable risk to the public and unnecessary duplication of resources we have been unable to resolve this matter internally hence our appeal to meet with you in person.

Time expired.

FISHER ELECTORATE

Ms COOK (Fisher) (15:15): I rise today to speak about a few of the schools in my area and reflect on my own school years in sports days, which were always a highlight. I entered as many events in those as I could and always looked keenly at an opportunity to miss out on some structured lessons and take it a bit further and compete in the interschool sports as well.

One of my great joys representing the community is actually the opportunity to attend some of these wonderful events, including the sports days. Most of them are held in the first term at schools, with the best performers then able to go on to compete at district and state events. In the past few weeks I have attended five sports days in Fisher. Each school has a very different approach, and I would just like to talk to each of their sports days briefly if I could.

Happy Valley Primary School has about 275 students from reception to year 7 and, on the day, 100 per cent of their students participated together across four houses. They started the day with a great energetic warm-up led by a high energy dance instructor. The teachers participated, too, to the joy of the children. A huge amount of parents were also in attendance, and they thoroughly enjoyed it.

The upper primary students then competed in a mixture of traditional and participation-type events while the junior primary students did mostly fun events. Many of these were facilitated actually by six state sporting bodies, including basketball, football and others, and on that day the yellow team, the Nicolle team, for the fourth year in a row, was the victor.

On the same day, which was quite a warm day, I attended Reynella East College's whole-of-school sports day. That is P-12 school, so it has preschool through to year 12. I currently have my second child going through its education system. He is in year 9, and I am sure also takes every opportunity to miss out on structured lessons by participating in various sports. He actually, I believe, has lunch and recess as his favourite subjects.

It is a huge school with nearly 1,800 students across all years. The sports day had awesome participation with a mixture of events, including tabloid, athletics, relays and many other activities. A highlight was the P-12 relay with participants across all years. It was such a hot day and the teachers made a point of getting around with the sunscreen and making sure that the kids wore a hat. Honestly, that is just not easy when dealing with a bunch of fashion-conscious teenagers, but they did very well.

I volunteered over the lunch period on the governing council barbecue, and I can tell you that I smelt of sausage and onion for the whole afternoon, well into the evening and at an event later that night. The day was clearly a success, with students thriving on the inter-house rivalry. The Deputy Speaker, who has just vacated the chair, would be very pleased to hear that the blue team of Florey was the winner on points, so I will be sure to let her know.

Aberfoyle Park Campus Primary School is a trailblazing school with three primaries on one campus across state, independent and Catholic schools with Nativity being a Catholic school and Pilgrim a Uniting Church school and Thiele a public school. There are about 600 or 700 students, and the parental support on that day was superb. The school has got two really large playing fields and they were full of kids doing events. My favourite was the rubber chicken toss and noting a reception student with great talent throwing at least three times further than any other member of the class.

Clarendon Primary School has 90 students and is in beautiful settings in the hills with the original schoolhouse that was opened in the early 1900s. They had great participation and ran on a structure of having the events in the afternoon followed by a sausage sizzle with parents. The winner on the day both on points and in team spirit was Thorpe.

Aberfoyle Park High School has been led through cultural change by the principal, Liz Mead, and they had a whole-of-school Sports Day at Flinders University with everyone being abuzz with activity, although I do think that having both the European exchange students on the European handball team for one house was a little bit stacked. Barassi was the winner on the day but, on all days, the winners are our kids.

FEAST DAY OF ST JOSEPH

Mr WILLIAMS (MacKillop) (15:20): Before I address the matter that I want to bring to the house's attention today, I just want to make comment about something that happened in the house earlier this morning in private members' time when the government, at the behest of the member for Elder, used its numbers to wrest control of private members' time from the members. This is something I have argued consistently in the many years I have been here. Private members have very limited time and very limited opportunity to bring matters to the attention of the house and—

The Hon. J.M. Rankine interjecting:

The ACTING SPEAKER (Hon. S.W. Key): Order!

Mr WILLIAMS: —when the government uses its numbers to take control of private members' time away from private members, it is a travesty of the use of the house. I would just warn members opposite, you will be in opposition one day—the sooner the better—and you will get what is coming to you.

I do rise here today to bring something much more important to the attention of the house and it is a much happier set of events. The Feast Day of St Joseph is celebrated, certainly by Catholics, on 19 March and this year, the community of the Josephites, or the Sisters of St Joseph, celebrated 150 years since their establishment by St Mary MacKillop in Penola in my electorate. Indeed, 19 March 1866 is recognised as the very day that Mary MacKillop, then a young woman, decided to form a sisterhood of like-minded women to support particularly needy children and also needy women.

It was a great day in Penola. Penola is very proud of the heritage that it has due to the work of Mary MacKillop and celebrates it whenever it can and, indeed, there was great celebration in the town that day. It started with an open-air mass in the Mary MacKillop Stable School park which is not near what is now the Mary MacKillop Interpretive Centre or the Catholic church or the schoolhouse. It is on the other side of the town, but it is where she started her work way back in the 1860s.

An open-air mass was attended not just by many of the sisters from throughout Australia but also the current bishop of Adelaide, Archbishop Wilson, Emeritus Archbishop Faulkner and indeed the Governor of South Australia, who unveiled a plaque in that park. The mass was celebrated by a significant number of priests, virtually all of whom had previously been stationed in the Penola parish, and it was truly a wonderful day of celebration. It is a life worth celebrating and Mary MacKillop has been described as one of the greatest female Australians ever.

I invite anybody to visit the interpretive centre in Penola and stand where she stood as a young woman and read about and learn about her story as a very young woman coming to Penola as the governess for the family of a cousin of hers—the Cameron family—to educate their children. Mary MacKillop, as a very young woman, realised that not only were there children of the family she was governess to but also there were a number of children of local farmhands and other people who were working in and around Penola Station, and these children had neither the means nor the opportunity to be educated.

She saw this as something that she could do and dedicate her life to, and indeed she did. Whilst undertaking that work, she met and formed an enduring friendship with Father Tenison-Woods, who was a local priest stationed in Penola, and from that, together, they grew this idea of forming the sisterhood. The sisters of St Joseph, I understand, are now all over the world. The members of the order number between 800 and 900 and they operate in all states in Australia, New Zealand, Ireland, Peru, East Timor, Scotland and Brazil. I invite all members to take the opportunity to come to Penola and learn the story of our St Mary MacKillop.

ELDER ELECTORATE VOLUNTEERS

Ms DIGANCE (Elder) (15:25): Today I rise to speak in recognition of a small number of outstanding people doing magnificent voluntary work within my vibrant electorate of Elder, and I want to stress that these are but a few of some of the amazing, energetic, community-building volunteers committed to the area. I begin with this year's nominees for the City of Marion 2016 Citizen of the Year and then follow up with two nominees for the 2015 Governor's Multicultural Awards.

Firstly, I make mention of our youngest and also arguably our most tenacious, namely, Ethan Hall, a seven-year-old dynamo. Ethan Hall rocketed to fame on social media as he hiccupped with undeterred determination singing the national anthem at the opening of the Adelaide vs Brisbane Australian Baseball League game. Reportedly over 3 million people checked out his performance on YouTube. Ethan showed incredible poise and courage, testament to both his parents Tim and Kylie.

Then I cross to the opposite end of the age spectrum to a man of enduring humble commitment to our community, George Peters, who at the wonderful age of 91, consistently and reliably over many years, has looked over the grounds of the Marion Primary School as the unofficial caretaker, watching the space, locking and unlocking the school gates. He is a local identity, who has tirelessly checked on this space for a long time.

The remainder in this category, who are also driven by passion and commitment, were recognised for their services to sport, history, mental health, multiculturalism and community building. They include people such as Peter Stretton, who was awarded the 2016 City of Marion Citizen of the Year. In his acceptance speech humbly he said, 'We volunteer because we like to see things happen.' Peter Stretton has been a driving force behind the Marion Historic Village precinct and has been instrumental in creating a memorial display in honour of local people who fought in the wars.

Then there is Rick Davey, President of the Marion Tennis Club, a club of 70 years or so, that was facing imminent closure, but through sheer hard work and focused determination, innovation and vision, it has been transformed and turned around. It is also, uniquely, the first carbon neutral tennis club in Australia. Another great community person is Ahmed Zreika, President of the Islamic Society, nominated for his tireless work encouraging Muslim and non-Muslim understanding through such functions as the now annual Al Salam Festival, with its unique offering of an environment and vehicle for communication to promote peace and tolerance with the possibility of an opportunity to break down stereotypes.

The final nominee in this category at the ceremony, who I wish to make mention of, is Barry Heffernan, who lives locally and is a dedicated supporter of those with mental health issues as a

result of their service in the armed forces. Hence, he is the founder of the veterans' shed, registered with the Australian Men's Shed Association, that is specifically intended for veterans of all genders, of all conflicts, and anyone who has served in the Australian uniform, regardless of whether or not they saw operational service.

Lastly, I will turn my attention to two well deserving nominees of the 2015 Governor's Multicultural Awards in celebration of cultural diversity. These two outstanding people are Imam Riad El Rifai and Mr Bill Gonis OAM. Imam Riad of Marion Mosque was nominated for his compassionate work with the local Muslim community for the Governor's Multicultural Award in recognition by the Governor of his work with cultural diversity and community inclusiveness. I pay tribute to Iman Riad for his measured approach of always being available, committed and welcoming to his community while realising the importance of connecting with the broader community and his wonderful initiative of learning English, in which he is becoming very eloquent.

Finally, thanks to Bill Gonis for his role over many years of volunteering, with his longtime passion and dedication in assisting the Greek community in South Australia. He has always approached all matters with an open mind, a respectful manner and deep humility. I congratulate and applaud these wonderful people, and there are many, many more like this in my area, who at some stage I hope I can mention, who commit and engage day-to-day to make our state the amazing place that it is, doing this every day because they 'like to see things happen.'

MITCHELL ELECTORATE COMMUNITY EVENTS

Mr WINGARD (Mitchell) (16:30): I rise today to speak about a wonderful family in my community, the Daibes family. They are a lovely group of people. There is dad Jamil, mum Nada, and two lovely daughters Keira and Mia. The young girls both go to St Martin de Porres School, and I know that the school is very proud of them. They were heavily involved in the World's Greatest Shave, raising money for the Leukaemia Foundation.

The day itself, which happens in March, raised more than \$14 million. The Daibes family did a marvellous job. They set a target for themselves to raise \$1,000, and with great support from the local community, their family, the school community, and all of the people who gathered around to support them, they increased it to \$2,000, and in the end they raised \$2,500 for the Leukaemia Foundation. It was a truly marvellous effort.

More marvellous than that I think was the way that they came about being involved. Jamil works at Bridgestone, and Bridgestone heavily supports the Leukaemia Foundation, and they had the World's Greatest Shave Day at their office. Keira heard about this and suggested that she and her sister got involved. Sadly, Nada's brother Jason (Kiera's and Mia's uncle) passed away from cancer nine years ago, and Kiera wanted to do something in support of that and to help people with leukaemia.

It was a great initiative from the girls, and they were so very proud. I was there on the day when Jamil shaved his head bald, which was a very brave effort. The girls had their ponytails cut off, and they donated them to people with cancer so that wigs could be made from them. I must say that there was a little look of trepidation on Mia's face as she lined up to get her ponytail cut off, but with the great support of her big sister, and showing a tremendous amount of courage, both girls had their ponytails cut off and donated them to others who are suffering from leukaemia to have wigs made after losing their hair during treatment.

It was wonderful to be there. I was exceptionally proud of the girls for the great effort they put in. I got some wonderful photos with great smiles on their faces when they realised what they had done. I think deep down, after they had their long locks chopped off, they both liked their trendy, shorter hairstyles. Again, I commend them for what they did. It was further proof that the families and people who live in my community are just wonderful people doing great things for our society, and I thank them.

I would also like to speak about another group. I went to the Adra Café in Melrose Park for a parents night off buffet dinner in March. Some wonderful people put this together. Kari Pettit is the project manager, and she led the way with this. There was some wonderful work in the community, supporting people and families in need. The key to their services is nourishing the soul through food for people in need.

Kari led the way, and there were plenty of others who made this event happen at the Adra Café. I would just like to name a few if I can. Simone Morrison, the Pastoral Care Officer at Edwardstown Primary School was there along with Alan from OzHarvest; Leanne from Foodbank; and Yvette, Lorna and Greg from Workskil were also there.

Ines Patrilli from Patrilli Wines donated some wonderful grape juice from the Petrilli products (the Petrilli family does a marvellous job). Clair Rhodes, President of the Edwardstown Rotary Club and Michael Tucker, the secretary, and Pastor Brenton Wilkinson were there as well. He did the welcome to all people as they arrived and also said grace before we ate. OzHarvest is heavily involved as is Foodbank, and Franco's Fruit and Vegetables and Officeworks were also supporters. Kari helped pull most of this together; and I also met her children who were absolutely outstanding and wonderful in all they did. I would like to commend this group for the work that they do, and helping people out. This Parent's Night Off, as I said, is about putting together a buffet and nourishing people through food, and helping out.

ADRA, for those who do not know, is the Adventist Development and Relief Agency, and it is an official humanitarian agency of the Seventh-Day Adventist Church. ADRA Australia works as part of the global ADRA network. Through this network, their reach extends to more than 120 countries. I commend them for all the work they do, especially in our local communities. Again, it is great to have such wonderful and passionate people doing such generous work, helping out those a little less fortunate, giving them a leg up and an opportunity to get ahead, and doing it through food really was a marvellous achievement. The night was a thorough success and I am sure it will be into the future.

WHYALLA

Mr HUGHES (Giles) (15:35): Everybody in this chamber, regardless of their political affiliation, realises how difficult a challenge the community of Whyalla is facing and how important it is to retain an operating steelworks in my community. Given the size of the company and the number of people employed, the closure of the steelworks, or closure of the steelworks and the mines, would have a devastating impact. Nearly one-third of Whyalla's labour market would be wiped out in direct job losses, followed by a cascading impact on indirect employment. It would be an unmitigated disaster.

I have said before that the social and economic consequences of closure would far outweigh any assistance provided to ensure the viable future of the steelworks. I strongly believe, despite the challenges, that there is a viable future for steelmaking in Whyalla. The future might involve co-investment by government, which would form part of a restructure to improve productivity and efficiency at the steelworks. To me, co-investment is not a dirty word, but it is clearly a dirty word in some parts of our national media.

The disgraceful editorial in last Friday's *Financial Review* demonstrates just how far some of our elite have drifted away from the real concerns of the people who live in communities like Whyalla. The editorial wanted a 'quick death' for the steelworks, regardless of the social consequences that would flow. Let the market rip and too bad about destroying a community. Too bad about the job losses. Too bad about all those contractors who have built their businesses over many years to provide services for the steelworks. Too bad about the destruction of value when it comes to the major assets of most people—their house. Too bad about the growth of generational unemployment. Too bad about the cascading negative social impacts.

The mantra of 'just get government out of the way and let the market rip' would in all likelihood lead to the end of structural steelmaking in Australia. It would mean complete dependence on overseas suppliers for steel products essential for our construction industry. Co-investment and changes nationally to steel procurement policy to preference Australian steel should be supported, and if it upsets the free market fundamentalists (the free market Taliban), too bad.

Look at what the conservative government in the UK is considering when it comes to the threat to their steel industry and especially the threatened closure of the Port Talbot steelworks in Wales. The UK business secretary, Sajid Javid, has said that no option is off the table. One of the options that is being considered is the partial nationalisation of the steelworks. Although identified as a last resort, government taking an equity stake is on the table.

When it comes to the future of the steelworks in Whyalla and the future of the Whyalla community, all options should be on the table. Nationally, Labor is saying that we will change steel procurement policy and preference Australian steel for taxpayer-funded projects. Nationally, Labor supports co-investment. In South Australia, we have changed steel procurement policy and we have indicated support for co-investment.

Over the last few days, I organised a meeting of contractors in Whyalla, with the active assistance of Jarrod Starkey, the manager of Whyalla Hose & Fitting Services. The meeting was well attended, informative and constructive. Our contractors are hurting and hurting badly. Our contractors are an essential part of ensuring the ongoing operation of the steelworks. Many of the companies that contract to the steelworks have been built by sustained effort over many years. They are part of Whyalla's economic and social fabric.

The small and medium-sized contractors need assistance to get through this challenging period so they can continue to deliver essential services to the steelworks, continue to provide employment and ensure, in the long term, a viable contractor base in Whyalla. What is needed now is a calm, considered, methodical approach which addresses the immediate issues such as the challenges faced by our contractors while working towards turning the steel business around in Whyalla and getting it on a viable footing for the long term. It can be done.

In conclusion, I want to acknowledge the good work done by John Chapman, the Small Business Commissioner, during his visit to Whyalla, and Geoff Brock, Minister for Regional Development. Both attended the meeting with the Whyalla contractors and followed up with one-on-one meetings to get a very clear picture of the difficulties the contractors are facing.

Bills

NUCLEAR WASTE STORAGE FACILITY (PROHIBITION) (PUBLIC MONEY) AMENDMENT BILL

Final Stages

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 2, page 2, lines 6 to 8—Delete the clause and substitute:

2—Commencement

- (1) Subject to subsection (2), this Act will come into operation on the day on which it is assented to by the Governor.
- (2) Section 4 will come into operation on a day to be fixed by proclamation.
- (3) A proclamation may not be made under subsection (2) unless the Governor is satisfied that the Commission has, in its final report on the matters referred to it by the Governor, recommended the undertaking of—
 - (a) public consultation in relation to the establishment of a nuclear waste storage facility in this State; or
 - (b) any activity associated with the construction or operation of a nuclear waste storage facility in this State.
- (4) In this section—

Commission means the Nuclear Fuel Cycle Royal Commission constituted of Rear Admiral The Honourable Kevin John Scarce, AC, CSC, RANR and established on 19 March 2015;

nuclear waste storage facility has the same meaning as in the *Nuclear Waste Storage Facility (Prohibition) Act 2000*.

No. 2. Clause 4, page 2, lines 14 and 15—Delete the clause and substitute:

4—Amendment of section 13—No public money to be used to encourage or finance construction or operation of nuclear waste storage facility

Section 13—after its present contents (now to be designated as subsection (1)) insert:

- (2) Subsection (1) does not prohibit the appropriation, expenditure or advancement to a person of public money for the purpose of encouraging or financing community consultation or debate on the desirability or otherwise of constructing or operating a nuclear waste storage facility in this State.

No. 3. New Part, page 2, after line 15—Insert 'Part 3—Expiry of Act'

5—Expiry of Act

This Act will expire on the day falling 6 weeks after the day on which this Part commences unless section 4 comes into operation before that day.

Consideration in committee.

The Hon. A. KOUTSANTONIS: I move:

That the Legislative Council's amendments be agreed to.

Dr McFETRIDGE: On behalf of the opposition, we agree with the motion.

Motion carried.

RETIREMENT VILLAGES BILL

Introduction and First Reading

The Hon. Z.L. BETTISON (Ramsay—Minister for Communities and Social Inclusion, Minister for Social Housing, Minister for the Status of Women, Minister for Ageing, Minister for Multicultural Affairs, Minister for Youth, Minister for Volunteers) (15:43): Obtained leave and introduced a bill for an act to regulate retirement villages and the rights of residents of such villages; to make related amendments to the Residential Tenancies Act 1995; to repeal the Retirement Villages Act 1987; and for other purposes. Read a first time.

Second Reading

The Hon. Z.L. BETTISON (Ramsay—Minister for Communities and Social Inclusion, Minister for Social Housing, Minister for the Status of Women, Minister for Ageing, Minister for Multicultural Affairs, Minister for Youth, Minister for Volunteers) (15:44): I move:

That this bill be now read a second time.

Since the original Retirement Villages Act was implemented in 1987, the industry has evolved significantly. There has been both strong concern amongst the community and evidence that the current act does not provide adequate protections. In January 2015, cabinet agreed to the release of the Retirement Villages Bill 2015 for public consultation.

The bill has been informed by the significant recommendations of the Select Committee on the Review of the Retirement Villages Act 1987 and consultation undertaken by the Office for the Ageing. In particular, the select committee made recommendations that sought to address the rights and obligations of residents and operators, contractual disclosure, financial obligations, compliance and regulation and dispute resolution within the sector.

The bill forms the third element of measures implemented and progressed to support reforms to the retirement village sector. The first two elements include the production of better practice guidelines aimed at promoting best practice amongst retirement village operators and the commencement of the Retirement Villages Advocacy Service.

Legislative change forms a key component of the reforms. Since the original act was implemented in 1987, the industry has evolved significantly, and the existing act increasingly provides poor protection of consumers. In line with this, the bill focuses on several themes:

- ensuring improved clarity and transparency of retirement village contracts;
- increased disclosure of information to ensure that consumers are well informed before entering a contract; and

- improved clarity for residents and operators in understanding their rights and responsibilities under the act.

The initial development of the bill was also informed by a targeted consultation process led by the Office for the Ageing with 20 industry stakeholders. Ongoing consultation since this time has occurred through the Retirement Villages Advisory Committee, chaired by the Office for the Ageing, with a range of key operator and resident stakeholders.

A public consultation period on the bill occurred for eight weeks in early 2015 and attracted more than 300 submissions. The bill was largely well received by operators and residents. Significant analysis and consideration of all the submissions was undertaken, resulting in the Retirement Villages Bill 2016 before you today.

The Retirement Villages Bill 2016 is an important piece of reform work that is focused on increasing transparency, improving disclosure and providing clarity for prospective residents and operators of retirement villages. The following are some of the main features of the bill:

- The requirement to be predominantly retired will remain—there was consistency across both resident and operator submissions on this.
- A number of definitions that currently create considerable confusion for both residents and operators will be clarified. These include definitions of 'special levy', 'special resolution', 'capital fund', 'period of occupation', 'recurrent change' and 'vacant possession'.
- Insertion of a provision which provides that a person cannot be compelled to give information if the information might incriminate the person of an offence.
- Clarification that the costs of an independent valuation are to be split evenly between the parties.
- Clarification that, where a village needs to adopt a surplus or deficit policy, it should be adopted by a special resolution of residents.

The Retirement Villages Bill aims to provide greater flexibility to the way that operators can provide early repayment to eligible residents, as recommended by the select committee. Residents who demonstrate need will be able to apply for the village operator to pay the lump sum or meet the daily payments for an aged care facility until the village unit is relicensed. These payments will be deducted from the final exit entitlement.

A 12-month statutory repayment provision was originally proposed and the feedback received has been very carefully considered. The legislation will still contain a statutory repayment period, but this has been revised to a period of 18 months and will also enable a resident to remain in situ during the relicensing period. A 12-month repayment period may inadvertently drive the marketplace to offer contractual arrangements with poorer capital gains returns for residents and a lower return for their units, with prices reduced to ensure a sale prior to the expiration of the statutory repayment period.

Many residents entering a retirement village will purchase a unit subject to the sale of their house. The time taken to sell their house will directly impact on the time taken for a retirement village operator to relicense a unit.

It takes significantly longer to achieve a sale in some regional areas than it does in metropolitan Adelaide. The 30-day settlement period and time for operators to refurbish a unit support a longer statutory repayment period such as 18 months to ensure that operators in outer metropolitan and regional areas are not disadvantaged. The revised period of 18 months was arrived at in recognition of the unintended consequences which were highlighted during the consultation period for key stakeholders, including residents, industry and third-party representatives.

If a resident ceases to reside in the village, and if after 18 months the residence is not relicensed, the operator will be required to repay the resident their exit entitlement in accordance with their residence agreement, or provides notice in writing to the operator that they intend to leave

the village and have the operator to remarket their residence while the resident remains in occupation, the operator must remarket the residence.

If it is not relicensed within 18 months of the operator receiving the notice, the operator must repay the exit entitlement to the resident in accordance with the provisions of their residence agreement. The resident at this point must cease to reside in the village. Or, if a resident provides notice of their intention to cease to reside in the village an operator may offer to buy back the licence to occupy the residence from the resident in accordance with the provisions of their residence contract.

The bill includes a five-year review clause on the statutory repayment period. This review of the statutory repayment period will provide an opportunity to assess the impacts of the clause and to ensure that the application has achieved the desired outcomes.

The bill introduces a disclosure statement to be provided prior to a resident being able to sign a resident contract. This is in line with the select committee's recommendation. The aim of this statement is to improve transparency of all the fees and charges a resident would be responsible for prior to entering a village, while living in a village, and when leaving a village. This disclosure statement will be developed in conjunction with key stakeholders.

A number of operator submissions raised concerns about the premises condition report and its usefulness in its current form. An amended form is to be completed within 10 business days of a resident being entitled to occupation of a residence and must be signed by both parties. This is intended to ensure the report accurately reflects the 'as is' condition of the residence when a resident takes up occupation of the residence.

In effect, the passing of this bill should result in: increased financial and operational transparency in both documentation and practice for operators of villages; enhanced resident confidence in financial and operational information provided, clarification of their rights and responsibilities and the facilitation of informed decision-making by residents; and an increase in the capacity of the responsible agency to monitor compliance with the legislation.

This bill reflects the Government's commitment to ensuring that appropriate legislation is in place to reflect the changes in contemporary society whilst maintaining flexibility within the retirement village industry to support the variation of schemes and the ongoing needs of an ageing population; that operators enhance their operational practices and do the right thing by their residents; and that residents have access to an appropriate level of legislative protection to safeguard their rights. I commend the bill to members.

Before I halt, can I please thank many of the staff within the Office for the Ageing for their tremendous work in this area and the work of the peak bodies, such as the South Australian Retirement Villages Residents' Association (SARVRA), Council of the Ageing (COTA), Aged and Community Services, and also ARAS, who are here with us today. Thank you for your support. I seek leave to insert the explanation of clauses inserted into *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

These clauses are formal.

3—Objects

This clause sets out the object of the measure.

4—Interpretation

This clause defines terms used in the measure.

5—Application of Act

This clause provides that the provisions in the measure are to apply to retirement villages established before or after the commencement of the measure, provides power to the Minister to exempt certain organisations, retirement villages or classes of organisations or retirement villages from complying with the measure conditionally or unconditionally, and provides a maximum penalty of \$10,000 for non compliance with a condition of such an exemption.

Part 2—Administration

Division 1—Registrar

6—Appointment of Registrar

The clause provides for the appointment by the Minister of a Registrar for the purposes of the measure.

7—Registrar's functions

This clause sets out the functions of the Registrar.

8—Registrar's power to require information

Subclause (1) provides that it is an offence (carrying a maximum penalty of \$2,500, expiable on payment of \$210) if a person fails to give the Registrar information (verified by statutory declaration) reasonably required by the Registrar for the purposes of enabling the Registrar to carry out his or her functions under the measure. Subclause (2) provides that a person cannot be compelled to give information under the proposed section if it might tend to incriminate the person of an offence.

9—Registrar's obligation to preserve confidentiality

This clause imposes on the Registrar an obligation to preserve the confidentiality of certain information.

10—Delegation

This clause provides for the Registrar to delegate a power or function vested in or conferred on the Registrar under the measure.

11—Annual report

The clause requires the Registrar to provide the Minister with an annual report on the Registrar's work and operations each financial year. The report is required to be tabled by the Minister in Parliament.

Division 2—Registration of retirement village schemes

12—Register

The clause provides a list of information that must be contained in the register required to be maintained by the Registrar. The clause also provides the manner in which the register is to be made available to the public.

13—Notification of information required for register

The clause provides a list of information that the operator of a retirement village established after the commencement of the proposed section must provide to the Registrar within 28 days after the first person enters into occupation of the village in accordance with the retirement village scheme. The operator of a village is also obliged to provide the Registrar with details of any change in such information. The penalty for failure to comply with these requirements is a fine of \$2,500, expiable on payment of a fee of \$210.

Division 3—Authorised officers

14—Appointment of authorised officers

This clause provides for the appointment by the Minister of persons to be authorised officers for the purposes of the measure.

15—Identification of authorised officers

This clause sets out the requirements for the issue of authorised officers with an identity card.

16—General powers of authorised officers

This clause sets out the powers able to be exercised by an authorised officer and the circumstances and conditions under which those powers may be exercised.

17—Power to require information etc

The clause provides for the circumstances in which an authorised officer may require a person to provide information, documents or answer questions.

18—Offence to hinder etc authorised officers

This clause creates a number of offences, with a maximum penalty of \$10,000, for a person:

- hindering or obstructing an authorised officer in the exercise of powers conferred under the measure;
- using abusive, threatening or insulting language to an authorised officer, or a person assisting an authorised officer;
- refusing or failing to comply with a requirement of an authorised officer;
- providing false or misleading information in information or answers to questions in purported compliance with a requirement made or question asked by an authorised officer;
- falsely representing that a person is an authorised officer.

A person who assaults an authorised officer, or a person assisting an authorised officer, in the exercise of powers under the measure, is guilty of an offence with a maximum penalty of \$20,000 or imprisonment for 2 years.

Part 3—Rights of residents

Division 1—Creation and exercise of residents' rights

19—Residence contracts

Subclause (1) provides that a residence contract must be in writing, comply with the proposed section and comply with any requirements prescribed by the regulations. Subclause (2) sets out the information that must be included in a residence contract. Subclause (3) provides that the contract will be taken to include a warranty on the part of the operator of the correctness of the information contained in the residence contract and other documents required to accompany the contract under proposed section 21.

20—Disclosure statements

The clause provides that a disclosure statement must be in writing and comply with the proposed section and the requirements (if any) prescribed by the regulations. A disclosure statement must provide information and statements about the financial arrangements relating to residents of the retirement village as set out in the clause.

21—Information to be provided before residence contract entered into

The clause provides that the operator of a of a retirement village must, at least 10 business days before a person enters into a residence contract, give the person a copy of each of the following documents, in addition to any other document prescribed by the regulations:

- the residence contract;
- the disclosure statement;
- if the residence contract relates to a retirement village already established—the financial statements presented at the last annual meeting of residents of the village, including a written statement of any subsequent change in the affairs of the village and the operator that may significantly affect the resident's decision to enter the village;
- the residence rules;
- the remarketing policy;
- any code of conduct to be observed by the operator or residents.

22—Premises condition report

This clause sets out the information and requirements for a premises condition report required to be given by an operator to a resident of a retirement village not more than 10 business days before a person enters into occupation of a residence in a retirement village.

23—Rights in relation to contract etc

Subclause (1) provides that an operator of a retirement village must not make representations or give specified information to residents or prospective residents without the approval of the Minister. Subclauses (2) to (4) outlines the rights and obligations of a prospective resident in relation to the resident's right to cool off, including a provision outlining the circumstances in which a resident may waive the cooling off entitlement. Subclause (5) provides that a contract may be rescinded by written notice to the operator. Subclause (6) provides that a contract may be enforced against the operator for the time being of the retirement village.

24—Offences

Subclause (1) provides that it is an offence for an operator not to observe a provision of the proposed Division with a maximum penalty of \$35,000. Subclause (2) provides that it is an offence for a person to knowingly make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of a particular) in information provided to a prospective resident under the proposed Division with a maximum penalty of \$35,000.

Division 2—Financial matters

25—Ingoing contributions

The clause sets out the payment requirements for the ingoing contribution. An ingoing contribution is a payment made by or on behalf of a person in consideration for, or in contemplation of, the person becoming a resident in a retirement village (but does not include a recurrent charge, an exit fee, a special levy or any other payment excluded by the regulations from the ambit of the definition of ingoing contribution).

26—Exit entitlements

The clause provides for the manner in which an exit entitlement may be paid out to a resident. An exit entitlement is an amount of money payable by an operator under a residence contract to a person who ceases to reside in the retirement village or when certain conditions specified in the contract are fulfilled.

27—Payment of capital fund contributions deducted from exit entitlement

The clause sets out the requirements for circumstances where the operator of a retirement village is to make payments of an amount deducted from an exit entitlement into a capital fund. A capital fund is defined as a contingency, sinking or other reserve fund or account established for the purposes of capital replacement or improvements, long-term maintenance or other similar items in respect of a retirement village.

28—Arrangements if resident is absent or leaves

The clause sets out the circumstances in which a resident ceases to be liable to pay amounts and charges as a result of a resident being absent from the retirement village for a period of time, or if the resident ceases to reside in a retirement village. The clause also provides for the circumstances in which an operator is entitled to recover from the resident any such amounts and charges.

29—Arrangements if resident leaves to enter residential aged care facility

The clause provides for the circumstances in which a resident who has been approved to enter into residential care at an aged care facility under the *Aged Care Act 1997* of the Commonwealth may apply to an operator for payments to be made to the aged care facility on behalf of the resident. An operator who fails to pay an amount as required under the proposed section is guilty of an offence with a maximum penalty of \$5,000, expiable on payment of a fee of \$315.

30—Certain taxes, costs and charges must not be charged to residents

The clause provides that certain taxes, costs, fines, fees and charges as specified in the clause are not recoverable from a resident either directly or by increasing recurrent charges payable by residents.

Division 3—Meetings

31—Convening meetings of residents

This clause outlines the circumstances in which the operator of a retirement village is required to convene a meeting of residents, and the requirements for holding such a meeting.

32—Proceedings at meetings

The clause outlines the procedural requirements for conducting a meeting of residents convened under proposed section 31.

33—Offences relating to meetings

The clause sets out a number of offences for an operator who fails to comply with specified requirements in proposed section 31, with a maximum penalty of \$10,000 or expiable on payment of a fee of \$315.

34—Consultation with new operator

The clause provides that it is a term of every agreement that will result in a change in the operator of a retirement village (including a change by virtue of the sale of an interest in the land within the village) that, before the change is effected, the person who is to be the new operator will convene a meeting of residents at which the person (or his or her representative) will present a report on any changes that are proposed for the retirement village (including any proposal to change a charge, fee or levy payable by residents), and his or her plans for the future management and operation of the retirement village and answer any reasonable question put by a resident. The clause also provides for notice of such a meeting to be given to the residents, and that if the term of agreement is not complied with, the new operator is guilty of an offence with a maximum penalty of \$10,000.

35—Consultation about village redevelopment

The clause provides that it will be a term of every residence contract that, before any redevelopment of a retirement village is commenced, the operator will convene a meeting of residents at which the operator will present a plan of and report on the proposed redevelopment and answer reasonable questions put by residents. The clause

provides the requirements for notifying residents of the meeting, and the consequences for an operator if resident's rights are not considered.

Division 4—Residents' committees

36—Residents' committees

The clause provides that the residents of a retirement village may elect a residents' committee, and sets out the manner of election to the committee, and the functions, procedures and meeting requirements of the committee. The clause also provides a regulation making power in respect of the manner of election, functions and procedure of residents' committees and sub-committees.

37—Mandatory consultation with residents' committee in relation to annual budget

The clause requires the operator to convene at least 2 meetings with a residents' committee to discuss matters relating to the accounts, estimates and expenditure of the retirement village as specified in the clause. The meeting need not be held if the residents' committee advises the operator in writing that it does not require the meetings to be held. The clause further sets out the procedural requirements for the meeting. It is an offence with a maximum penalty of \$10,000 for an operator to hold an annual meeting without complying with the provisions in the proposed section.

Division 5—General matters

38—Interim financial reports

The clause provides the circumstances in which an operator must, on the request of a resident or a residents' committee, provide an interim financial report, and outlines the information that must be contained in such a report, including information as required by the regulations. It is an offence with a maximum penalty of \$5,000 for an operator to contravene a provision relating to requirements of providing an interim report. The clause also allows the operator to require the payment of a specified amount payable to cover the cost of preparing and providing the report.

39—Harsh or unconscionable residence rules

The clause provides that if a residence rule or a provision of a residence rule is harsh or unconscionable the rule or provision is void.

40—Documents to be supplied to residents

The clause lists the documents that the operator of a retirement village must, at the request of a resident, provide to the resident, free of charge, and in addition, an amended set of residence rules, if an alteration is made to the rules.

41—Information about managers to be supplied to residents

The clause provides that the operator of a retirement village must inform each resident of the village of the name and contact details of the village manager and any senior manager and any changes to such details. If the operator of a retirement village refuses or fails to comply with this proposed section, the operator is guilty of an offence with a maximum penalty of \$2,500.

Division 6—Termination of residents' rights

42—Termination of residents' rights

The clause provides that a resident of a residence in a retirement village has a right of occupation that cannot be terminated unless in circumstances as specified in the clause. The clause set out the rights and obligations of operators and residents in relation to termination of a resident's right of occupation, and the circumstances in which the South Australian Civil and Administrative Tribunal must make orders in relation to the termination.

Division 7—Resolution of disputes

43—Dispute resolution policy

The clause provides that the operator of a retirement village must have a dispute resolution policy which complies with any requirements prescribed by the regulations. The policy must be provided, on request, to a resident within 5 business days of the request. An operator who fails to comply with a provision of the clause is guilty of an offence with a maximum penalty of \$10,000.

44—Application to Tribunal

The clause provides that a party to a dispute between an operator and a resident of a retirement village may apply to the Tribunal for resolution of the matters in dispute. The clause provides for the manner and form of such an application, the circumstances in which such an application may be made and the orders that may be made by the Tribunal in circumstances specified in the clause.

Part 4—Administrators, receivers and managers

45—Application for order appointing administrator

The clause provides for the Minister to apply to the Supreme Court, according to the rules of Court, for an order appointing a specified person as an administrator of a retirement village in circumstances specified in the clause. The clause also provides that the Minister may appoint a person to inquire into, and report to the Minister on, the well-being and financial security of the residents of a retirement village for the purposes of determining whether an application for an order should be made.

46—No application without consent

The clause provides that the Minister is not to apply for an order appointing a person as an administrator under the proposed Part unless the person has consented in writing to the appointment.

47—Terms and conditions of appointment

The clause provides that without limiting the terms and conditions of the order of appointment of an administrator under the proposed Part, the terms and conditions may exempt the administrator from the requirement to comply with such obligations of the operator as are specified or described in the order of appointment.

48—Effect of appointment

The clause provides that operator of a retirement village must not, while an order for the administration of the village is in force, exercise any of the functions of the operator that the administrator is authorised to exercise, but the appointment of an administrator does not relieve the operator of any of his or her liabilities under a residence contract. Subject to the terms of the appointment, a person appointed as an administrator of a retirement village must comply with all the obligations of the operator in relation to the functions that the person is authorised to exercise (including functions under a residence contract), and is, in the exercise of those functions, taken to be the operator.

49—Expenses of administration

The clause provides that the expenses incurred by an administrator in exercising the functions of the operator of a retirement village are payable from recurrent charges and other funds that would otherwise be available to the operator. The clause also specifies that the Crown and the Minister are not liable for expenses incurred by the administrator or any liability of an operator of a retirement village in respect of which an administrator is appointed.

50—Administrator may vary residence contract

The clause provides the circumstances in which an administrator may, with the consent of the Minister amend or revoke an approved annual budget of a retirement village, vary the recurrent charges payable by residents of the retirement village or vary the services offered by the retirement village. The clause also provides that nothing done by the administrator in accordance with the proposed section is to be regarded as a breach of contract or otherwise as a civil wrong, and that no compensation is payable to a person because of the operation of this proposed provision.

51—Revocation of appointment

The clause provides that an order of appointment of an administrator may be revoked or varied by the Supreme Court, and that more than 1 order may be made in respect of the same retirement village.

52—Receivers and managers

The clause provides that a person appointed as a receiver or receiver and manager must (subject to the terms and conditions of the appointment) comply with the operator's obligations under the measure as if that person were the operator. This proposed provision does not apply to the extent that it is inconsistent with the *Corporations Act 2001* of the Commonwealth.

53—No personal liability of administrator, receiver or receiver and manager

The clause provides that an administrator, a receiver or a receiver and manager (or any person acting under the direction of an administrator, a receiver or a receiver and manager) is not personally liable for an act or omission done or omitted in good faith under the measure or any other Act.

Part 5—Miscellaneous

54—Endorsement of certificates of title

The clause sets out the requirements for the endorsements on the relevant certificates of title for land that is, or is to be, used as a retirement village.

55—Lease of land in retirement village

The clause sets out the circumstances in which the operator of a retirement village may lease or grant a licence to occupy land within the village. If a lease or licence is granted contrary to the requirements in the proposed provision the operator is guilty of an offence with a maximum penalty of \$10,000.

56—Termination of retirement village scheme on application to Supreme Court

The clause provides that a retirement village scheme may not be terminated without the approval of the Supreme Court while a person who has entered into occupation of a residence under the scheme remains in

occupation of that residence. The clause sets out the procedures required for an application to the Court to terminate a retirement village scheme.

57—Voluntary termination of retirement village scheme

The clause provides the circumstances in which the Minister may, by notice in the Gazette, terminate a retirement village scheme. The clause further provides power for the Registrar-General to make any necessary issue, alteration, correction or cancellation of certificates of title to give effect to the termination, on provision of a certification by the Minister, if required by the Registrar-General.

58—Certain persons not to be involved in the administration of a retirement village

The clause provides that the following persons may not be concerned in the administration or management of a retirement village, with a maximum penalty of \$35,000:

- a person who is an insolvent under administration within the meaning of the *Corporations Act 2001* of the Commonwealth;
- a person who has during the preceding 5 years been convicted of an offence to the person or an offence involving fraud or dishonesty, being a sentence that ended during the preceding 5 years.

59—Non-compliance may be excused by the Tribunal

The clause provides that the Tribunal may, on the application of any person, excuse that person from the consequences of inadvertent non-compliance with a provision of the measure, may make consequential orders protecting the interests of a person affected by the contravention, and any other order that the justice of the case may require. An application under this proposed provision may not be made after proceedings for an offence relating to the non-compliance have been commenced.

60—Contract to avoid Act

The clause provides that an agreement or arrangement that is inconsistent with a provision of the measure or purports to exclude, modify or restrict the operation of the measure, or a right conferred by or under the measure is to that extent void and of no effect (except where such inconsistency, exclusion, modification or restriction is expressly permitted by the measure).

61—Codes of conduct

The clause provides that the regulations may prescribe codes of conduct to be observed by operators and residents of retirement villages, and that is a term of a residence contract that the operator and residents will observe any code of conduct (subject to any agreement between the operator and the resident that, pursuant to a power contained in the code of conduct, provides for the exclusion or modification of a provision of the code of conduct in the circumstances of the particular case). An operator who breaches a code of conduct is liable to a fine not exceeding \$2,500 expiable on payment of a fee of \$210, as if the operator had breached the regulations.

62—Representations relating to retirement villages

The clause sets out a number of offences with a maximum penalty of \$10,000 for persons making certain representations relating to retirement villages as specified in the clause.

63—Offences

The clause provides that a prosecution for an offence specified in the measure can only be commenced by the Minister or a person authorised by the Minister, and that in proceedings for an offence, a document apparently signed by the Minister that appears to be an authorisation to commence proceedings will be accepted, in the absence of proof to the contrary, as proof of such an authorisation.

64—Delegation

The clause gives the Minister power to delegate a power or function vested in or conferred on the Minister by or under the measure.

65—Service

The clause sets out the service requirements for a notice or document required to be given to a person under the measure.

66—Regulations

The clause gives the Governor power to make regulations contemplated by the measure.

Schedule 1—Proceedings before the Tribunal

1—Application of Schedule

The Schedule sets out various rules that apply to proceedings before the Tribunal under the measure.

2—Application to vary or set aside order

The clause provides that a person who is or was a party to proceedings before the Tribunal may apply to the Tribunal for an order varying or setting aside an order, decision or direction made or given in those proceedings. The application must be made within 1 month of the making or giving of the order, decision or direction unless the Tribunal allows an extension of time. An order made by the Tribunal under the proposed section does not constitute a review of a decision for the purposes of the *South Australian Civil and Administrative Tribunal Act 2013*, and does not limit any provision of that Act.

3—Presentation of cases before Tribunal

The clause provides that a party to proceedings before the Tribunal under the measure must present his or her own case and not be represented or assisted in the case by another person, except in circumstances specified in the clause.

4—Costs on referral of question of law

The clause provides that any costs arising from the referral of a question of law to the Supreme Court including costs incurred by the parties must be paid out of the General Revenue of the State.

Schedule 2—Related amendments, repeal and transitional provisions

Part 1—Preliminary

1—Amendment provisions

This clause is formal.

Part 2—Amendment of *Residential Tenancies Act 1995*

2—Amendment of section 3—Interpretation

The clause inserts a new definition of *prescribed retirement village* in substitution for the existing definition of *no premium retirement village*. This change is consequential on the removal of the term *premium* in the measure.

3—Amendment of section 5—Application of Act

The clause makes consequential amendments to references to the *Retirement Villages Act 1987* and the term *no premium retirement village*.

Part 3—Repeal

4—Repeal of *Retirement Villages Act 1987*

This clause repeals the *Retirement Villages Act 1987*.

Part 4—Transitional provisions

5—Exemptions

The clause provides for the continuing effect of exemptions conferred by notice under the *Retirement Villages Act 1987*.

6—Registrar

The clause provides for the continuation of the office of the Registrar for the balance of his or her term of appointment.

7—Register

The clause provides for the register maintained under the *Retirement Villages Act 1987* to form part of the register under this measure.

8—Authorised officers

The clause provides for the continuation of the appointment of an authorised officer under the *Retirement Villages Act 1987*.

9—Residence contracts

The clause provides for the continuation of a residence contract entered into in compliance with the *Retirement Villages Act 1987* and before the commencement of this measure.

10—Exit entitlements

The clause provides that if a resident ceased to reside in a retirement village before the commencement of proposed section 26, that section applies in relation to the resident as if the period of 18 months referred to in proposed section 26(2)(b) were the period of 18 months after the commencement of that section. The clause also requires a

review on the operation of section 26 to be carried out as soon as practicable after the fifth anniversary of the commencement of that section.

11—Surplus or deficit of accounts

The clause provides for the adoption of a policy if 1 or more residence contracts in force in relation to a retirement village immediately before the commencement of the clause do not make provision for dealing with surplus and deficits in relation to the recurrent charges of a retirement village for any financial year.

12—Proceedings

The clause provides for the continuation of the right to make an application or seek a review under the *Retirement Villages Act 1987*, that would have been commenced before the Residential Tenancies Tribunal, to be commenced instead before the South Australian Civil and Administrative Tribunal.

13—Application of offences under section 62

The clause provides that a person does not commit an offence against proposed section 62 in respect of a representation contained in, or made in relation to, a lease or other contract or agreement entered into before the commencement of that proposed section.

14—Regulations

The clause gives the Governor power to make regulations of a transitional nature.

Debate adjourned on motion of Dr McFetridge.

SUPPLY BILL 2016

Second Reading

Adjourned debate on second reading.

(Continued from 13 April 2016.)

Mr TRELOAR (Flinders) (15:54): I am pleased to be able to continue my remarks from yesterday, which all seems a long time ago now, doesn't it? In checking yesterday's *Hansard* I see that I was onto the subject of water, and before I leave that I would like to reiterate my opinion that the pressure on our southern basins on Eyre Peninsula will not be relieved until we have sourced some new water.

Now, I am not sure what form that new water might take—it may be from a desal plant, it may be from an additional supply, or it may be from a mining company, in fact, that contributes something extra to the Eyre Peninsula supply. However, until that new water is fed into the reticulated scheme then, as I said, the pressure will not come off our southern basins either as a resource or as a supply.

It makes me think that throughout the history of European settlement on Eyre Peninsula we have always battled the scarcity of water and it has always constrained and determined what we are able to do in the way of agriculture and business. I do sometimes wonder what we might be able to achieve if we have what I would describe as 'ample water'—enough water to do all the things we want to do, who knows what the future might bring.

The issue of the Patient Assistance Transport Scheme (PATS) remains an issue on the Eyre Peninsula. I know that a review was undertaken last year and the findings of that review, some of which were implemented last year, have gone some way to relieving some of the difficulties that patients have on Eyre Peninsula—those patients who are required to travel for specialist help.

It is particularly designed. It is a support scheme, it is a reimbursement scheme to those travellers who are out of pocket out of necessity because of the need to travel for specialist treatment. Now, PATS dictates that patients are required to make their way to the nearest available specialist, and this is the cause of some anxiety and difficulty for patients on Eyre Peninsula, because often the closest patient is sighted by Country Health as being in Whyalla and Port Augusta, as I have explained to the minister on a number of occasions.

The minister heard me out, although his inclination was not to review PATS any further than what was undertaken last year. The difficulty is that, although distance wise, the closest specialist can be in Whyalla or Port Augusta for people in Port Lincoln right across the Eyre Peninsula out to Ceduna and beyond, it is not the most convenient. And the reason I say that is because you are quite

entitled, if the doctor indicates, to fly to Adelaide from Port Lincoln or Ceduna to see a specialist, and that is a much more timely and less demanding way on the patient to travel than getting in a car or a bus, which I might add only travels every two or three days a week. So, it is out of convenience.

I know that the cost is probably slightly more to the government because it has to pay an airfare rather than mileage, but the long-term cost to the individual patient and the community is far less because, rather than take three days out of a person's working week or out of their lives, then we can often bring it back to one. We have had really significant investment into both the Ceduna Hospital and the Port Lincoln Hospital in recent times, and we are grateful for that.

We have two wonderful facilities there, and I do hope that it entices specialists to visit both Ceduna and Port Lincoln. I know that some already do, and we are very grateful for that, but it would be lovely to think that the state can make available through its public health system the opportunity for specialists to visit those two regionally-important hospitals to provide treatment to patients who would otherwise have to travel to Adelaide.

I am going to make a bit of a plug for a wish list, if you like, and it is hard to pick favourites always, but I want to make mention of the Port Lincoln High School. I was able to meet with the members of the governing council late last year together with the Minister for Education. We put to the minister how desperately the Port Lincoln High School needs some upgrade in its facilities.

I would highlight the number of temporary classrooms which, I might add, are not air-conditioned, which were placed there on site on campus at least 40 years ago. They might have been good buildings at that stage, but even back then, they were only ever intended to be temporary. As I said, they are still being used. They are not air-conditioned and it is hardly acceptable accommodation for a school in this day and age.

In all of the spending priorities, I think that one is a highlight. The school council, the previous principal and the current principal as well did a lot of work in building a case and presenting it to government for a funding opportunity. I am assured that Port Lincoln High School is on the shortlist for the next round of funding and I hope that comes to fruition because it is, after all, the largest single high school in my electorate and deserves some investment in its infrastructure.

While we are in Port Lincoln—and of course my electorate extends far beyond that—I was pleased to see an announcement from the city council just last week that there is an expenditure of some \$4.5 million to upgrade and improve the London Street Bridge. The London Street Bridge joins the town centre to Kirton Point and goes over the all-important railway line and Port Lincoln Railway Station, and it has been in place for many years.

It is not up to standard and it is not up to the capacity required these days and I see that \$4.485 million is to be spent in 2017 and the bridges review program will contribute almost exactly half of that at \$2.24 million. It is a big commitment from the local council. It is also wonderful to see the program being used to source grant funding. That is exciting news. Having run out of time, I would say to the house that we do support the Supply Bill and we look forward to the closure of debate.

Bill read a second time.

Supply Grievances

The Hon. Z.L. BETTISON (Ramsay—Minister for Communities and Social Inclusion, Minister for Social Housing, Minister for the Status of Women, Minister for Ageing, Minister for Multicultural Affairs, Minister for Youth, Minister for Volunteers) (16:02): I move:

That the house note grievances.

Dr McFETRIDGE (Morphett) (16:02): I will continue reading the letter from the 42 members and former members of the Onkaparinga SES. I will remind the house that those 42 signatures are not just signatures on a bit of paper: they represent 545 years of experience in the SES. The letter goes on to say:

The issues and concerns raised are not confined only to the Onkaparinga Units response area, but affect the greater community as a whole and we are reliably informed that surrounding SES Units and CFS Groups have similar concerns.

The community is currently not receiving the nearest, fastest and most appropriate resource. The previous Unit Manager, Peter Wicks, AFSM—

That stands for Australian Fire Service Medal—

was threatened with disciplinary measures and investigated for ensuring the principles of dispatch in response to emergency incidents agreed to by the CFS, MFS and SES Chiefs were adhered to. He did this by ensuring the nearest, fastest and most appropriate resource was responded to incidents ahead of Onkaparinga SES; only to be accused of putting lives at risk by SES Management for doing so. We are reliably informed other SES members from surrounding units have also been disciplined by SES Management for following Peter's sensible approach.

On 9th of March, you—

That is, the minister—

addressed the Chamber following a question from the Hon. A.L. McLachlan, in which you state that the principle concern of this government is, of course, to ensure the ongoing safety of residents within the area who may be beneficiaries of SES services in the event that an emergency arises. We believe you would be less than confident and dissatisfied if you knew the reality of how SES now prioritises and responds to calls for assistance throughout the State. These [alternative] arrangements put in place by the SES Chief, if nothing else, have highlighted there is an issue and that the public are at increased risk with significant delays in response to incidents. They go completely against the nearest, fastest and most appropriate resource principle. For example, would you send a SES crew from Norwood to clear a tree across a road in Oakbank?

Countless other examples include trees down blocking high speed roads or buildings at threat of flooding. These roads are not back streets in Metropolitan Adelaide, [they] are high speed (100kph) country roads with bends, crests and often unfavourable weather conditions and reduced visibility and the buildings at risk are people's homes businesses and livelihoods

The letter continues:

SES triage policies categorise these incidents as Priority two (P2) and sends only a SES response to many of the above mentioned incidents. It allows for a unit to job stack up to 27 of the above-mentioned P2 incidents, before passing incidents to other units or agencies. Meanwhile local CFS crews that may be minutes not hours away are oblivious to the emergency and unaware and unable to provide assistance to the community.

This lack of common sense should raise concerns amongst informed members of the community. The emergency services organisations which are charged to protect the community are failing them, by not sending the nearest, fastest and most appropriate resource.

The public don't care what colour uniform turns up. They have a problem and we the emergency services are the problem solvers. As long as the response is timely and professional we have done the right thing by them.

We would appreciate the opportunity to meet with you urgently to explain the current situation and to discuss an amicable resolution in the best interest of the community and its safety.

We invite you to meet, tour the district and discuss the current situation with Mr Peter Wicks AFSM, and the local leadership group of the SES Unit. Peter is currently the Onkaparinga CFS Group Officer, and is the previous Unit Manager of the Onkaparinga SES Unit. With over 46 years volunteering with both the CFS and SES, Peter epitomises what volunteerism and community spirit is about. He is highly respected within the CFS organisation and is a mentor and a leader within the Onkaparinga CFS group.

Through this meeting we hope that you will gain a better insight into the issues affecting communities that are solely reliant on volunteers to assist them in times of need. With the current economic climate volunteers are becoming a more valuable resource and to demonstrate public value it is crucial that efficient utilisation of the volunteer pool and sharing the workload between agencies occurs.

We feel the SES Chief Officer's reluctance to close the unit, instead opting to temporarily place it on suspension, is an effort to avoid the required public meeting. This would have provided a forum for the Unit to voice concerns to the public and media about the risk to life and property that in our opinion the SES have failed to address. We think this is a strategy to avoid the embarrassment of having an SES unit off-line for 2 years. That decision alone challenges our confidence in the SES chief officer.

The Onkaparinga SES unit by default (integration with the Onkaparinga CFS group) had an enviable fleet of 14 appliances and around 120 members across 4 stations. I challenge you to find another SES Unit that has as many 'human and physical resources' as Onkaparinga had while operational. Whether it was a CFS or SES incident, members turned up and ensured an efficient, timely and professional service was provided to the public. Combining volunteers, fleet, infrastructure and equipment delivered exceptional value for money for the community. Crews could often be seen working in the rain in CFS yellows and an SES raincoat, chopping up a tree or filling a sand bag, caring not what they wore but how they could help their neighbours, their mates, their community.

The community has lost something very unique and special. What they haven't lost is the passion, experience and professionalism of the Onkaparinga CFS Group.

Yours sincerely and without prejudice,

The membership of the Onkaparinga SES Unit, present and past.

As I say, that is signed by 42 members totalling 545 years' experience. The members of the Onkaparinga SES and the members of the Onkaparinga CFS brigades are very frustrated. I do not think that we should have a hybrid model here; all we need to do is have the MOU that was signed in 2007, and the closest, fastest, most appropriate response. That is all it says in the MOU, 'The nearest and fastest appropriate resource will be responded.' That was signed by all three chiefs.

It is not about one fire service, it is not about hybrids, it is not about amalgamations, it is not about demarcations; it is about giving the public what they deserve and that is what these volunteers want. So I urge the minister in the other place to talk to the CFS volunteers and get a coalface briefing on what is going on and see it for himself. That way he will not think that the Onkaparinga SES is in the southern suburbs when it is at Lobethal.

In the few minutes I have left I want to talk about one of the biggest industries we have in South Australia. This is an industry that will always be here and can never go away. All that can happen is that it is going to get bigger and better. I will give credit to the person who put me on to this thinking, the Swedish Foreign Minister. You say, the Swedish Foreign Minister? Well, one of the things you get to do in this job is meet many wonderful people and go to many wonderful places.

I was privileged to be representing the Liberal opposition when the King of Sweden visited SAAB at Mawson Lakes. The Swedish Foreign Minister was there at the time and we had a long discussion about opportunities to build modern technology, high-level infrastructure and also other opportunities to develop the economies of states. She talked about the Swedish experience industry. That industry involves tourism, sport and recreation, and performing and visual arts. When you look at those in South Australia, they employ tens of thousands of people. That experience is here in South Australia, the jobs are here in South Australia. They can never go away.

We have got 2 billion people to our north who want to travel, they want an experience, even only if a small proportion of those are wealthy enough to do that. That is what the Indian tourist operators told me way back when we had the Australian tourism exchange here in, I think, 2005. They told me there were hundreds of thousands of Indians ready to travel, ready to tour. They could come here ready to spend their money. We offer that experience.

We have more navigable islands than the Whitsundays, a greater marine flora and fauna than the Great Barrier Reef, we have more hours of sunshine than the Gold Coast. We have the most wonderful state right around us, and we should be grabbing with both hands the opportunity to bring people here to give them this wonderful experience, whether it is sporting infrastructure that is going to be developed, whether it is tourism opportunities, or whether it is the bigger theatres and arts opportunities, a Guggenheim-type building in South Australia.

I visited the Guggenheim people in New York, and they were very enthusiastic about coming to Adelaide. There are costs involved, but it is not what it costs you: it is what it saves you or makes you that you should be worried about. Turnover is vanity, profit is sanity—that is one of the things that I used to say about my business. In the experience industry we can do that. We can develop the industry here in South Australia.

We have the Rock, the Reef, the Bridge and the Island. What is the Island? Kangaroo Island. They are the four icons of Australia. We need to make the island not just an icon of Australia but an icon of the world. If we need to use Kangaroo Island to help build upon all the other wonderful opportunities and experiences we have in South Australia, we should do so.

As I say, those jobs cannot go anywhere else. Those jobs are here in South Australia. People will come to South Australia. We offer a five star or six star experience. Those jobs will then pay good wages, because people want a six star experience, they want well-trained people helping them, guiding them, looking after them and enhancing that experience. It is a huge opportunity we have in South Australia to develop the experience industry.

People will say that we have sporting infrastructure, we have an arts minister, we have a sports minister, and we have a minister for tourism. Well, combine them altogether and let's have a ministry for the South Australian experience. Let's make sure that we get people down here. It is a

massive opportunity. As I say, the jobs will not go anywhere else; they will be here. People will be coming and they will continue to come. It is not going to stop, it will only get bigger and better, and it will not happen unless we allow it to happen.

We need to get behind all of this, behind our tourism operators, and our sporting infrastructure needs to be expanded, and certainly our arts facilities need to be expanded. I appeal to the government to look beyond the issues we have at the moment and look to where we want to be in five or 10 years' time.

Mr WINGARD (Mitchell) (16:12): I rise today to speak on a favourite subject of mine, which is the Oaklands crossing. I make no apologies for continually raising this issue in this house, because my community wants to know and see what is happening in this space. The government has at times thrown some plans out there, but that was quite a while ago, and my community is very confused about what plans the government has in place to fix the Oaklands crossing.

It has been an ongoing issue my electorate for 30, 40, 50 years, depending on who you speak to, and I know that is something that we need to get a solution for. The minister has indicated, from conversations I have tried to have and questions I have tried to ask in this place, that it is a medium-term priority, which under their 30 year transport and land management use plan says it is 15 to 20 years away from having an infrastructure project put in place, which is still quite surprising, given that there were plans for an overpass back in 2012. No more detail other than that has been given.

I have asked the minister to come down and have a look at the intersection and discuss the issue with people in the community. What the people in the community really want to know is what are the latest plans. We know there were plans for an overpass in 2012, and wooden sleepers were left in the intersection to allow that overpass for rail-over-road to happen. It has not happened. The electric line has gone in and those wooden sleepers have been left there, again slowing down train traffic through that intersection.

The other question they want to know is: what is the cost? If we are going rail-over-road what does it cost and what are the other options? What has the minister done within the department to find other solutions? While I have asked and asked pretty much once a month in the time that I have been in this place, I have not received any answers.

In the middle of last year, the minister put out a \$1.6 million Moving Traffic program for South Australia. Again, I have requested to see how much of those funds will be used in moving traffic through the Oaklands intersection where we have extended delays. Again, we have had nothing from the minister on that, so none of those funds are going towards fixing the Oaklands crossing as far as I am aware.

We have not even had the minister come out and have a look, and perhaps look at moving pedestrian crossings or adding an additional pedestrian crossing to help alleviate part of the problem. My request goes out to him again to come and have a look for himself and see what we can do to fix Oaklands crossing in the short, medium and long term. We want to know what options are on the table. When I say 'we', I am talking on behalf of my community.

We have had a campaign going for over 12 months now, and the people in my community have been engaged with this campaign. It is a way we can keep them in touch with the things we are doing and the things we are asking of the government, bearing in mind the government and the minister has thousands of people at his disposal within the Department of Planning, Transport and Infrastructure to do this work, to come up with plans and to find out how we can fix Oaklands crossing, and to date we have nothing.

Most recently, I have been encouraged by the Marion council coming on board and joining our campaign, which is absolutely fantastic. We thank them for their support, for joining with us and adding their push to the energy of the community that is behind the Fix Oaklands Crossing campaign. It is good to have Marion council now, just in the last couple of days, getting on board and pushing to fix Oaklands crossing, as myself and the community have been doing for the past 12 months or more.

I have had some success, I must say. There were a couple of issues that were happening a little while back around Oaklands crossing where we had some damaged rail line through the heat, which was slowing trains down as they went through the crossing and causing the boom gates to stay down longer than had previously been the case, and ultimately longer than what was necessary.

The buckled train line, in fact, caused trains to travel slower through the intersection and that was what was causing the boom gates to stay down longer. We did raise this through the media and to the minister, and the department did go about getting this fixed. That was back in July last year, so we are grateful for that. That did just take a few seconds off, but every second does count when we are looking to fix Oaklands crossing.

We have had correspondence with federal ministers, who have said that the state government has not raised it as an issue with the federal government, which I find surprising. Again, we would love to know more about why the minister perhaps has not done that from a state perspective. I have had a number of listening posts around the local community and local area, and they have been very well attended. We thank everyone for coming along to those and helping make people aware.

We have said all the way along that this is an issue that is often referred to as being a localised issue around the suburbs of Oaklands Park, Warradale, North Brighton, Hove, Sturt, Dover Gardens—in and around those regions there, the ones that really touch on the Oaklands crossing issue. However, what we have found from speaking with people at our supermarket meetings is that this is an issue that spreads wider.

We had the Australian swimming titles at the Marion Aquatic Centre recently and that has brought people from all over the state, and potentially all over the nation, to come to this venue. It has been wonderful to see so many people in our local community, but it has then rolled over to more people from right over the state realising this issue and the problem that we do have. We have a stand-out sporting precinct for the state based in a location that has this terrible traffic congestion that does cause a whole world of hurt to a lot of people when they live and/or come through the area.

I have written to the minister, as I said, to try to find out more information and I have put in some FOIs to request more information, again, so that the people of the community can see what work is being done, what work has been done, what the traffic flow indicators are, and where and how we think we can find a solution to fix this problem. What needs to happen? Do we need to reassess this and put road under rail or road over rail? Again, do we need to put rail under road or rail over road?

There are a few options that can be looked at here. As it stands, despite the questions and despite the freedom of information applications that I have put forward, I have been blocked from getting this information. I am wanting to get more detail from the original plans that were done by the government back in 2012 also. I know the Marion council did have these plans on display at the Marion council. I have asked them to be able to show them to us, but at the moment it does not seem like we can get hold of these plans.

I have followed this through on a number of websites—obviously, government websites—that have shown they have access to this plan. Interestingly, as you click through and find the portal that says, 'Here are the plans for the Oaklands crossing intersection and the upgrades that are on the table,' you actually need a login and a password to be able to access these plans. It is quite obscure, and it has me and a number of people in our community scratching our head as to why these plans are being kept secret, why no-one can see what they are.

I must stress the community I am talking to wants to fix Oaklands crossing. We want to find a solution to fix this problem, but we need to see the information. My two staff, a trainee and myself have worked tirelessly to try to find this information so we can assess it and perhaps talk to engineers and other people out in the community to see what we can add to this solution, but the government has the department.

The government has thousands of people working in the Department of Planning, Transport and Infrastructure. They are the ones who are doing this work, and the people in my community want to see this work. We want to see what it is, we want to see what the options are and we want to see

what the costings are so that we can work out what the best solution is for the people of this community.

As I said, I have been banging my head against a brick wall, and it has been very frustrating to be asking for this information and for it not to be coming forward. It makes it very hard for me to relay that information to the people in my community. They have been patient, but the patience is wearing thin. It is just disappointing, I think, that we are not being given this information that, really, the government and the department has, I hope, been accumulating and, I hope, has ready to put on the table so that we can look at this and consult and talk to our community about this.

I mentioned the listening posts at Westfield Marion. They have been fantastic. We have had some wonderful support there from people coming through, having a look and talking to us about it. As I say, I grew up in that area, and I often have a joke with people and say that, if I had a dollar for every time I have been through that intersection and \$5 for every time I have been stopped there, I could potentially pay the \$110 million that the minister suggests it would cost to fix this project and build the infrastructure that is needed to remove the congestion that is there where, again, two main roads meet a rail intersection. Of course, this is where Diagonal Road and Morphet Road meet the Oaklands rail crossing.

It is a big problem in our community; we are very aware of that. Everyone is disappointed that the government has not been forthcoming and the department has not been forthcoming to let us know what the situation is and what the update is. I will keep pushing for it. I will keep pushing to find a solution to fix Oaklands crossing. It is what my community wants, so I am listening to my community, and we will work hard to make sure we can get a solution to this problem that has been going on in our community for quite a number of years.

Mr SPEIRS (Bright) (16:22): I wish to continue with my satirical comments regarding Public Service reform and the culture of political advisers infiltrating the service—a theme I spoke about at length in my Supply Bill speech yesterday afternoon. I have to use the word 'satirical' because a quick survey of the Twitter and Facebook comments by Labor staffers reveals consternation at some of my statements. 'But I don't eat sugary foods,' says one. 'I'm paleo,' says another. 'I completed my Arts degree, #tookmesixyears,' says yet another. If they had spent more time concentrating on their studies rather than playing student politics, they might have heard of satire!

I have been quite taken by the level of response to yesterday's speech, with many, many public servants contacting my office in the last 24 hours to thank me for speaking up about the politicisation of the public sector—not just the presence of advisers blocking the provision of frank and fearless advice, but also the revolving door of political operatives moving from adviser to public servant, from adviser to public servant, with little in the way of merit-based selection. This is a matter that public servants feel entirely voiceless regarding.

One thing I have been particularly interested in was the defensiveness of the Labor government on this matter. We had a couple of text messages to Matt and Dave on 891 this morning from the member for Kaurua and the member for West Torrens. I found interesting the member for West Torrens's comment about the fact that I remained working in the cabinet office being evidence of the government's tolerance for people of all political persuasions.

I am afraid I have bad news for the Treasurer because I was actually the subject of significant difficulty because of my private political views and, someday, and that day will come, I will tell this parliament how difficult a number of former staffers made my life as a young public servant in my early 20s. When that day comes, I will unveil the true repulsiveness of the Rann regime, and I will use parliamentary privilege to describe and for the first time name (because I have not done that to date) the people who bullied and intimidated me during my time as a 23 year old in the Premier's department. I have been very specific about not naming individuals to date, but that day will come.

The government's defensiveness on this matter has simply been a confession of guilt. However, my speech was not solely aimed yesterday at our state Labor government, although their particular crop of under-qualified advisers writhing, giggling, cowering, sneering and dribbling in the Speaker's gallery did provide me with a visual case study for the speech. It is a problem that 21st century governments in Australia and in other western jurisdictions are grappling with, and that

is why I was delighted to be able to contribute to chapter 9 of 2036, the Liberal Party's vision-setting document released last month.

That document outlines the value we place on the Public Service and the fact that we see it as an asset to be nurtured rather than slashed, our desire to end politicisation and restore merit-based selection and career pathways forged through contribution as opposed to political patronage. This is not a problem isolated to South Australia or the current Labor administration, and it is an issue which people far more credentialed and experienced in public and business administration than me have raised as a significant problem. This is a serious problem for the delivery of good government, for good decision-making, for good public administration, for good ministers of Labor or Liberal persuasion, and it is something that we desperately need to address.

Jennifer Westacott, Chief Executive of the Business Council of Australia, has weighed into this debate, calling for the halving of the number of ministerial advisers back in 2012 and blaming them for triggering a series of botched decisions which had cost the nation up to \$20 billion. Ms Westacott told a gathering of public servants in 2012 that 'a culture of intimidation and bullying' had taken hold in ministerial offices, in part because of the dominance of political advisers over civil servants. She told these public servants at the conference that:

Your authority has been undermined by political gatekeepers, often with little expertise and no accountability. Australia now has more personal staff per minister than many other comparable countries.

Terry Moran, the former head of the federal public service, has backed Ms Westacott's arguments, saying that:

The private (ministerial) offices need to include a significant number of people experienced in the business of government.

He went on to call for a legislated code of conduct for ministerial advisers to prevent them from directing public servants. University of Queensland Professor of Public Administration Ken Wiltshire also backed Jennifer Westacott and warned that bad decisions were costing billions of dollars. He was quoted in *The Australian* as saying:

Ministerial advisers are a worry—they're part of the politicisation of the public service and having heads of departments on contracts is part of that politicisation as well.

The public service should provide frank and fearless advice to the minister. If the minister wants political advice, they should go to the advisers but we shouldn't mix the stew.

That mixing of the stew, as Professor Wiltshire neatly describes it, is the real problem. Sure, have a couple of taxpayer-funded advisers to point you in the right direction politically, but do not allow them to become a filter, a blocker, a barrier to good policy based on sound evidence and expertise from public servants.

I can joke about this, and I have in this chamber earlier in the week, and I can use satire to broaden interest in it, but it really is a serious concern for our state's effective public administration. Back when I worked in the Public Service, we had an unsubtle code name for politically appointed public servants or advisers. We called them 'snouts': snouts in the trough, lapping up the spoils of office, the gruel of government. When they walked past our desks, we would flick the tip of our noses and oink, likely too obvious, indicating a snout in the house, someone sniffing around looking to make the transition from political adviser to public servant or back again.

I will not name individuals in the speeches I make about the Public Service and certainly will not name the advisers. They are faceless and nameless, shadowy dealers doing their own political bidding. Instead, I prefer to give them sartorial names: Old Major, Napoleon, Snowball, Squealer—appropriate names for snouts.

In closing, I would like to pay tribute to that great satirist, George Orwell, whose *Animal Farm* portrays the corruption of a system as power is taken and then corrupted. In the end, those who started off with pure intentions—and maybe many of these staffers do back when they are studying those arts degrees; maybe they start out thinking they can make a difference. Eventually, many of them rely so much on the system and their contorting of power that they have been given that they begin to take on the ugly features of the humanity that they represent.

In that final scene of *Animal Farm*, as the memories of good governance and life before corruption begin to fade away, a few old animals look on and see that those who were once supposedly there to do good have become unrecognisable. You look to the pigs, then to the farmers, then to the pigs, then to the farmers, and they tragically, hopelessly merge into one.

When I look to the Speaker's gallery during question time, I am not sure if I see people or snouts. People or snouts? I see Twitter-loving, game-playing branch stackers with arrogant smirks who are overpaid and destined to under-deliver. So, with Orwellian dismay, like the last paragraph of *Animal Farm*, I wonder whether it is an adviser or a snout, an adviser or a snout, an adviser or a snout. You look, you stretch your eyes and you look again. Is that a curly tail? Adviser, snout, adviser, snout, adviser, snout—

The DEPUTY SPEAKER: Member for Bright, we have a point of order.

Mr Goldsworthy: There's no point of order.

The DEPUTY SPEAKER: Since when have you been the arbiter of points of order? You are an *Animal Farm* in the corner yourself this afternoon, oinking and wheezing.

Mr Knoll: Well, actually, that is unparliamentary.

The DEPUTY SPEAKER: No. I asked him yesterday not to oink and wink and grunt, and he is still doing it today.

Mr Goldsworthy: I'm not grunting or oinking.

The DEPUTY SPEAKER: Well, you were.

Mr Speirs: That's his bad chest.

The DEPUTY SPEAKER: That's his bad chest; yes, that's right. Minister, you have point of order?

The Hon. Z.L. BETTISON: I am concerned, and I ask for your opinion. I think that language is unparliamentary.

The DEPUTY SPEAKER: Well, there is no record of that word being used anywhere, I wouldn't have thought. Because it is not directed at any one person in particular, the table is quite prepared to let it go.

Mr SPEIRS: The sensitivity. The games, the fake Twitter accounts, the spinning stories, all the while suckling on the taxpayers' teat. It simply creates the impression of a government that is only interested in itself, filling its trough rather than being there to serve South Australia. It does not make Hallett Cove, Marino, Hove or Brighton better communities.

It does not reduce crime, make buses run on time or balance the budget. It does not improve educational outcomes or create jobs. It is just a sad corruption of our Westminster system, and it is going to take some real guts from politicians of either political persuasion to break this snoutish cycle. I look forward to one day being part of a Liberal government which, as outlined in our 2036 manifesto, will work hard to ensure the public sector is fair and free from snouts.

Mr KNOLL (Schubert) (16:32): I rise this afternoon to give a grievance on the Supply Bill as it relates to the unsurpassed electorate of Schubert. We may not have coastline—we may have, though, a dam that becomes open for non-motorised recreational boating and fishing activities in the Warren Reservoir, and I am looking forward to seeing that happen. The absence of coastline is more than abundantly made up by some extremely picturesque scenery and the best shiraz, riesling and semillon in the known world.

The future and the present of the Barossa is extremely strong, and so too the Murraylands. In what is a very tough international environment and market for Australia's grape and wine industry, the Barossa stands out as real bright spot. We have seen, last year and this year, record grape prices, especially for A and B shiraz, which are some of the largest parts of what we do in the Barossa. We have seen record prices, and we have started to see that confidence flow through to the broader Barossa economy.

We see this week that tourism numbers are up in the Barossa, and indeed we have had record amounts of spending on tourism. There has been just a tick under \$200 million worth of combined domestic and international spending in the Barossa. Again, that gives cause for confidence and that gives cause for optimism for the future of this very important region.

We also see the unemployment rate. In contrast to the 7.2 per cent statewide unemployment rate that we see today, the latest figures out of the Barossa have various towns somewhere between 3 per cent and 4 per cent, in some cases half of what the state's rate is; and, again that is something that can give the Barossa cause for optimism and confidence in the future.

I must admit that that does make for a happier and more content electorate. That is, I believe, one of the main reasons why the Barossa LSA (the local service area for police), which also does take in Gawler, makes it the safest place South Australia. It has the lowest crime rates in South Australia, and, again, I think that is a consequence of having a good, productive, strong economy, as opposed to the other way around, and long may that continue because that again gives confidence and optimism to the beautiful place that I call home.

But not everything is hunky dory, not everything is as it should be, and there are a number of things I would like to talk about today that I would like to see resolved in order for the Barossa to become even more perfect. The first of those and the perennial issue of those is the Barossa hospital. In 1992 the Tanunda Hospital Board and the Angaston Hospital Board were advised by the government (which was the Labor Party in the dying days of the Bannon/Arnold administration) to merge, and the idea was that, if those two hospital boards merged into one, under one CEO for the two hospitals, that the case could be built for a new single health facility in the Barossa.

Then in 2001, after recovering from a State Bank disaster the likes of which this state has never seen and hopefully should never see again, the Liberal Party committed to building this facility. Unfortunately, losing the 2002 election saw the reversal of this promise by the Hon. Lea Stevens, if I am correct, saying that the money was not in the budget. The money was supposed be there in the 2002 budget but, unfortunately, losing the election meant that that money was no longer there, and that is a disgrace and that is a shame.

Now, here we sit 14 years later and we are in the same predicament. The need in the Barossa grows ever greater. The Angaston Hospital built in 1910 and the Tanunda Hospital built in 1955—both of which have not seen decent upgrades for the last 30-odd years—are in various states of disrepair. And, having had cause to take my three-year-old daughter to each of the hospitals actually on one occasion, I have seen first-hand the brilliant nursing staff working in otherwise disgusting conditions. The Barossa deserves better.

Now I know that an outline business case has been completed by the Country Health local health network. Unfortunately, I am not allowed to have a copy of the document, and that is fine. I know that the copy of that document is sitting on the minister's desk, and I am imploring the minister to pull the trigger on taking that document to the next stage. Put the \$60,000, or so, on the table to get a full business case.

If nothing else the people of the Barossa have waited 25 years. They may as well now get a decent consideration from this government, and moving to a full business case shows that next step. It also helps to open up the debate about the ways in which the community can help get involved in that project. On that score, along with a group of interested individuals and prominent individuals from my communities, I am working on a plan to help make that hospital cheaper to build for the state government, because the people of Barossa do not sit from the sidelines and just whinge and say, 'Give me what I want.'

We are more than prepared to roll up our sleeves and get involved in getting this thing done. We are looking at ways to gift the land to the state government on which the hospital will be built. We have got money that has been fundraised and held in trust by the Health Advisory Council ready to go for a new Barossa hospital and that money does number in the millions.

We have two facilities that will be vacated in the building of a new hospital on a separate site, the selling off of which can help to offset the capital cost. I have got local builders who have said to me that they will build the building for cost to get it done such is the need for the community.

I have so much goodwill and so much practical help, as is the norm for the way the Barossa gets on and does things, that I think we can make this hospital between \$5 million and \$10 million cheaper for the state government. Surely that will help improve the bottom line. What will also help get this project along the line are the savings that will come from essentially merging three facilities—the two hospitals and a third administration site—into one.

Again, that should not be understated because in the longer term, as the cost of staff increases, those savings become ever more important and it is another reason why we should move to a full business case to look at how a new Barossa health facility will actually end up saving the government money. We will continue work on that topic and I have more to say and more to do about that in the community in coming weeks. I look forward to a positive resolution from the minister.

Another project is being run by the very august body known as the Barons of Barossa. They have put on the table an idea for a Barossa grand cellar and they are looking for support from government, from the community and from business in order to get it built. The concept behind this is that the Barossa Valley is the fifth most recognised wine region in the world. It is home to the most prestigious wine brand in the world in Penfolds.

Our story is significant, our story is unique and our story needs to be celebrated in a facility that is worthy of the quality of the wine we produce. I would love nothing more than to see the grand cellar built and become a home and a hub for the best and iconic wines that the Barossa produces, a place where we can take significant buyers and high net worth individuals to try our best and put them up in the type of surroundings that befit the best wines in the world.

The third project on the table at the moment is around ensuring that the quality of our road surfaces is improved. I commend the government on the money they put forward to resurface the main street of Tanunda, Murray Street. Unfortunately, we are still waiting on the NBN to finish its work before that road is resurfaced in two sections and, even though the work was supposed to start in March, it looks like it will be August or September this year before it starts.

My community is crying out for it. Indeed, on social media this week, I had a lot of inquiries and a lot of people are interested in getting that project finished. There is a 2.8 kilometre patch of road from the corner of Yettie Road right through to the Playford council border and that is a stretch of Para Wirra Road that needs to be bitumenised. I know that council has put in submissions to Supplementary Road Funding and also Roads to Recovery to see if we can get the money to bitumenise that patch of road.

I implore all levels of government—local, state and federal—to get behind that piece of infrastructure because it is sorely needed. We are seeing an increase in the level of traffic through that area as it has become slightly more urbanised and it is high time that that dangerous stretch of road is bitumenised. Those are the three wishes on my wish list for this year and I look forward to having those three completed next year and renewing my list with some new projects.

The Hon. P. CAICA (Colton) (16:43): I will not hold up the house for too long. I have listened with great intent over the last couple of days during the supply speeches and the grievance speeches. I am quite happy to be standing here today to provide a grievance. In regard to what we saw today, it is the right of the opposition to move a no-confidence motion any time they see fit and who would blame them, really, because they never lay a glove at question time on the government, so why wouldn't they look at a different tactic? That strategy failed dismally today. What we saw was the Leader of the Opposition provide his 10 minutes on the no-confidence motion and it was as vacuous as the 2036 document.

Just on the 2036 document, I have had a good look at it. It did not take me long to read, I can say that, because of the lack of substance in it, but who does not want there to be a vibrant economy? It is almost like saying, 'Who does not want the sun to come up and for it to rain in the regional areas?' It has no substance whatsoever. It is a collection of fatherhood and motherhood statements that do not provide any substance or direction to the people of South Australia of what they really mean in the statements that they make within this document called 2036.

The opposition clearly believes that it is purely a political document that might hoodwink the people of South Australia into believing that the opposition has a plan for South Australia. Anyone

who bothers to flip the pages of that very thin, almost vacant document will understand that this has no direction whatsoever beyond those fatherhood and motherhood statements that are contained therein.

I think it is a very disappointing document and one that will expose them as really still having no proper policy direction, because that document is bereft of policy beyond these broad statements that say, 'We believe in a vibrant economy, we believe in full employment, we believe in—' I do not think on this occasion it said 'taking the handbrake off the economy', but that was certainly implied within it.

We saw today a no-confidence motion in the Minister for Health. I will say that, having sat around the cabinet table for a period of time and enjoying my time there, I know there is certainly the need to make changes to our health system. What we have done on this side, under the auspices, direction and drive of the Minister for Health, is to put in place those things that we believe are going to provide for the people of South Australia not only a sustainable health system but also one that is going to be able to cater for the clinical needs of all South Australians in all aspects of the health services that they require and, in fact, deserve.

I would go as far to say about the vacuous mob that is the opposition, that has no policy in any direction that, if they ever achieve government—and, of course, that is yet to be seen, because I do not see anything that is going to attract the voters of South Australia beyond that percentage of people who vote for them in their own areas changing their vote to vote for a party that clearly does not stand for anything with respect to policy development—they will ultimately be thankful that we are making these changes to the health system.

It is safe to say also, and I think the member for Lee made a very good contribution today on our involvement as members of the western suburbs in our negotiations and discussions, not only with our community but also with the Minister for Health, about those changes that are being proposed for the hospitals in our area, particularly The Queen Elizabeth Hospital. I have been going through that with my minister and my community for a significant period of time.

I am not going to have a crack at my friend Mark Butler. He did what he did for whatever reason he did it, and the simple fact is this: I have been raising the same issues that Mark did with the minister but doing it in an appropriate way, that is, by providing him with both correspondence and discussion points about the issues that he raised publicly on this occasion.

As I said, I am not going to have a go at Mark; he did what he did for whatever reason he did and that is history now, but I will also say this: those issues that he raised were issues that my colleagues of the western suburbs and I have been raising with the minister anyway, and we expect those to be addressed appropriately and accordingly.

I think it was a very disappointing performance today by the Leader of the Opposition, and no wonder he is under a great deal of pressure from the members on his side. We saw what I would call—how would you say it—'auditions' from the other speakers on the other side. We know that the deputy leader will continue to audition as she has for the last decade almost, and I think those auditions have failed to the extent that she is not going to get a look in. Today we saw one of the new, young, rising stars, the member for Schubert, provide a contribution in this area.

I do not think it was a very good contribution at all. I was always brought up to say that you have to crawl before you walk, you have to walk before you run, and I think he is trying to run a little bit earlier than what is appropriate. I thought that he might think that it was a good performance today, but the one who would be disappointed I think is the member for Stuart.

The member for Stuart, of course, is being seen as a rising star. We saw the wonderful expose on him in the media. I do not disagree with anything that was said in the media about his profile and all these types of things, but I think he would feel a little bit let down today by the fact that he was not given an opportunity to undertake the audition that was this motion of no confidence in our current competent health minister.

The health ministry is a tough gig. I have never done it, and I am thankful that I never did, because it is a tough gig. What we do know is that fundamental to all aspects of our lives, no matter what age we are, is the ability to be able to access excellent health services. We have—

The Hon. A. Piccolo interjecting:

The Hon. P. CAICA: The member for Light just interjects and says, 'At my age.' I acknowledge that I am now an old man.

The DEPUTY SPEAKER: Oh, no, no!

The Hon. P. CAICA: Yes; I am quickly becoming an old man, and I will require those services that are available at The Queen Elizabeth Hospital. I am thankful that the focus of The Queen Elizabeth Hospital will be on those services that I require, as do my other constituents who are reaching or are already at these ageing years. I am thankful that they are the services that will be provided, because that is what we have to do.

We have to make sure that we have hospitals that cater for the needs of the local area, but also that they are not a one-size-fits-all hospital for everyone, that we have specialties in acute care that people require and that we focus on those specialties at what I call the spine hospitals, and we all know what hospitals they are.

Just like in your area, Deputy Speaker, you will have a very good hospital called the Modbury Hospital that will cater for 90 per cent-plus of the needs of your local constituency, and they will continue to be served very well, just as will be the case for my constituents at The Queen Elizabeth Hospital.

When we require those high level acute care services, we will go to those hospitals that we are assured will provide those services 24/7—the Lyell McEwin, the Royal Adelaide, the Flinders—and it is quite appropriate for that to occur. I am very confident that the system that we will put in place through Transforming Health is the right thing to do. I do not want to harp on, bang on, or bag the opposition but, look, if today was the best—

The Hon. S.W. Key: Go for it.

The Hon. P. CAICA: I am being encouraged and I'm not going to—

The Hon. S.E. Close interjecting:

The Hon. P. CAICA: No, I am not going to succumb to that encouragement. I have been here for a while and I will say this: in 14 years this is the most disappointing and inept opposition I have seen during this period of time. If they do not lift their game it is quite likely that the opposition will not only have spent 16 years in opposition but they will be an opposition that spends 20 years in opposition; I hope that occurs. I feel more confident this time in the electoral cycle than I did this time before the last election; but we cannot just rest on our laurels. What we have to do is continue to have policy that drives reform in this state, and that is what we will continue to do.

The Hon. A. PICCOLO (Light) (16:53): I would like to add a few comments to this debate and perhaps highlight some priorities that I believe are important in my electorate, and I would also like to provide some commentary on a couple of the issues discussed in this chamber over the last few months before we went on our Easter break.

A lot has been said today about Transforming Health. From my point of view, I certainly support what is being done. It certainly will assist people in my electorate and deliver more improved services. This is not just for people in the metropolitan area but also for people in the country area. One of the benefits of Transforming Health is that by having specialist elective surgery centres people have greater guarantee of having it when it is scheduled.

I understand that about 20 per cent of elective surgery is for country people. Often, that elective surgery is put off when more urgent matters come up in an existing hospital. By having a dedicated centre for elective surgery, it ensures that those sorts of disruptions do not occur as much, which provides a greater service to country people. I think one of the spin-off benefits of Transforming Health is that people in regional and rural South Australia will have a much more accessible service, in the sense that it will be reliable and it will be there when they require it.

A person who lives just outside my electorate sought my assistance recently. Not only did he need some elective surgery but also he suffered immensely as a result of the fires, and his elective surgery was about to be put off once again. Not only did he have the trauma of a physical condition

to be dealt with but he obviously had the emotional trauma of the fire. He lost his house, his property and he was literally five seconds away from being killed himself.

This man's elective surgery was about to be put off so, like all MPs do, you lobby for your people. We lobbied and we were able to keep his elective surgery on schedule. That is the sort of thing that country people put up with. By having specialised elective surgery centres, which is proposed under Transforming Health, people in country areas will have a much more reliable service.

One thing I touched on earlier this week, which I would like to finish on, is that, with ANZAC Day approaching, we have an opportunity as a community to acknowledge the contribution made by our service personnel, not only people here or overseas—people who were involved in some conflict over the century—but also people who are behind and made a contribution to the war effort, as well as partners and family members who had a partner overseas fighting, etc. They are a part of that war effort as well.

ANZAC Day is really a day where we reflect upon those conflicts and what they mean to not only our nation as a whole but also our communities, so the services in our communities are very important. For the centenary event of ANZAC Day last year, in my community we had about 10,000 people participate in the dawn service, which is a huge crowd for a community of our size. One of the things that the Gawler RSL is involved in is doing a march. They do an annual march, usually the Sunday before ANZAC Day, but this year it was actually going to be the Sunday prior to that because they are getting a bit older and they did not want two events within 24 hours.

They are required to close off streets, get the police involved and local government involved, like a lot of community organisations. These days, community organisations have to really jump through hoops to actually do some events, and I touched upon this issue a bit earlier this week. I understand the issue of risk and a whole range of occupational health and safety things, but at some point we are going to make things so difficult as a society, where people are trying to protect their patch—it is probably not appropriate to say today—that it is the case where the operation was a success but the patient died, where we are risk free but we actually do nothing in our communities. We will live in a community lacking culture, lacking community, lacking events, etc. That is the sort of imposition we place on community organisations.

The march was planned for this Sunday. Subsequently, the local RSL decided to pull the pin and cancel the march. There has been an uproar in the community, and understandably. I got more hits on my Facebook on this issue than any other issue for many months, and the community were quite rightly angered. What disappointed me the most about that was not so much that the event was cancelled as a result of miscommunication, and perhaps some people in authority could have done a bit more than they are doing to support our returned services people, but that as soon as the event was cancelled out went the media statements, and everybody protected their patch and started blaming others for it. It was not a reflection as to why the event was actually cancelled or a reflection of, 'What can we do better to make sure the event goes ahead?'

Sitting extended beyond 17:00 on motion of Hon. S.E. Close.

The Hon. A. PICCOLO: As I said, my disappointment was that all of the parties went to the trenches and decided to protect their patch rather than ask, 'What has gone wrong here? What can we learn, and what can we do to ensure it does not happen again?' Fortunately, people have seen the community anger, and the event is back on, but it should not have come to this point.

We should be supporting our community organisations because, without them, our communities would be very sparse—culturally sparse and sparse in a sporting context. There are not many walks of life in our communities which are not touched upon by a volunteer in some way. Certainly, volunteers require support, etc., but they do important work.

I am glad the ANZAC Day march is back on in Gawler this Sunday. I will be there supporting our Gawler RSL and our returned service personnel, but I am hoping that, from this experience, those people involved in government in some way, whether it is local, state or federal, reflect upon what they can do differently. It is easy to give a community organisation a whole book of things to do and say, 'This is what you need to do to meet the requirements today,' but we actually need to help these community organisations through that process. We need to make sure we do not lose what is really important about local communities.

With the few moments I have left, I would like to talk about some of the important things I hope to see included in this year's budget. One of the things I would clearly like to see is some money to deal with blackspots in terms of telecommunications. I realise that was a responsibility of the commonwealth and they have not done as much but, putting that aside for a moment, particularly in my area, I have Wasleys and a couple of other communities which would benefit immensely from improved communications.

I understand the sort of investment required is not a huge amount, so I have been talking to some ministers behind the scenes to ensure that they are aware of my desire to have some moneys put aside for that—not because it is my electorate but because the Pinery fires identified a problem there not only from a community safety point of view but just purely in terms of running businesses in rural towns. People trying to run online businesses find it very difficult.

There is the issue of economic activity in those towns, there are issues of safety in those towns, but there are also issues of making sure those people do not miss out on engaging with community as well. I know a lot of people in the community find accessing the internet quite difficult or quite expensive, so I am hoping that the government will look at that.

The other issue I would like to see addressed is maintaining our air coverage in the emergency services area. I think it is very important. While I accept that fires are fought on the ground, and won and lost on the ground by our volunteers and other people working in that area—all the people in the emergency services area—the air coverage provides a level of comfort and confidence, and actually helps our people on the ground. I am hoping we will be able to reach some sort of agreement with Victoria, Tasmania and the other states who I understand are having discussions with the state government and the commonwealth to make sure we maintain that coverage.

With only 15 seconds left, I would like to say that the opposition has, on a number of occasions today, reflected on the government. It is interesting to note they do not actually reflect on the fact they have been in opposition for 14 years. Perhaps there should be some reflection about their own performance.

Mr WILLIAMS (MacKillop) (17:03): There are so many things a member could speak and grieve on because we have a wide-ranging choice of things to bring to the attention of the house, but I particularly want to talk about and bring to the government's attention a couple of things with regard to the South-East of the state. All we have seen in the last few years in the South-East from this government is more and more taxation, and, principally, we have seen it in two areas.

The removal of the rebate under the emergency services levy has impacted greatly. Because that levy is a capital-based tax, the removal of that rebate has impacted greatly upon the farming community, and my electorate is basically a farming community. There are other industries, obviously, but the majority of the people who live and work in my electorate are either farmers or businesses associated with farming. The impact of that removal has been quite dramatic, as I say, being a capital-based levy.

The other one has been the impost of an increase in the levies under the NRM Act through the Natural Resource Management boards. Those impacts will, again, affect my electorate quite dramatically. I want to put this in context, because I think there is a mindset in this government, and certainly within the cabinet room, that people in the South-East are wealthy and that they can withstand being taxed at a greater level.

A couple of bits of information—and I presented some of this information to the Natural Resources Committee recently when I was giving evidence with regard to their inquiry into the NRM levies, or the water minister's want to extract even more money under the guise of water planning and management fees from landholders and particularly landholders in my electorate.

It came to my attention recently that the Australian government Department of Infrastructure and Regional Development published a *Progress in Australian Regions—Yearbook 2015*. It gives a whole range of statistical information about the economics that are occurring in regional Australia and it gives good insight into what is actually happening out in the bush. I can report to the house that the numbers for my region show that, indeed, the South-East is not doing particularly well at the

moment and has not been for some years, and anybody who suggests that the South-East is full of very wealthy people who should be taxed more is just not aware of the reality.

In chapter two of the book that I refer to, there is a sub-chapter 2.4.1 which has statistics about real median weekly household income. It is at page 112 in the book. Just to put into context what they are talking about, the introduction to the chapter says:

Real median weekly household income represents the middle of the income distribution for households. It is an indicator of Australians' capacity to consume goods and services and is a key measure of Australia's economic well-being.

So, it is the median (the middle household in that area) and it tracked the changes over a 10-year period between 2001 and 2011. Across Australia, real median household income increased by \$190 a week. In real terms, from 2001 to 2011, the median household across Australia had an increase in disposable income of \$190 a week.

In South Australia, that statistic was \$175 a week, so the increase in real median household income was slightly lower in South Australia than across Australia. That is for Greater Metropolitan Adelaide, not the whole of South Australia. So, for Greater Metropolitan Adelaide, there was a \$175 a week increase. For the rest of South Australia, outside of Greater Metropolitan Adelaide, it was only \$75 a week. So, for the 10-year period between 2001 and 2011, the median household income in real terms rose by \$100 a week more in Greater Metropolitan Adelaide than it did in regional South Australia.

In my electorate in the South-East, which is again separated out from the rest of regional South Australia, the figure was less than half of that: it was only \$36 a week. So, where the median household disposable income in real terms increased by \$175 a week over that 10-year period in metropolitan Adelaide, in my electorate in the South-East it only increased by \$36 a week.

I think that is a fairly powerful piece of information. I think that information explains why my constituents get so angry, when the only thing the government sees the South-East as being useful for is to extract more taxes. The reality is that the ability of my constituents to continue to pay increasing taxes is less than it is elsewhere in South Australia.

Late last year, the government sent its cabinet down to the South-East in one of these jaunts they call a regional cabinet. Last week in my local paper, *The South Eastern Times*, which is published in Millicent, the Premier had a letter published saying what a wonderful government he leads, what a wonderful time they had in the South-East, and what wonderful things they are doing for the South-East. He put a few dot points in the letter, highlighting how wonderful they were to the South-East. He says:

...our funding commitments to the region include:

- \$9.73m to improve safety on local roads

I am not quite sure, but I suspect a fair bit of money has been spent on the Dukes Highway. I know there is a project upgrading the road and sealing the shoulders of the Riddoch Highway at the moment. I do not think that is anywhere near \$9 million. I think it is a fraction of that, but it is welcome.

They did spend some money—it would have been in the last financial year, I think—just outside of Kingston on the road that goes to Millicent—the Princes Highway—against Maria Creek, where they have put in one of those barriers to stop people from driving into the creek, and also sealing the shoulders. This was all within the 80 km/h zone.

I do not know that I have ever heard of anyone actually driving off that road and into Maria Creek, but they probably spent at least a couple of hundred thousand dollars there in the guise of a safety measure. I do not think it has improved the safety, whereas sections of that road badly need shoulder sealing. The second dot point is:

- \$221,000 to help job seekers find work and meet employer needs

With the unemployment rates in South Australia and in the South-East, I think that is a pretty miserable amount of money. The letter continues:

- \$1.09m in grants so businesses can expand their operations, develop new products and create more jobs.

I would imagine there is a small amount of money through the rural infrastructure fund to give businesses the ability to increase employment in the region. I would have to say, for a region that produces so much for and contributes so much to this state, that is a paltry amount of money. I think it is outrageous that the Premier would suggest how good his government has been to the South-East when the proposed NRM levy increases in the same region will be \$5 million per year.

In relation to the emergency services levy, I do not know the direct impact on the South-East because it is statewide, but I would estimate that regional South Australia is contributing in the order of \$10 million a year more than what is being spent in regional South Australia on emergency services. It is outrageous that the Premier would write a letter to the local paper suggesting that they are good government when all they do in the South-East is increase taxes and refuse to spend money where it should be spent, as per this morning's story in *The Advertiser* about the South-East drainage network.

Mr PEDERICK (Hammond) (17:13): I rise to make a grievance contribution to the Supply Bill 2016. Transforming Health was quite topical today, but I just want to talk generally, not just about health services throughout the metropolitan area, but certainly throughout regional areas. I am concerned; with all the headaches we are seeing with Transforming Health here in the city, what is going to happen in the regions?

In the past, before I was in this place, there were moves by the Labor government looking to cut 68 hospitals in the country. So, what is on the books now to cut down services for country people? I can remember, probably 25 years ago, campaigning on the steps of this place to make sure that we had a good hospital still at Tailem Bend, and, thankfully, it is still there, because my family have had to make use of it. In fact, we had three generations there one day, but that is another story. It is a great service to the local community.

I am concerned. I do know that our next inquiry reference in the Social Development Committee, which I am on, will be with regard to regional health and certainly how the Health Advisory Council operates, how funding is raised in local areas and how that will be spent going forward. There are a lot of concerns in regional areas about how locally raised funding gets spent, because from what I have heard there is not as much being bequeathed to hospitals anymore, because people see it as just going into the big hole of government and the health bucket.

So, we will certainly be having a look at that, but we certainly must make sure that there is equity in the health system because, as we heard today and on a number of days in this place, there are a lot of issues in health at the minute, and the biggest one is probably the \$600 million-odd blowout in the new Royal Adelaide Hospital and the issue that paper files cannot be stored there, even after \$420 million-odd has been spent on the EPAS electronic filing system which just does not work.

Certainly another issue that is brought to mind (and, hopefully, I will be pleasantly surprised when the budget comes out) is that, I think, about five years ago the new Murray Bridge Police Station came through the Public Works Committee. I was very pleased to see that happen, and I was very pleased to attend the opening with the then minister at the time, minister Michael O'Brien. That has been a great boon for the area of Murray Bridge and its surrounds.

It gives our police better facilities to operate from and a lot more room. Instead of having somewhere where you are diving around through corridors and adjoining buildings, it is all in an ergonomically-designed building and working extremely effectively. Part of that (and it is noted in the documents from the Public Works Committee hearings of the time) is that there is room there for the courthouse to shift from where it is located currently on Bridge Street and be located out on Swanport Road with the new police station.

The new police station cost over \$12.6 million, and I would assume that it would probably cost at least that, and maybe more, for the courthouse, but I would urge the government, if it has not done so already, to have a good look at making that synchronicity in the rural city of Murray Bridge and moving ahead on that program of getting a court built there, because, sadly, as with every area, we do need our police services and we do need our court facilities. It would be nice if we did not have to, but it is a fact of life, and it would certainly make things a lot more streamlined, especially in light of prisoner transfers and ease of access between the court and the Murray Bridge Police Station.

Rail freight is another thing that I am a big supporter of in this state, and the sad thing that we have seen in the last couple of years is the winding up of people using the Mallee rail lines out through Karoonda to Loxton and out through Lameroo to Pinnaroo out to the border. Sadly, what that will do is just put thousands of extra trucks on the road bringing produce in from those areas, especially at harvest time, into at least as far as Tailem Bend on the Dukes Highway.

The issue for me is that, apart from not having a good resource—sadly, majorly underfunded with respect to maintenance on the rail lines—there is going to be all these extra trucks on the road. There are no overtaking lanes on either of these highways that lead in and out of my electorate and through the electorate of Chaffey, and it certainly needs attention.

There need to be overtaking lanes built on both these roads for the safety of people into the future, because, if we are going to lose access to the rail line—as it has happened, because essentially Viterra has been the only customer using it of recent times—there needs to be something done to keep our citizens alive and safe on our roads.

I just had a meeting with the Minister for Road Safety, the Hon. Peter Malinauskas, and I was heartened with the debate we had on a range of issues. Certainly, this was one thing we debated and I said, 'You just need to do something about it to keep people safe and keep them alive.' I will acknowledge that there has been a bit of shoulder-sealing work done on some of these roads but more needs to be done to make sure they keep our people safe and keep the freight coming in to where it needs to go.

Something else that concerns me is the threat of loss of allocations in the river system. We have not seen this since the River Murray came back in September 2010, and there is obviously serious talk out in the community from departmental people, and from the minister down, in fact, on allocations being cut in the next irrigation year, the next financial year. I think we have the perfect opportunity, with the desalination plant basically idling along at 10 per cent, to see if it works at 100 per cent.

Let's crank it right up. That is what should be happening so that we can grow food production in this state because currently mining, sadly, has almost fallen by the wayside. Thankfully there is still mining going on, but it is very a tough environment out there at the moment for mining. The economic environment is not flash and I do hope it kicks its heels up again in the very near future. We need to look after our agricultural producers and do what we can to make sure they get what they can—especially our irrigators.

Another concern I have both across the state and locally is with disability housing. I had an issue over a couple of years with a client. It was not his fault; it was a very tragic case. In the end he could not even have a share house. He had his own house on one of the main streets in Murray Bridge and it just did not work. I walked into my boardroom one day in my office and there would have been a dozen or 15 people there to meet me in regard to the situation. I was working with the local NGO to see what we could do to get some appropriate housing for this poor person, so that the community could live in concert with this person.

We talked about having a small property just on the outskirts of Murray Bridge. Sadly, bureaucracy ground along and ground along and we ended up, once we pushed along with the minister, with what turned into a pretty ugly situation. Essentially, a place was being converted for disability housing up in the hills, and a local constituent was engaged to be the security contractor. He was getting a whole lot of emails saying, 'This is going to be good; you're going to get the contract.' He hired people for the contract and, in the end, it all fell over and it became very ugly.

The government needs to have better oversight of what needs to happen. Instead of acting in a panic, as it appeared to here in conjunction with this NGO, it really needs to have a better look at the needs of these people who do need decent housing, but we also need to make sure that the community lives together. This poor man could not help his condition and he would make the local community unhappy yelling out at night and that kind of thing. We really need to make sure things go the right way.

Just quickly, another conversation I had with the minister today was about locally-built fire trucks. Moore Engineering, I believe, make the best fire trucks you can buy whether locally built or

from New Zealand. It is outrageous that we import trucks from New Zealand and I think we should make much more use of our local suppliers.

Personal Explanation

NATURAL RESOURCES MANAGEMENT LEVY

Mr WILLIAMS (MacKillop) (17:24): I seek leave to make a personal explanation.

Leave granted.

Mr WILLIAMS: In my grievance just before the member for Hammond, I stated that the proposed NRM levy in the South-East would increase by \$5 million. It was kindly pointed out to me that I actually read that in error and it should be \$3.7 million.

Bills

SUPPLY BILL 2016

Supply Grievances

Debate resumed.

Mr ODENWALDER (Little Para) (17:24): Thank you for the opportunity to talk on the grievance debate for the Supply Bill. I am proud to represent my electorate in the northern suburbs, close to yours, Deputy Speaker. It is the electorate that I grew up in, I went to school there, and I have spoken many times in this place about my relationship with Holden and my family's relationship with Holden, and the fact that all of us who grew up in Elizabeth grew up basically in the shadow of that factory. So it is no surprise that I am standing here talking a little about Holden and the impact of the decline of the automotive sector on my community.

I want to concentrate again on some of the positive aspects that have grown out of this as a direct result of government policy, but also as a result of the resilience of the local community. The northern suburbs area—and for the purposes of this exercise, I will define it broadly as the councils of Playford, Salisbury and Port Adelaide Enfield—is a significant contributor to our economy in this state. It accounts for about 16.5 per cent of gross state product, and it has been identified as the state's major urban growth area for both population and jobs into the future.

But as we all know and, again, I have spoken about this many times, it does face particular challenges. The traditional jobs and heavy manufacturing and, in particular, the automotive sector have fallen away or are falling away, and many people, particularly local workers, and particularly men approaching retirement age, are asking what is next for them and for their community in the face of this challenge new economic landscape.

I have said before, and I will say it again, that my priority while I am in this place is to get local people into jobs, or back into jobs, or continuing in jobs, in meaningful jobs and training which will set them up and set their families up for the future. That is why I am proud to be part of and to support the government's Northern Economic Plan. This is a plan which not only identifies areas of potential growth but also significantly commits resources to helping business and workers in the transition and training for the emerging opportunities in the north.

The Northern Economic Plan, which was announced by the Premier and minister Maher in January, after consultation with local workers and business, and in close liaison with those three local governments, is a plan for a prosperous northern suburbs. It is focused squarely on creating jobs and it is focused on supporting the northern suburbs communities. Under this plan, business, workers and federal, state and local governments have committed to working together on projects which will help to absorb the losses caused by the end of automotive manufacturing among other things, and to sustainably transform the employment base in the northern suburbs in the coming years and decades.

It is a plan which is built on the existing economic fundamentals in the north because, despite the decline of traditional manufacturing, there are still compelling reasons to do business in the north. I spoke before about the resilience of the community and the resilience of the workforce itself, and the latent skills in the workforce largely as a result of the automotive sector, but not only as a result

of the automotive sector. There are skills which can be transitioned, and the Northern Economic Plan and minister Maher and the Premier, in particular, are working hard on transitioning those workers to the new opportunities.

The northern suburbs are also, as you well know, Deputy Speaker, well serviced by transport facilities: by roads, by railways, by ports and by a working airport. There is land available, and there is plenty of space and opportunities for businesses to cluster and to forge their own economies of scale. There is also good community infrastructure. When you combine this, of course, with the overarching low exchange rate, the stable wages, and the state government's commitments to reducing costs for small business, the northern suburbs, I believe, are full of opportunities.

Within the Northern Economic Plan there are strategic directions focused on industry growth, thriving communities and responsive government. Within those directions, the plan identifies the economic sectors of the future, and it identifies them as tourism, recreation and culture; mining, equipment and technology; defence; agriculture, food and beverages; health, ageing and disability; and construction and urban renewal. It is the last of these is where I do have a particular interest and a commitment to supporting local jobs in these projects.

Late last year, the Premier tasked me with the job of ensuring that certain job targets on the Northern Connector road project are realised. The Northern Connector project is an enormous investment in the north by the commonwealth and state governments. It is almost \$1 billion over the next three years. It is absolutely essential that we capitalise on this investment by ensuring local people and local contractors are the ones who build it and, therefore, support the economy in the north.

It is my job to ensure that at least half of these 480 jobs a year, which will be supported by this project, go to people who live in the northern suburbs, from the Playford, Salisbury and Port Adelaide Enfield council districts. The Northern Connector project is currently in a kind of holding pattern, as the final tenders are assessed before the successful contractor is announced later this month or early next.

Work has already begun on the early works at the intersection of Bolivar Road and Kings Road in Paralowie, which has long been a black spot in that area. This \$3 million project has been awarded to BMD Group, and it involves the installation of a roundabout at the intersection of those two roads as well as a significant realignment of those two roads. It has been widely commented on in the community, but I think largely accepted by local road users. I think something like 30,000 motorists use it each week. When the work is done, this intersection will not only be far safer but it will also ultimately feed into the Northern Connector at the proposed Bolívar Road interchange.

As I have said in this place before, one of the great things about this upgrade is the on-site live training programs for disadvantaged jobseekers. I met with some of those jobseekers, and I can attest to the fact that this is a great opportunity and an opportunity which will continue along the life of the Northern Connector project. I believe the first batch of those trainees will be graduating very soon. It is the government's hope and intention that these on-site live training facilities will be a permanent fixture along the Northern Connector worksite and of course on all major infrastructure worksites in the future.

The Northern Connector is also subject to the South Australian Industry Participation Policy, which means in short that all tenderers are required to submit a participation plan, which includes the requirement that a minimum of 20 per cent of the total labour hours is to be carried out by apprentices and trainees, Aboriginal workers, and people facing barriers to employment. I have met many times in the last several months with the industry advocate and his office and I am very confident that these targets will be achieved.

In closing, I just want to say that I am working very hard to ensure that projects like the Northern Connector and other infrastructure projects, which come up in the north—and I will be pushing for more of those, obviously—support jobs for local people and support the local economy in the northern suburbs.

The DEPUTY SPEAKER: The member for Flinders.

Mr TRELOAR (Flinders) (17:32): I will just grab a couple of minutes to deliver part 3 of—

The DEPUTY SPEAKER: Part 3; so it's a trilogy?

Mr TRELOAR: —my Supply Bill debate in the form of a grievance. I finished off talking about the desperate need for investment into the Port Lincoln High School and the temporary classrooms that were placed there more than 40 years ago and that remain very much as temporary classrooms. They are not air conditioned, I might add. I urge the Minister for Education to consider that application, which I know she will see in the next budget round. She has seen it before; it has not been successful. It is difficult to pick favourites, of course, but I do believe that as our largest high school on the Eyre Peninsula it deserves some investment in its campus.

Infrastructure, of course, remains a big ticket item and it is much required. It is the enabling infrastructure that our leader often talks about is so necessary for an economy to keep growing and generating the wealth that is required in South Australia. We talk about roads, rail and ports. I know there is an amount of state funding going into the Tod Highway. As members here would know, I have petitioned and spoken many times about the need for an upgrade on the Tod Highway. It would seem that, with a combination of the state and, more significantly, federal funding, that is finally going to happen. I believe the work is going to start quite soon, maybe even this month, so I am pleased to report that to the parliament.

The rail line, which is much diminished from what was, serves the wheat towns up through the middle and the east of Eyre Peninsula. I have to suggest that it is in a serious state of decline. Money was spent some years ago on the stretch between Cummins and Port Lincoln, but anything north of that remains delicately poised. Certainly the train is still carrying grain, but the trains are running particularly slowly. I think these transport corridors and these big infrastructure needs need to be part of the government's thinking going forward.

We have talked a lot about potential port development on the west coast of Spencer Gulf or the east coast of Eyre Peninsula. The latest one to float to the top is Cape Hardy. Of course, most recently there was an announcement by Iron Road and Emerald Grain jointly that they had gone into a joint partnership venture to perhaps invest in a port development at Cape Hardy. It is a classic case of build it and they will come, otherwise known as a chicken and egg scenario, because without a product there is no real need to develop a port and, without a port, there is no capacity at all to develop a product from a mine or whatever else.

It will be interesting to see how that unfolds. There was a memorandum of understanding (MOU) signed between Iron Road and a Chinese company in the last couple of weeks, so that sort of progresses Iron Road towards mine approval which, according to the Treasurer's statement this week in the parliament, is hopefully within the next 12 months or so. Ultimately, it is going to be funding which will dictate whether that project goes ahead. There is certainly a big deposit: some four billion tonnes of magnetite. Of course, that deposit is not going to go away at all, but the world markets and the availability of investment finance will determine whether that goes ahead or not.

Before I leave the subject of ports, I might go back to the Port of Thevenard, which is already in existence and has been for the last 150 years probably. It is the second busiest port in South Australia, exporting grain, salt, gypsum and of course mineral sands. I cannot get over the lack of investment into some of these infrastructures. The wharf there is quite rusty. It is still used. Two and a half ships a week come in and out. It is a busy place and it looks decrepit, sadly. Once again, it is so important that both state and federal governments consider investment into enabling infrastructure. This is existing infrastructure that is so vital to local industries.

I might touch on some big ticket items that I have noted this state government has spent money on over the last few years, which ultimately is going to take us towards a peak debt of about \$13.5 billion sometime in the near future. Of course, that matches the famous State Bank collapse and the debt of 1993. The new Royal Adelaide Hospital is coming in at about \$2.3 billion at the moment. It has become known that it is the third most expensive building ever built in the world, which is extraordinary.

The DEPUTY SPEAKER: Do we know the other two?

Mr TRELOAR: We do know the other two. I do not know—one is a palace somewhere in eastern Europe and I think the other is a skyscraper somewhere in the Middle East, so we are coming

in third. It is quite extraordinary that a small city like Adelaide can justify building the third most expensive building in the world, without floors that are even able to hold filing cabinets—extraordinary.

The desal plant, coming in at about \$2 billion. I understand it is still not being utilised much. That is not to say it won't be in the future, but at the moment it is not required. Of course, famously, the government decided to build one twice as large as what the opposition at the time suggested. The North-South corridor, \$500 million. The O-Bahn tunnel, \$160 million. Adelaide Oval, \$535 million, which has proved popular amongst football fans in particular. We are having home AFL games in the city now, which is a wonderful thing. I have actually been to one of those games. But, of course, we had to sell the forests to fund it.

The River Torrens footbridge, \$40 million, and there are other extraordinarily large expenditures. For the most part, it is all borrowed money, and herein lies the problem. After 14 years of Labor rule—in fact, by the time we get to 2018, I did some rough calculations and I think, out of the five decades between 1968 and 2018, the Labor Party will have ruled in this state for 34 years out of 50, or more than two-thirds of the time. Ultimately, this government and the Labor Party more generally has to take some responsibility for the fact that we are on the bottom of almost every economic indicator compared with other states in this great country.

Ms HILDYARD (Reynell) (17:40): I rise today to speak about three recent initiatives in our southern community. These are three very important events. The first that I wanted to speak about are the City of Onkaparinga Youth Recognition Awards that were held last weekend as part of the Regeneration Festival, which was also part of National Youth Week, which is celebrated right around the country and recognises the contribution of young people in communities right across Australia.

The Regeneration Festival, which was held at Seaford Quarry Reserve, which I attended with Chris Picton, the member for Kaurana, was a fantastic event. There were many things happening at this event. There was a skating and BMX competition, there were bands, there were hip-hop artists, there were DJs, art exhibitions, campaigns around respectful relationships and all sorts of performances.

One of the highlights of the festival that occurred just before the Youth Recognition Awards was a performance by local Aboriginal man Allan Sumner. Allan Sumner gave a beautiful Welcome to Country at the event, and also played his didgeridu but, really importantly, led the community in a smoking ceremony. The really lovely thing about this particular smoking ceremony—it is always lovely—is he actually took what he was using all around the event and talked to a whole lot of young people about it. He was ably assisted by two very fine young men I know who live in the south, Brode and Sam Foscaro. He took this around and really had a chance to speak with the young people about what it meant to Kaurana and Ngarrindjeri people and, indeed, Aboriginal people around the country.

Following that, we had a range of fantastic young people who live in the south recognised through our Youth Recognition Awards. All of these young people were recognised for different categories of work, including their work in our communities, in their school, with family and friends and for family and friends, and also at a personal level.

The thing that struck me about all of the award recipients is that they had all, I guess, gone through a personal journey where they had made a very strong decision to act differently, to give to their community, to lead and to go through a personal transformation themselves. There were all sorts of different young people who were recognised for different things. There were some from surf lifesaving and various sporting clubs. Some had taken on caring responsibilities in their family, but every single one of those winners was very much deserving of their award. It was really great to see our young people recognised in the way that they were.

I just want to say congratulations to all of those award winners, and also say thank you to all of the City of Onkaparinga staff who put the day on, particularly Tyson Brown, Craig Cooper and a number of others. Really importantly, I want to acknowledge the dozens and dozens of young people who acted as volunteers on the day, who convened the awards and helped in so many ways to make the day a success. It was lovely to see young people's efforts recognised in the way they should be.

The second thing I want to mention, that I attended last Friday, was the fortnightly community breakfast at the Woodcroft Morphett Vale Neighbourhood Centre. The Woodcroft Morphett Vale

Neighbourhood Centre, like all community centres, does many things to bring people in our community together.

At this centre, which is connected to the Woodcroft Library, they have tuition on a range of things for newcomers to our community. They have homework clubs that run there. They have children's programs and walking groups that leave from there.

As I said, every second Friday they have a community breakfast where literally dozens and dozens of community members come together to eat breakfast but also to connect with one another. When I was there last Friday, I had so many great conversations with people, and every one of those conversations was a story about why they had come along and about the people they had met and the connections they had made.

I had a really lovely conversation with two women who had actually, through their connection at the Woodcroft Morphett Vale Neighbourhood Centre community breakfast, managed to match-make their grandson and granddaughter. We are very much looking forward to hopefully an impending wedding in the future. So, those breakfasts are on the second and fourth Friday of the month at the Woodcroft Morphett Vale Neighbourhood Centre, and they are a great way to bring our community together.

The third thing I wanted to speak about today, which is something that both the member for Kaurna and I went through together, is our participation recently and achievement of our surf lifesaving Bronze Medallion. Surf lifesaving has a very special place in my heart. Surf lifesaving is something that I became engaged with from about the age of three when my brother started in the nippers at West Beach Surf Life Saving Club at the age of seven. One of my sisters and I competed in surf lifesaving before girls were officially allowed to compete.

The member for Colton, Paul Caica, was actually our running coach at one point in time at West Beach Surf Life Saving Club. He had much more success with my brother than he did with me, but he was a fine coach. I wanted to mention his efforts, because lifesaving clubs right across our community are absolutely fuelled by people like the member for Colton, who are there to look after kids, to support them and to see them do their very best. I know that for me, when things were quite difficult, it was leaders in those clubs who were there to create a really great sense of community and family and to be there to look out for you and after you and to make you feel included and supported and, as I said, to see you do your very best.

As I said, they certainly had their work cut out in seeing me do my very best in an athletic sense. I did do a number of surf certificates, etc., when I was younger and studied towards my Bronze Medallion then, but it was my great pleasure to work with my current lifesaving club, the Christies Beach Surf Life Saving Club, which I have been a member of in a social and volunteering capacity for a number of years in my adult life, and to actually be supported by them to achieve my Bronze Medallion. At the same time, the member for Kaurna was working with his lifesaving club, Moana Surf Life Saving Club, to achieve his Bronze Medallion.

I just wanted to put on record my absolute thanks to my two trainers at my lifesaving club, Julie Locker and Richard Nurmi; to my training partners, Belinda Uppill and Lindsay Martin; and also Chloe Amos. They were absolutely supportive of my efforts during the course of our Bronze Medallion. For anybody who has done it, and I know there are other members in the house, including the member for Bright, who have completed their Bronze Medallion, it is quite an exercise to go through, particularly for somebody like myself who is really not as fit as they should be. There was a great deal of support from my training partners and my absolutely fantastic trainers at the Christies Beach Surf Life Saving Club, who I was very lucky to have.

We came to the day of actually doing our Bronze Medallion, and it was quite an experience being assessed for that medallion. Personally, I had to end up doing the run-swim-run component of the Bronze Medallion twice so that I could actually get faster on the second occasion. I literally thought that on that second swim I was going to die. I was crying and screaming underwater. It is very lucky no-one could hear my distress, and somehow I made it through. I am not quite sure how, but I actually managed to somehow get back on the beach without needing lifesaving, first aid and resuscitation treatment myself and was really proud to be successful in regaining my Bronze Medallion in adult life.

As I said, I just wanted to say thank you to my trainers and my wonderful friends who are my training partners, but also to Nat Hincksman who was our assessor that day and who really helped me get through that second swim. I also wanted to mention Surf Sisters. I was very proud last year to become the patron of Surf Sisters, which is an organisation that has been formed to celebrate 35 years of women officially being in Surf Life Saving, and to really support women to become more involved in Surf Life Saving at all levels, including on club boards, official positions, and at a competition level as well.

I must say that every one of the Surf Sisters, particularly Sita Bacher and Clare Harris at Surf House, coached me and mentored me through that process as well. It was a really great experience to have their support, and I am really looking forward to continuing to be their patron and to supporting the activities of all women of Surf Life Saving into the future.

Third Reading

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice Reform, Minister for Planning, Minister for Industrial Relations, Minister for Child Protection Reform, Minister for the Public Sector, Minister for Consumer and Business Services, Minister for the City of Adelaide) (17:49): Thank you, everybody. I move:

That this bill be now read a third time.

Bill read a third time and passed.

Sitting extended beyond 18:00 on motion of Hon. J.R. Rau.

STATUTES AMENDMENT (COMMONWEALTH REGISTERED ENTITIES) BILL

Second Reading

Adjourned debate on second reading.

(Continued from 9 March 2016.)

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (17:52): I rise to speak on the Statutes Amendment (Commonwealth Registered Entities) Bill 2016, and I suspect I will be the only speaker. I indicate that the opposition have considered the bill and will consent to the same.

Essentially, this is a bill the government claims to be necessary to reduce the administrative burden for charities registered under the Australian Charities and Not-for-profits Commission Act 2012. There is probably nothing further from the truth; nevertheless, I note the following: firstly, under the Associations Incorporation Act 1985 and the Collection for Charitable Purposes Act 1939, charities collecting money or attempting to collect money or goods for a defined charitable purpose in South Australia need to be licensed.

South Australia has had a regulatory disclosure regime since 2009; however, a national scheme was established in 2012. There has certainly been some movement for that, and I think the new federal government were considering whether it was necessary for them to keep a national regime. However, on 4 March this year, the federal government announced that they would keep the national structure.

I am not inspired to accept that it is necessarily in any way to help consumer protection; I suspect it is entirely for them to keep an eye on what entities are in existence for the purposes of making sure they get their rightful entitlement to taxation. Nevertheless, for whatever reason, they have decided to keep the national scheme.

What this bill does, as has been identified in the second reading contribution of the government, is to provide some of the regulatory duplication (definitions, etc.) and, in particular, one which is to relieve charities of the obligation to lodge periodic returns of certain information, has been provided to the commissioner and the Australian Charities and Not-for-profits Commission.

In other words, the national scheme is staying in place. We have a state scheme that is sitting alongside it and, so that you do not have to duplicate a lot, some relief has been offered. However, I raised this question during consultation and I would ask the Attorney to provide some explanation as to why it is necessary for us to keep the state scheme if we are going to stay in the

national scheme, and it now seems clear that the federal government of the day is agreeing to continue to do that.

During the consultation and, in particular, the briefing provided by the government advisers on 16 March, I requested to be advised, firstly, how many people were employed in business and consumer affairs to undertake this responsibility under the state regulation scheme and, secondly, the number of those entities that are registered in South Australia. I noted that apparently there were approximately 600 but that was also to be provided. Thirdly, I requested the cost to business and consumer affairs to provide this service, namely, the registration procedure and compliance under the state scheme which today we are indicating we will allow to continue.

We may not still agree with that if I do get the answers to those questions, but it is not a bill of such moment that we would hold up the passage of the bill at this stage. However, I would ask that that information be provided because, quite frankly, even though SACOSS and other entities representing the not-for-profit sector have accepted that this legislation pass, it does raise the question why we need to have this regime in the state at all if we are going to a national scheme.

If we are all about reducing red tape, then I am sure the Attorney will come back with some argument to support why it needs to stay. I did read with interest on 14 March an article by Mr David Caruso, President of the Law Society, where he pointed out that there is a level of red tape and form filling necessary even for the simplest exercise like conducting a sausage sizzle. He wrote:

Last Sunday, the Law Society cooked a sausage sizzle for the Henley Surf Life Saving Club. The Three Little Pigs Gourmet Meat Store donated some sausages and we partnered with the Melanoma March to feed their hungry walkers. All was going well—but then came the forms. The council dutifully sent us a food event notification form and vending permit form. We needed a probe-thermometer to measure sausage temperature and to advise that other sausages would be transported and refrigerated. There was an application fee, mobile food vending permit fee and vending on local government fee.

Luckily the Henley [Surf Life Saving Club] already had some approvals so we bypassed some of the red tape [but] there is a touch of irony in surf lifesavers coming to the rescue of lawyers on permits and approvals.

The council process is designed to ensure community events are not disruptive to the very community they serve and that safety standards are met, but there is a significant approval process, even for a sausage sizzle, to which an applicant must dedicate staffing and finance.

It is not just in a simple event such as this that there is some level of red tape. It is also in the state business and consumer affairs agency continuing to employ people to keep a state register and, presumably, at least on an ad hoc basis, conduct some audit of compliance. With that, I indicate that we will consent to the passage of the bill on the basis of the Attorney exercising some courtesy in getting me the information requested.

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice Reform, Minister for Planning, Minister for Industrial Relations, Minister for Child Protection Reform, Minister for the Public Sector, Minister for Consumer and Business Services, Minister for the City of Adelaide) (17:59): I thank all the contributors on this topic. I think I am able to assist the honourable deputy leader about a couple of matters that she has raised, and if there are more things that she wishes to be apprised of, I am very happy to do my best between here and another place to add to what I am about to say.

The first question, as I understand it, is why don't we repeal the whole of the act? I am advised of the following information: a number of charities collecting for charitable purposes in South Australia will not be registered with the ACNC and they will still be required to be licensed. In addition, the provisions contained in the Charities Code of Practice issued by the minister under the CCP act apply to all licensed collectors in South Australia.

The code promotes greater public confidence in charities through increasing transparency and availability of information. The code of practice covers areas such as hours and location of collection activities, identification requirements for collectors, ongoing collection agreements, promotion of collection activities, receipts, health and safety of collectors and disclosure by collectors.

The next question: how many charities are licensed under CCP, and how many of these are registered with ACNC? The number of charities licensed under CCP is approximately 660. Consumer and Business Services has not yet undertaken an analysis against the ACNC database to confirm

the actual number of charities also registered with them. Not all charities collecting for a charitable purpose in South Australia are registered with ACNC, and will continue to apply and lodge financial information with CBS each year.

It is not mandatory for charities to register with ACNC. Any charity seeking access to commonwealth taxation concessions and other commonwealth benefits and concessions, including deductible gift recipient status, is required to be registered with ACNC, which I read to mean that it would be in their best interest to be registered.

What are the cost savings? CBS, I am advised, operates in integrated functional areas and there is as such no specific unit or specific employee or employees whose entire duties are devoted to the licensing of collections for charitable purposes. So the effect of that is in practice that some people who work in CBS will cease doing as part of their otherwise required duties whatever is involved here, but they have got plenty of other things to keep going with, so it does not result in FTEs as such being completely released.

Ms Chapman interjecting:

The Hon. J.R. RAU: I am told that it gets absorbed in the workforce, because I think to be fair and, again, I will receive a shake of the head or a nod or something if this is wrong, this is not by any means the major work of CBS, and so it is a relatively minor additional function, so I do not think it yields anything in FTEs. Anyway, that is what I am advised. They can get on with other things like compliance and other activities of that sort, so hopefully that is of some help.

Bill read a second time.

Third Reading

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice Reform, Minister for Planning, Minister for Industrial Relations, Minister for Child Protection Reform, Minister for the Public Sector, Minister for Consumer and Business Services, Minister for the City of Adelaide) (18:03): I move:

That this bill be now read a third time.

Bill read a third time and passed.

CHILDREN'S PROTECTION (IMPLEMENTATION OF CORONER'S RECOMMENDATIONS) AMENDMENT BILL

Final Stages

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 4, page 3, lines 6 and 7 [clause 4, inserted section 3(1)]—

Delete '(and in the administration of this Act that object must, in all cases, be the paramount consideration)' and substitute:

and in the administration of this Act that object must, in all cases, be the paramount consideration

No. 2. Clause 7, page 3, after line 32—

Before the present contents (now to be designated as subclause (2)) insert:

(1) Section 6(1)—after the definition of *Department* insert:

drug includes alcohol;

No. 3. New clause, page 4, after line 4—Insert:

7A—Insertion of Part 2 Division 4

After section 8D insert:

Division 4—Matters to be included in annual report of Department

8E—Matters to be included in annual report of Department

- (1) The annual report of the Department must include the following information in respect of the period covered by the annual report:
 - (a) information setting out—
 - (i) the number of applications made under sections 20(1) and 22; and
 - (ii) the number and general nature of any orders made under the Act in relation to those applications;
 - (b) information setting out the number and general nature of any orders made under section 21(1)(ab);
 - (c) information setting out—
 - (i) the number of applications made under section 37(1) or (1a); and
 - (ii) the number and general nature of any orders made under the Act in relation to those applications.
- (2) This section is in addition to, and does not derogate from, any other requirement under this Act or the *Public Sector Act 2009*.

No. 4. Clause 9, page 4, after line 16—

After the present contents (now to be designated as subclause (1)) insert:

- (2) Section 20(2)—delete subsection (2) and substitute:
- (2) Without limiting subsection (1) or (1a), if the Chief Executive is of the opinion that a child is at risk as a result of the abuse of a drug by a parent, guardian or other person, the Chief Executive must apply for an order under subsection (1) directing the parent, guardian or other person to undergo a drug assessment.
- (3) However, the Chief Executive need not apply for an order referred to in subsection (2) if he or she is satisfied that—
 - (a) a drug assessment of the parent, guardian or other person has already occurred, or is occurring (whether pursuant to an application under this section or otherwise); and
 - (b) that drug assessment is of a kind appropriate for the purposes of this Act; and
 - (c) the results of the drug assessment have been, or will be, made available to the Chief Executive; and
 - (d) in the case of a drug assessment that has already occurred—having regard to when the drug assessment occurred, an additional drug assessment under that subsection is not necessary.

No. 5. Clause 13, page 5, after line 1—Insert:

- (1) Section 38—before subsection (1) insert:
 - (a1) The Court may, on an application under this Division, make an order under this section if the Court is satisfied—
 - (a) that the grounds of the application have been made out; and
 - (b) that an order under this section should be made in respect of the child.
- (2) Section 38(1)—delete 'If the Court finds, on an application under this Division, that the grounds of the application have been made out and that an order under this section should be made in respect of the child, the Court may exercise 1 or more of the following powers' and substitute:

In an order under this section, the Court may exercise 1 or more of the following powers

No. 6. New clause, page 5, after line 5—Insert:

13A—Amendment of section 39—Adjournments

Section 39—before its present contents (now to be designated as subsection (2)) insert:

- (1) All proceedings under this Act must be dealt with expeditiously, with due regard to the degree of urgency of each particular case.

No. 7. Clause 14, page 6, lines 19 to 24 [clause 14, inserted section 44B]—

Delete inserted section 44B

No. 8. Clause 14, page 6, line 27 [clause 14, inserted section 44C(1)]—After 'child' insert:

born after the commencement of this subsection

Consideration in committee:

The Hon. J.R. RAU: I move:

That the Legislative Council's amendments be agreed to.

I will be brief in view of the time and the fact that we have obviously been considering this bill for some time. This bill was introduced by the government on 6 May last year in response to the Coroner's recommendations following the inquest into the death of Chloe Valentine. The bill passed the House of Assembly on 2 June 2015 and today has returned from the other place. The bill responds to three recommendations of the Coroner directed to legislative change.

The first one was recommendation 22.11, that the bill introduces a definition of 'cumulative harm' to be considered in the assessment of risk to a child. Secondly, amendment 22.2, that the bill introduces a scheme in which the chief executive can implement instruments of guardianship to remove children of parents who have been convicted of qualifying offences or to restrain people convicted of qualifying offences from residing with children. These offences include murder, manslaughter, criminal neglect, causing serious harm, and acts endangering life or creating risk of serious harm, and include attempts of these offences. These are a slightly broader class of offences than those recommended by the Coroner initially.

Recommendation 22.12 is that the objects of the act have been amended by the bill to make it clear that the paramount consideration—and I must say I know the minister and I regard this as being of particular importance—in the administration of the act is the safety of the child, and that keeping the child with his or her family must obviously be secondary to ensuring the safety of the child.

Amendments made to the bill in the other place and received today go further in addressing the need to protect children from abuse as a result of drug use. The definition of drugs in the act now includes alcohol and is not limited to illicit drugs as it once was. This recognises the reality that a person can place their child at risk as a result of their abuse of legal substances as much as they can by abusing illegal substances.

After lengthy negotiation, I am pleased that agreement was then reached on the amendments to section 20 of the act, being the requirement for a drug assessment to be ordered where there is risk to the child as a result of a person's drug abuse. This amendment provides appropriate boundaries on the discretion of the chief executive in determining whether to apply for a drug assessment but nevertheless retains an element of discretion.

Can I say that I would like to acknowledge the particularly constructive contribution of the Leader of the Opposition, who has been quite happy to engage in discussions. I think his involvement has meant that there has been an improvement in the capacity of the differing points of view held up until that time to be resolved. I extend my appreciation to him for prevailing on less flexible minds, perhaps somewhere else. With those few words, I indicate that we accept the amendments as a whole.

Ms CHAPMAN: I indicate on behalf of the opposition that we will also be accepting the amendments. I thank the members of the Legislative Council for their deliberation and improvement of the bill. What I want to place on the record is this: it does sometimes tragically take circumstances, in this case the death of a little girl, for very serious attention to be given by the Coroner's Court, in

this case, Coroner Mark Johns, and then an indication by the government that they will act promptly to remedy some matters which were of their own making.

I want to say that this not to suggest that they are directly responsible for the death of a child. What I am saying is that about 10 years ago we all sat here in this chamber promoting an amendment to the law in respect of child protection to ensure that if there was an excess of drugs or alcohol, particularly illicit drugs, in a household in which a child lived there needed to be a high standard imposed on the authorities responsible for child protection to the extent of identifying it, assessing the risk to the child, and, most importantly, directing that the alleged consumer of drugs or alcohol in the house, or indeed those who were supplying it, would be assessed and tested, and that that was going to be a very important mechanism to ensure we were minimising the risk to children in the household.

So important was that debate that it involved a number of members on both sides of the house, including the now Premier, who was minister. So important was the discussion that it was deemed necessary for there to be a recording of this each year in the annual reports to parliament as to the number of people who had been assessed or cases in which children had been brought to the notice of the chief executive of the then Department for Community Welfare.

Because the closing hours of the parliament were upon us, it was not fully recorded in the text of the statute the obligation to ensure that there be annual reporting with that statistical information. Whilst the now Premier (former minister) came into the parliament and acknowledged the terms of agreement that had been reached—a little hurried as it was to try to pass the legislation at the time—he understood that responsibility and that was the clear understanding: that there would be a recording of that.

Just today, I spoke to the Minister for Education and Child Development who is responsible for providing the annual report in respect of education and matters covering child protection. She confirmed to me that she has received the annual report and that, of course, it will follow the proper process and be brought to the parliament the next time we sit.

I raise this matter for this reason: it is a calendar year report, it has to be tabled in this parliament as soon as practical after the minister of the day receives it and it incorporates that important information. Last year, when we were debating this issue, but in light of the government's commitment to ensure that they would do it in the future, they provided an addendum to last year's report to make sure that that data was made available. It was produced as an addendum letter to the report, so I look forward to receiving this year's report.

We will shortly pass, with an acceptance of these amendments, legislation which will ensure that will be able to be enforced, and I hope that it won't be necessary to have to go through this painstaking exercise of ensuring that the government do what they say they are going to do. In this case, it was not present ministers' responsibility, but the person who was responsible is now the Premier.

When asked in parliament about this issue, the Premier's answer was, 'Well, look, my staff were here when we were debating the bill all those years ago and they knew what to do,' as though he is going to rely on them to go off and make sure that this was attended to. That is just not acceptable, so the current ministers are on notice that we from this side of the house do not accept that level of inattention to a clear obligation. When a minister, or indeed a premier, comes into this house and makes a statement of a commitment that their government is going to do something, we expect them to do it.

In any event, it is now included in legislation. This is just the beginning of the reforms that Coroner Mark Johns said were necessary to ensure that we protect South Australian children in the future, and I look forward to receiving the government's further announcements to ensure that we never have a repeat of the loss of that beautiful little child who is no longer with us, namely Miss Chloe Valentine.

Mr MARSHALL: I would also like to make some final remarks, building on what the deputy leader has said. We are relieved that this piece of legislation has finally been negotiated and will pass this afternoon. Of course, this has taken too long. The final negotiations, which have really

occurred in just the last few weeks, should have occurred last year when the hiatus was created. I am grateful to the Attorney-General for taking some responsibility to try to finalise the deadlock which had existed, because this has taken far too long.

We can be comforted by the fact that we will now have this legislation in place, but I would make the point that the previous legislation was in place and ignored by this government, so legislation alone will not be enough. The previous legislation provided that there was a compulsory drug assessment required if the department found out that there was drug use by the parents or the guardians. This was not the practice. It was the law, but it was not the practice.

So, while there can be some comfort that the Coroner's recommendations have finally been implemented, it will not be enough, and we cannot be satisfied with this unless we do everything we can to change the broken culture which exists within this department. The government needs to take this area seriously. They need to remove child protection from the education department. They need to have a single minister responsible for this area, not the current level of confusion.

They need to implement other commitments they have made, in particular, around the establishment of a commissioner for children and young people in South Australia. There is much work to be done, and I would just like to put onto the record that we on this side of the parliament will be doing everything we can to hold the executive to account, not only to pass this legislation but, of course, to implement both the spirit and the letter of this legislation.

Motion carried.

COMPULSORY THIRD PARTY INSURANCE REGULATION BILL

Final Stages

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

No. 1. Clause 5, page 5, line 36 to page 6, line 3 [clause 5(3)]—Delete subclause (3) and substitute:

- (3) In determining premium amounts, the Regulator—
 - (a) may not fix differential premiums except on the basis of 1 or more of the following:
 - (i) vehicle type;
 - (ii) vehicle use;
 - (iii) garaging location;
 - (iv) entitlement under the GST law to an input tax credit in respect of compulsory third party insurance premiums; and
 - (b) must be satisfied that the premiums are fair and reasonable to the registered owners of the motor vehicles.

Consideration in committee of the Legislative Council's message.

The Hon. A. KOUTSANTONIS: I move:

That the Legislative Council's amendment be agreed to.

Motion carried.

REAL PROPERTY (ELECTRONIC CONVEYANCING) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 9 March 2016.)

Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (18:19): I indicate that I expect to be the only speaker for the opposition and we will be supporting this bill. Briefly, may I say that, of all of the changes, and we are now really at the third stage of legislative change to fulfil the commitments of having a national electronic conveyancing system, one single NEC system for use

throughout Australia, I thought that the move in this tranche of reform to the abolition of hard copy titles—I was going to say parchment but, of course, we are a long way away from that; we still have electronic—to facilitate the execution of the ultimate objective of this would be more controversial than it has been.

I am satisfied, as is the opposition generally, that, with the guidance of Mr Philip Page as the Chair of the Law Society Committee and others who have considered this legislation, including the Australian Institute of Conveyancers SA, we should support the same. I place on the record my appreciation to Mr Brenton Pike, the Registrar-General, who has provided me with a briefing. He has also kindly obtained for me a copy of my original crown lease of the part of land I currently own on Kangaroo Island, which is very good of him. I do not have the original parchment copy, I might say, but he did send me a facsimile transmission of that, so I was very pleased to have it, and I read it with interest. How helpful he is.

I have to say that, overall, during this legislative reform process, he has been most helpful. I wish him well in the implementation of this next stage of change. I would ask one thing, and that is that, in his interpretation of the draft guidelines which are to implement the processes for verification of identity and the like and verification of authority guidelines, he exercise some flexibility.

There is just one case I want to refer to in consultation, related to the production by a country resident of a driver's licence which, for the sake of this, I will say indicated that his name is John L. Smith. Because he did not have the full second name, it was rejected as an item for the purposes of verification. Obviously, as often occurs in the country, he had to travel some distance to a post office to present that. When he went back with something closer to the mark, it was rejected again.

So, we have this very unhelpful over-regulatory, prescriptive process which can sometimes make it very inconvenient. It may be fine for people, like many of us, who live in the convenience of a metropolitan area or close to a conveyancer or practitioner who might be handling this for us, but it is not there for everybody. So, in the implementation of this, I ask that he be given some flexibility in that regard. With those few comments, I will support the bill.

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice Reform, Minister for Planning, Minister for Industrial Relations, Minister for Child Protection Reform, Minister for the Public Sector, Minister for Consumer and Business Services, Minister for the City of Adelaide) (18:22): Can I thank the honourable member for her contribution. It was amongst her best, in my memory, and I commend her for it. I also would like to thank Mr Pike, because I do not want him to think it is only the member for Bragg, the deputy leader, who appreciates his work; I do, too. His powers of persuasion are obviously considerable, because he is receiving the most swift and trouble-free passage I have ever observed in this place.

Bill read a second time.

Committee Stage

In committee.

Clauses 1 to 77 passed.

Clause 78.

The Hon. J.R. RAU: I move:

Amendment No 1 [AG-1]—

Page 31, line 11 [clause 78, inserted section 240F(2)(b)]—Delete 'lodges' and substitute 'executes'

Amendment carried; clause as amended passed.

Remaining clauses (79 to 93), schedules 1 to 3 and title passed.

Third Reading

The Hon. J.R. RAU (Enfield—Deputy Premier, Attorney-General, Minister for Justice Reform, Minister for Planning, Minister for Industrial Relations, Minister for Child Protection Reform, Minister for the Public Sector, Minister for Consumer and Business Services, Minister for the City of Adelaide) (18:25): I move:

That this bill be now read a third time.

Bill read a third time and passed.

At 18:26 the house adjourned until Tuesday 17 May 2016 at 11:00.

*Estimates Replies***ATTRACTION AND RETENTION ALLOWANCES**

In reply to **Ms SANDERSON (Adelaide)** (27 July 2015). (Estimates Committee B)

The Hon. Z.L. BETTISON (Ramsay—Minister for Communities and Social Inclusion, Minister for Social Housing, Minister for the Status of Women, Minister for Ageing, Minister for Multicultural Affairs, Minister for Youth, Minister for Volunteers):

Attraction and retention allowances that were paid to public servants and contractors are shown below in Table A for 2013-14 and Table B for 2014-15.

No performance allowances or non- salary payments were paid to staff other than payments made directly through the payroll system or for reimbursement of expenses.

No attraction, retention or performance allowances are paid to contractors. Contractor payments are made in accordance with their contract terms.

Table A 2013-14: Department for Communities and Social Inclusion (DCSI)

Dept/Agency	Position Number	Classification	Allowance Type	Allowance Amount
DCSI	F02345	MAS301	Attraction and retention allowances	\$19,389.64
DCSI	F02429	ASO603	Attraction and retention allowances	\$25,551.81
DCSI	F03087	ASO403	Attraction and retention allowances	\$1,412.70
DCSI	F03201	ASO501	Attraction and retention allowances	\$7,919.96
DCSI	F06081	ASO803	Attraction and retention allowances	\$533.70
DCSI	F06713	ASO704	Attraction and retention allowances	\$10,623.85
DCSI	F06782	OPS401	Attraction and retention allowances	\$4,134.09
DCSI	F10000	OPS403	Attraction and retention allowances	\$6,253.94
DCSI	F10161	ASO603	Attraction and retention allowances	\$8,562.23
DCSI	F10173	OPS402	Attraction and retention allowances	\$6,444.00
DCSI	F10175	OPS402	Attraction and retention allowances	\$5,756.72
DCSI	F11089	ASO803	Attraction and retention allowances	\$3,891.39
DCSI	F11553	ASO601	Attraction and retention allowances	\$6,514.98
DCSI	F12135	OPS402	Attraction and retention allowances	\$2,970.97
DCSI	F12174	ASO803	Attraction and retention allowances	\$20,757.61
DCSI	F12539	OPS402	Attraction and retention allowances	\$6,365.94
DCSI	F13301	MAS301	Attraction and retention allowances	\$9,968.14
DCSI	F13460	ASO704	Attraction and retention allowances	\$9,618.87
DCSI	F13469	MAS301	Attraction and retention allowances	\$10,507.65
DCSI	F13794	MAS301	Attraction and retention allowances	\$11,271.66
DCSI	F13807	ASO602	Attraction and retention allowances	\$4,071.97

Dept/Agency	Position Number	Classification	Allowance Type	Allowance Amount
DCSI	F13942	MAS301	Attraction allowances and retention	\$4,983.95
DCSI	F13954	ASO603	Attraction allowances and retention	\$23,628.43
DCSI	F13954	ASO504	Attraction allowances and retention	\$21,612.28
DCSI	F13956	ASO603	Attraction allowances and retention	\$24,590.12
DCSI	F13957	ASO603	Attraction allowances and retention	\$25,551.82
DCSI	F13958	ASO603	Attraction allowances and retention	\$21,293.09
DCSI	F13959	ASO603	Attraction allowances and retention	\$14,657.78
DCSI	F13960	ASO704	Attraction allowances and retention	\$23,227.07
DCSI	F13961	ASO704	Attraction allowances and retention	\$11,742.15
DCSI	F13962	ASO704	Attraction allowances and retention	\$18,032.22
Housing SA	F06387	ASO702	Attraction allowances and retention	\$11,151.52
Housing SA	F11211	ASO504	Attraction allowances and retention	\$7,830.11
Housing SA	F11690	ASO803	Attraction allowances and retention	\$15,392.32
Housing SA	F12072	ASO504	Attraction allowances and retention	\$11,571.11
Housing SA	F12085	ASO704	Attraction allowances and retention	\$36,822.09
Housing SA	F12352	ASO603	Attraction allowances and retention	\$33,671.62
Housing SA	F12472	ASO704	Attraction allowances and retention	\$17,592.32
Housing SA	F13296	OPS201	Attraction allowances and retention	\$9,313.27
Housing SA	F13458	ASO504	Attraction allowances and retention	\$11,406.07
Housing SA	F13539	ASO603	Attraction allowances and retention	\$4,888.14
Housing SA	F13909	ASO704	Attraction allowances and retention	\$14,005.07
Housing SA	F13912	ASO704	Attraction allowances and retention	\$14,526.96
Housing SA	F13913	ASO403	Attraction allowances and retention	\$615.12
Housing SA	F13913	ASO403	Attraction allowances and retention	\$4,282.57
Housing SA	F13914	ASO403	Attraction allowances and retention	\$5,275.64
Housing SA	F13915	ASO704	Attraction allowances and retention	\$19,034.18
Housing SA	F13916	ASO704	Attraction allowances and retention	\$18,158.86
Housing SA	F13917	ASO704	Attraction allowances and retention	\$13,978.80

Dept/Agency	Position Number	Classification	Allowance Type	Allowance Amount
Housing SA	F13918	ASO803	Attraction allowances and retention	\$23,935.38
Housing SA	F13948	ASO704	Attraction allowances and retention	\$18,457.38
Housing SA	F14010	ASO704	Attraction allowances and retention	\$12,738.88
Housing SA	F14011	ASO704	Attraction allowances and retention	\$7,806.47
Housing SA	F14012	ASO403	Attraction allowances and retention	\$5,275.64
Housing SA	F14013	ASO403	Attraction allowances and retention	\$3,260.27
Housing SA	F14014	ASO704	Attraction allowances and retention	\$16,308.58
Housing SA	F14015	ASO704	Attraction allowances and retention	\$9,449.71
Housing SA	F14024	ASO704	Attraction allowances and retention	\$10,783.49
Housing SA	F14025	ASO704	Attraction allowances and retention	\$14,526.98
Housing SA	F14026	ASO704	Attraction allowances and retention	\$6,523.47
Housing SA	F14027	ASO704	Attraction allowances and retention	\$7,811.85
Housing SA	F14037	ASO501	Attraction allowances and retention	\$8,815.40
Housing SA	F14114	ASO501	Attraction allowances and retention	\$6,158.20
Housing SA	F14213	ASO701	Attraction allowances and retention	\$201.28
Housing SA	F14367	ASO704	Attraction allowances and retention	\$25,315.25
Housing SA	F14644	OPS403	Attraction allowances and retention	\$4,080.08
TOTAL 2013-14				\$802,804.81

Table B 2014-15: Department for Communities and Social Inclusion (DCSI)

Dept/Agency	Position Number	Classification	Allowance Type	Allowance Amount
DCSI	F00922	OPS403	Attraction allowances and retention	\$7,110.43
DCSI	F02345	MAS301	Attraction allowances and retention	\$18,227.67
DCSI	F02429	ASO603	Attraction allowances and retention	\$26,026.14
DCSI	F03087	ASO403	Attraction allowances and retention	\$2,908.50
DCSI	F06081	ASO803	Attraction allowances and retention	\$1,315.98
DCSI	F06713	ASO704	Attraction allowances and retention	\$29,383.38
DCSI	F06782	OPS402	Attraction allowances and retention	\$1,724.52
DCSI	F10000	OPS403	Attraction allowances and retention	\$5,185.30
DCSI	F10173	OPS403	Attraction allowances and retention	\$6,619.16

Dept/Agency	Position Number	Classification	Allowance Type	Allowance Amount
DCSI	F10175	OPS402	Attraction allowances and retention	\$6,604.15
DCSI	F10197	MAS301	Attraction allowances and retention	\$9,929.79
DCSI	F11089	ASO803	Attraction allowances and retention	\$6,977.65
DCSI	F11553	ASO601	Attraction allowances and retention	\$8,178.91
DCSI	F12135	OPS403	Attraction allowances and retention	\$6,285.95
DCSI	F12174	ASO803	Attraction allowances and retention	\$21,143.05
DCSI	F12539	OPS403	Attraction allowances and retention	\$6,442.85
DCSI	F13301	MAS301	Attraction allowances and retention	\$9,968.14
DCSI	F13460	ASO704	Attraction allowances and retention	\$9,794.56
DCSI	F13469	MAS301	Attraction allowances and retention	\$16,145.43
DCSI	F13582	ASO803	Attraction allowances and retention	\$762.94
DCSI	F13794	MAS301	Attraction allowances and retention	\$9,968.14
DCSI	F13807	ASO602	Attraction allowances and retention	\$2,148.22
DCSI	F13942	MAS301	Attraction allowances and retention	\$4,983.95
DCSI	F13954	ASO603	Attraction allowances and retention	\$9,244.94
DCSI	F13954	ASO504	Attraction allowances and retention	\$23,711.85
DCSI	F13956	ASO603	Attraction allowances and retention	\$26,026.08
DCSI	F13957	ASO603	Attraction allowances and retention	\$26,026.07
DCSI	F13958	ASO603	Attraction allowances and retention	\$21,688.43
DCSI	F13960	ASO704	Attraction allowances and retention	\$2,908.51
DCSI	F13961	ASO704	Attraction allowances and retention	\$29,383.36
DCSI	F14074	ASO801	Attraction allowances and retention	\$10,072.01
Housing SA	F01385	ASO403	Attraction allowances and retention	\$780.95
Housing SA	F06646	ASO203	Attraction allowances and retention	\$2,572.63
Housing SA	F11211	ASO504	Attraction allowances and retention	\$8,797.29
Housing SA	F11690	ASO803	Attraction allowances and retention	\$10,289.84
Housing SA	F11992	ASO603	Attraction allowances and retention	\$21,378.62
Housing SA	F12072	ASO504	Attraction allowances and retention	\$5,504.86

Dept/Agency	Position Number	Classification	Allowance Type	Allowance Amount
Housing SA	F12085	ASO704	Attraction allowances and retention	\$29,383.36
Housing SA	F12207	ASO803	Attraction allowances and retention	\$4,938.74
Housing SA	F12352	ASO603	Attraction allowances and retention	\$25,518.51
Housing SA	F12472	ASO704	Attraction allowances and retention	\$19,588.81
Housing SA	F13458	ASO504	Attraction allowances and retention	\$11,855.93
Housing SA	F13539	ASO603	Attraction allowances and retention	\$1,916.90
Housing SA	F13909	ASO704	Attraction allowances and retention	\$18,246.85
Housing SA	F13912	ASO704	Attraction allowances and retention	\$13,628.28
Housing SA	F13913	ASO403	Attraction allowances and retention	\$6,549.91
Housing SA	F13914	ASO403	Attraction allowances and retention	\$1,133.64
Housing SA	F13915	ASO700	Attraction allowances and retention	\$11,278.32
Housing SA	F13916	ASO704	Attraction allowances and retention	\$17,727.43
Housing SA	F13917	ASO704	Attraction allowances and retention	\$24,832.77
Housing SA	F13918	ASO803	Attraction allowances and retention	\$8,046.86
Housing SA	F13948	ASO704	Attraction allowances and retention	\$19,381.61
Housing SA	F14010	ASO704	Attraction allowances and retention	\$18,302.94
Housing SA	F14011	ASO704	Attraction allowances and retention	\$9,603.53
Housing SA	F14012	ASO403	Attraction allowances and retention	\$5,290.31
Housing SA	F14014	ASO704	Attraction allowances and retention	\$24,486.18
Housing SA	F14015	ASO704	Attraction allowances and retention	\$14,635.81
Housing SA	F14024	ASO704	Attraction allowances and retention	\$13,488.24
Housing SA	F14025	ASO704	Attraction allowances and retention	\$19,588.79
Housing SA	F14026	ASO704	Attraction allowances and retention	\$9,794.56
Housing SA	F14027	ASO703	Attraction allowances and retention	\$13,214.42
Housing SA	F14037	ASO504	Attraction allowances and retention	\$11,855.91
Housing SA	F14114	ASO501	Attraction allowances and retention	\$6,789.52
Housing SA	F14367	ASO803	Attraction allowances and retention	\$25,804.36
TOTAL 2014-15				\$803,102.74

Attraction, retention and performance allowances as well as non-salary benefits paid to public servants and contractors:

(a) 2013-14:

Dept/Agency	Position Title	Classification	Allowance Type	Allowance Amount
DHA	Manager Policy & Programs, OFTA	MAS3	Attraction & Retention	19,970.44

(b) 2014-15:

Dept/Agency	Position Title	Classification	Allowance Type	Allowance Amount
DHA	Manager Policy & Programs, OFTA	MAS3	Attraction & Retention	21,193.10