

## HOUSE OF ASSEMBLY

Thursday, 18 May 2017

The **SPEAKER (Hon. M.J. Atkinson)** took the chair at 10:31 and read prayers.

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

### *Bills*

#### **CONSTITUTION (ELECTORAL REDISTRIBUTION) (APPEALS) AMENDMENT BILL**

##### *Second Reading*

Adjourned debate on second reading.

(Continued from 13 April 2017.)

**The SPEAKER:** What better member to inform the house on this than a true successor of Ren DeGaris.

**Mr WILLIAMS (MacKillop) (10:32):** Thank you, Mr Speaker; I am not too sure that I am deserving of that. I join the debate on this matter, which is very important, mainly because of my involvement over the last couple of years, particularly during the course of last year, in the process that was undertaken by the Electoral District Boundaries Commission. At the end of that process the Supreme Court judgement made some recommendations to the parliament, and the member for Bragg has taken it upon herself to bring this bill before the house to act on those recommendations.

**Ms Chapman:** By the Chief Justice.

**Mr WILLIAMS:** Yes, by the Chief Justice. It was an interesting process, and most members would be vaguely aware of the process that is undertaken. It came to my attention in recent elections that the Electoral District Boundaries Commission is a very important body in its judgement. Indeed, I believe it determines more so which party forms government in this state—or it has—than the electors. The reality is that in the last two elections, the electors, the will of the people of South Australia, have been usurped by what I could only say—and in my opinion this is being very kind—is the incompetent work of the boundaries commission, up until the last body of redistribution work.

The 2010 election was probably the most unfair election ever held anywhere in Australia. As I have said many times in this place, it was more difficult for the Liberal Party to win an election in South Australia than it ever was for the Labor Party to win an election in Queensland during the years of gerrymandering in that state. Through the process, I became aware that a number of people in this nation take a very active interest in the matters of electoral boundaries. There are at least three members of the Australian public, but not of the South Australian public, who made very worthwhile submissions to the boundaries commission.

The bill before us would correct what I think is an error in our Constitution Act inasmuch as none of those people, even though they have considerable expertise in the area of boundary redistribution—and in reading their submissions one realises that they have considerable expertise—are resident in South Australia and therefore not electors in South Australia. Having made very studied submissions to the boundaries commission, none of those people would have been in a position to appeal a final decision of the commission if they felt that the commission had simply got it wrong.

The grounds of appeal are fairly limited, that is, that the boundaries commission has failed to adhere to the Constitution Act. Through the process, as I have said, there were a great number of submissions and the boundaries commission then made a draft determination. The draft determination, to be quite frank, was not much better than earlier determinations by the commission, the ones that I referred to as being incompetent. I think the draft determination ignored the reality at

least of section 83(1) of the Constitution Act, which basically provides that electoral boundaries should be drawn so that the outcome of elections are fair. One would ask: fair to whom? I would say they should be fair to the electors, but that is not the situation we have enjoyed in South Australia for a long time.

It is my belief that the upcoming election in March next year will be the first time that we will have fair boundaries in South Australia since the Constitution Act was changed in 1975. It is incredibly important not only for people with an interest and knowledge to be able to make submissions to future boundaries commissions but also for people to be involved in the ongoing process which leads to the final conclusion of having a new set of boundaries drawn. That process includes the appeals provisions to the Supreme Court, a process that was entertained by the ALP in the most recent case, and we are all aware that the Supreme Court, in an unanimous judgement, rejected the appeal of the ALP and upheld—

*Ms Chapman interjecting:*

**Mr WILLIAMS:** As I am reminded by the member for Bragg, costs were awarded against the ALP. That appeal involved very significant costs, and the Liberal Party found itself pretty well being the respondent because the boundaries commission decided—and I am not too sure about this, not being a lawyer; I am sure there is a legal explanation—that it needed to stand mute in the face of the appeal.

I would have thought the boundaries commission would be well within its rights to justify the position and the stance it took in coming to the set of boundaries that it did. Notwithstanding that, the Liberal Party found itself being forced to be a respondent to that appeal and to argue the case, I would say, on behalf of the people of South Australia for us to have final justice in the way the electoral boundaries are drawn.

As I said, expert opinions outside South Australia have contributed to the most recent debate and the most recent argument about how the boundaries should have been drawn, and I think it would have been a great pity if we had come to the point where those experts were precluded from being involved further in the process of redrawing our boundaries. I congratulate the member for Bragg on bringing this matter to the attention of the house.

I know the Labor Party will not want to involve itself at all, even in the discussion of this side issue, because they may be forced to admit that South Australia has been subject to a gerrymander, and a very sizeable gerrymander, for a very long time. Notwithstanding that, I certainly hope that the Labor Party understands the principle involved here and that, when it comes to important matters of our constitution and our electoral system, and particularly the boundaries that are drawn on which our elections are held, the best expertise available in the nation can be used and can be a part of the process.

I will take the opportunity to congratulate the boundaries commission. This is the first time since the Constitution Act was changed, after a referendum in 1991, that the boundaries commission has actually understood what section 83(1) means and has taken steps to ensure that the people of South Australia will be able to go to an election feeling a lot more confident than they have in recent times that the party that they vote for will be able to form government and, indeed, that they can get rid of a bad government, which they have been trying to do for at least two elections. For eight years the people of South Australia have had a government that they did not want.

The process has worked at last, and I am very proud that I was involved in that and I believe I had a number of contributions to the outcome. The process has worked but, as always, it can be improved. This is a small improvement that was suggested by the Chief Justice, and the member for Bragg is trying to have that enacted.

Time expired.

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

*Parliamentary Procedure***VISITORS**

**The DEPUTY SPEAKER:** Before I call on the next matter, I would like to acknowledge in the gallery today a group of ladies from the North Eastern Community Hospital Auxiliary group. We welcome you to parliament today as guests of the member for Hartley. We hope you enjoy your time with us. Thank you for all your work at the North Eastern Community Hospital, which enjoys a marvellous reputation, no doubt in no small measure thanks to the wonderful auxiliary that supports it. Thank you very much for visiting us today.

*Bills***LIMITATION OF ACTIONS (INSTITUTIONAL CHILD SEXUAL ABUSE) AMENDMENT BILL***Second Reading*

Adjourned debate on second reading.

(Continued from 29 September 2016.)

**The Hon. T.R. KENYON (Newland) (10:45):** I move:

That the debate be adjourned.

The house divided on the motion:

Ayes .....	22
Noes .....	17
Majority .....	5

**AYES**

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Brock, G.G.	Caica, P.	Cook, N.F.
Digance, A.F.C.	Gee, J.P.	Hamilton-Smith, M.L.J.
Hildyard, K.	Hughes, E.J.	Kenyon, T.R. (teller)
Key, S.W.	Koutsantonis, A.	Odenwalder, L.K.
Piccolo, A.	Picton, C.J.	Rankine, J.M.
Rau, J.R.	Snelling, J.J.	Vlahos, L.A.
Weatherill, J.W.		

**NOES**

Bell, T.S.	Chapman, V.A.	Duluk, S.
Gardner, J.A.W.	Goldsworthy, R.M.	Griffiths, S.P.
Pederick, A.S.	Pengilly, M.R.	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.	Wingard, C.	

**PAIRS**

Close, S.E.	Knoll, S.K.	Mullighan, S.C.
Speirs, D.	Wortley, D.	Marshall, S.S.

Motion thus carried; debate adjourned.

**LOCAL GOVERNMENT (MEMBERS CONTESTING STATE ELECTIONS) AMENDMENT BILL***Second Reading*

Adjourned debate on second reading.

(Continued from 11 May 2017.)

**Mr GRIFFITHS (Goyder) (10:51):** I wish to support the legislation proposed by the member for Unley. I am aware, having been a previous shadow in this area, of the intention of the Hon. Tung Ngo from the other place for a legislative amendment to the Constitution Act. I know that in the discussions I have had with the member for Unley and the member for Bragg we believed that the changes suggested are appropriate but that doing it through the Local Government Act seems a far more appropriate way in which to do it.

I can even recount some personal experiences of this—not as an elected member of council, but as a staff member supporting elected members in council—where I feel that it is an appropriate action for elected members to be excused from the council role in the last four weeks after the writs are issued and to focus on their candidacy as a member of parliament. In 2006, as the CEO of a council, I had been preselected as a candidate for the Liberal Party. Whenever the council talked with various government departments I, indeed, always flagged that fact—

**The DEPUTY SPEAKER:** Order! There is too much noise in the chamber; I cannot hear the member for Goyder.

**Mr GRIFFITHS:** —and the council was prepared to continue with me as the CEO until the period prior to the election, at which point I resigned. But there had been an important period in the last four weeks, in particular, when it was important that I had no association with the council at all. Therefore, I think this legislation proposed by the member for Unley is appropriate because it takes away what could be seen as any potential conflict. It takes away what could be seen as any potential information flow that could be an advantage and that could subsequently be part of a Court of Disputed Returns claim.

I do propose a couple of issues, though, and these relate to some things about which I have had some discussion with the member for Unley. One is that the legislation proposed does not define if there is to be a crossover between the council area that the elected member represents and, indeed, the parliamentary House of Assembly area that the candidate seeks election for. If they are not the same area, is there a possibility for some difference of opinion to actually be held?

I know an example—and the member for Newland is aware of the candidate who stood against him at the last state election—where the person was a member of a council and where there was no reference to the area, by not having any adjoining boundary areas or any area that was covered in both those roles. The question that I pose is: is it appropriate to consider whether in that case an excuse could be provided whereby it is not necessary to actually seek that leave in the last four weeks and for that elected member's role to continue? It could be challenging because they are trying to convince people to vote for them in one particular area while having the support of others to represent them in another, but it is one area that we might consider.

It is appropriate that the Local Government Act be the place for this to be considered. The Hon. Tung Ngo provided me with a copy of his preliminary public consultation. The Local Government Association has a copy. I am aware that the Local Government Association has given a response in support of that draft legislation. It also goes a little bit farther by talking about the removal of the allowances for that last four-week period that would normally be paid to the elected member. This legislation does not cover that. It may be an issue that we will seek to consider at a later date.

In this day of public scrutiny to a very high degree of all those who represent others, it is important that we create some lines to ensure that there could be no belief in the community that some conflicts are occurring here. I think the legislation proposed by the member for Unley is appropriate. It has support by virtue of feedback from the Local Government Association on legislative suggestions from another member in the other place, and I think this is an important example of where the government should also support this legislation, because it seeks to do the right thing.

I note that the minister is in the chamber today. I hope the minister is prepared to express an opinion on this and that the government is prepared to vote on it, because there has been ample warning. There is similar legislation proposed by the government member from the other place, so it

therefore has been discussed. I think it appropriate that the chamber make a resolution on this. I fully support the intent of it.

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

### *Motions*

## **TRANSFORMING HEALTH**

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (10:57):** I move:

That this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health program, and in particular—

- (a) the downgrading of the emergency department and intensive care unit services at The Queen Elizabeth Hospital;
- (b) the reduction in The Queen Elizabeth Hospital's cardiac services; and
- (c) the degradation of the hospital's current services by a lack of proper provision for the transfer of rehabilitation services from the Hampstead Rehabilitation Centre site.

I move that this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health program and, in particular, the reference to a number of services that have been abolished, reduced or downgraded at The Queen Elizabeth Hospital.

Let me start by saying that an important area of acute hospital care that has been provided to both our civilian and returned service population for decades now is at the Repatriation General Hospital, which is geographically in the western districts of metropolitan Adelaide. It provides a significant breadth of services, including high care and acute care.

It is of great concern to people on our side of the house that the government has pressed ahead with the intended closure and sale of this site. We have mental health facilities there that were upgraded in the lifetime of this government—the building of Ward 18. The only freestanding Ward 17 left in a repatriation general hospital in Australia is about to be bulldozed, and what facilities will be available will be in a small facility at the back of the Glenside Hospital, which is currently being rebuilt.

This is against and contrary to the recommendations of many in the psychiatric care industry, particularly transferring patients suffering post-traumatic stress to the Glenside site without there being medical services there. We could list a long list of services currently offered at the Repatriation General Hospital for civilians in the western districts, including mental health and, of course, a very highly regarded and well-recognised service for people who lose their limbs and the rehabilitation services that go with prosthetics. I think that is damning enough of this government's decision in its Transforming Health plan to condemn the government in this motion.

However, today I particularly want to address the downgrading and reduction of services at The Queen Elizabeth Hospital. Most members would be familiar with the services provided at this acute-care facility and understand that, in the western part of Adelaide, we have a catchment of 250,000-odd people who will be left with this as their only major acute hospital service within a reasonable location to them.

Of course, we have promises of a new Royal Adelaide Hospital going from one end of North Terrace to the other, whenever that might open. It is already two years late and, I think, about \$400 million over budget. Nevertheless, hopefully it will open eventually, but it will cost us \$1 million a day and, of course, it will have a very significant reduction in the number of beds available to provide care. I am still of the view that it is the government's clear intention that old people and really sick people will not go to the Royal Adelaide Hospital, that it will be the boutique provision of services for international health tourism, which the government wants to try to make some money from. I am still of that view.

Nevertheless, let's consider what has happened at The Queen Elizabeth Hospital. It was opened in 1954 and it has Her Majesty's title on it. She visited Australia, and South Australia in particular, shortly after her coronation, which I think we should be grateful for. Indeed, I cannot believe that the Deputy Speaker is old enough to have been here to—

**The DEPUTY SPEAKER:** No, The Queen was here at parliament.

**Ms CHAPMAN:** Yes, I'm sorry. I will withdraw that.

**The DEPUTY SPEAKER:** I was alive in 1954, but I was not in South Australia.

**Ms CHAPMAN:** I am sure you would have still been in nappies, Deputy Speaker, because you could not possibly be that old.

**The DEPUTY SPEAKER:** And I don't remember that.

**Ms CHAPMAN:** Obviously, it has developed into a very large number of medical and specialist services and it now employs some 2,500 staff. The hospital deals with over 40,000 emergency presentations every year. Its inpatient admissions are at 36,000 each year and it undertakes some 16,000 surgical procedures each year. It is a high-functioning service in high demand, which obviously deals with the western districts.

Just in the time that I have been here in the parliament, I can recall the former minister for health (the Hon. John Hill) telling this parliament that the provision of services in South Australia for kidney transplants and treatment was world-leading. The professionals and specialists at The Queen Elizabeth Hospital undertook that groundbreaking research and work, which was well recognised.

The minister of the day stood here about 10 years ago and said that we needed to strip that service out of The Queen Elizabeth Hospital, notwithstanding that they were immensely proud of this at their hospital, and rebuild the facility at a cost of \$15 million down at the current Royal Adelaide Hospital in the full knowledge that they had already announced that they were going to bulldoze that hospital eventually and build a new one at the other end of North Terrace.

I am still at a complete loss as to why it was necessary for him to come into this parliament and tell us that there needed to be a 'cultural change', whatever that means. It sounds like some sort of penetration into the minds of all the people who were doing kidney transplants. That service had to be taken down and its facilities rebuilt—\$15 million utterly wasted. Those facilities will now be bulldozed because the minister decided he needed to have a cultural change in those who were providing this specialty service in that area. It was a beautiful facility. They had special air-conditioning arrangements to reduce germs or toxicity into the area where there were people who were vulnerable to infection after they had kidney transplants and the like. Nevertheless, that is what they did.

I also remember going down to the opening of a beautiful new facility for medical research, built on Port Road relatively adjacent to The Queen Elizabeth Hospital to provide for medical research. I do not know whether there is anybody left in it now because, of course, since then there have been further facilities and an amalgamation of medical research onto North Terrace. I do not know what is even happening in that building anymore, or whether it even has any tenants. It just seems to me shameful that there has been an expansion of services down there in that time and that now we are looking at a cascading reduction.

Just to highlight the duplicity of the government in this area, prior to the 2014 election the government promised that it would, under its Transforming Health, put in \$125 million to provide for capital works for the redevelopment of The QEH. This was going to be their sop, I suppose, to what was coming. After the election, after they had won the election, they then downgraded that and said that the money was going to be redirected to other hospitals and that only \$20 million was going to be spent on capital upgrades to rebuild the facilities that they had abandoned with the closure of St Margaret's, Hampstead hospital and the Repatriation General Hospital.

So, 'You are not going to get what we promised you before the election. You are now going to get a \$20-million makeover,' reminds me of one of those TV shows where they strip everything out of the middle and put in new furniture and then flog it off for something better. At the moment, what is happening is that there is short shrift in relation to the provision. With respect to the car parking, the conditions down there suggest that the relocation to The QEH will need a capital of about \$120 million, not the \$29 million, particularly as the car parking is already difficult and the government plans will see a net loss of 34 car parks.

I do not know who in the Department for Health is managing this, but Ms Vickie Kaminski, the head of SA Health, said to the ABC just this week, on 15 May, that the new RAH outpatient facilities will be unable to meet the expected demand. She then suggested that The Queen Elizabeth Hospital outpatient services will be used to support the new Royal Adelaide Hospital, increasing the pressure on The Queen Elizabeth Hospital.

They cannot have it both ways. They are stripping down the services at The Queen Elizabeth Hospital. They have botched the new Royal Adelaide Hospital process for its redevelopment down to the other side of North Terrace. They say that they are not going to be able to accommodate all that outpatient demand in the new Royal Adelaide Hospital and that The QEH is going to be a backup, but on the other hand they are stripping it down to a skeleton.

With respect to the emergency department, everybody knows that if you want to do any surgery of substance at an acute hospital you need to have a high level of both emergency department support and ICT. The government's continued reduction of the ICT has meant that it has continued to downgrade the level of work that can be done. The emergency department has been downgraded, with life-threatening emergencies being diverted to other hospitals.

Let me remind the house that, according to the Australian Institute of Health and Welfare, the people who live in the western districts are the oldest, sickest and poorest people in Australia—in our area of western districts in metropolitan Adelaide. These people not only face those challenges as a cohort in the sense of population but with that comes a high level of comorbidity of treatment. Someone who might have a heart attack, who is otherwise healthy and the heart condition is identified as the only area of health concern in their profile, obviously has a much better chance than someone who might have diabetes as well, or who might have had strokes, or who might be frail or vulnerable in some other way, in which case a heart attack could, of course, be lethal.

The government's own figures show that ambulance trips for western suburbs patients ending in critical care will on average rise from 11 minutes to 21 minutes. Furthermore, almost half of the most serious cases come to the emergency department under their own steam; that is, ambulance cannot triage them. They are still going to be brought in by their families, relatives or neighbours to have that attention.

On rehabilitation services, the bulk of these are currently provided at Hampstead Rehabilitation Centre, which will be crammed into the unworkable spaces at The QEH. For example, our spokesperson on health, the Hon. Stephen Wade in another place, advises me that the spinal injuries unit from Hampstead Rehabilitation Centre will be squeezed into two buildings with about one-quarter of the internal space, meaning not even enough room in the corridors for two wheelchairs to pass and a loss of an open campus that facilitates mobility and family time.

So, rather than adding to The Queen Elizabeth Hospital, the government here are insistent on compressing incoming services into a reduced facility, and a knock-on effect of course will be that the hospital's current core services will be displaced for purpose-built facilities. They will be smaller, they will be less suitable and there will be less opportunity to have service provision at these premises; of course, that means a major problem for patients.

On cardiac services, it is fair to say that when I say that the people in the western suburbs are in the sickest profile in Australia, they are clearly the epicentre for cardiac disease, with 64 heart-related admissions per 10,000, and the eastern area and the Hills are one-third lower than that. One of the highest concentrations of older Australians anywhere in the country is of course in that western area. Notwithstanding that, and the need for an expansion of service for our mature aged, The Queen Elizabeth Hospital is losing at least 24 and possibly all the 30 cardiac beds. Both The QEH cardiac catheterisation laboratories and surgery will close, and the Lyell McEwin Hospital, the nearest other hospital other than the new Royal Adelaide, will be adding one catheterisation lab while The QEH loses two.

I do not know whether the health department or the current minister think we cannot add up in here, but on all these counts there is a continued diminution of service, while there is a corresponding increased demand for service. We have even had out, on this issue, Mr Kevin Hamilton, a former Labor member of parliament in the western districts. Understanding how severe

this will be, he is now fighting the government publicly and continuously, with his wife, to oppose the stripping of services in this area.

You would think that the Australian Labor Party would have more sense than to start having a fight with their own, who are turning against them. They should hang their head in shame.

**The DEPUTY SPEAKER:** The member for Colton I go to next.

**The Hon. P. CAICA (Colton) (11:12):** Thank you very much, Deputy Speaker. I found that quite galling, to be honest with you. The member for Bragg can rewrite history how she likes, but I recall that back in 2002, just before becoming a member of this place, when the plans of the Liberal Party were clear on The QEH—that was, to transform it into the vision they had for our health system, to turn into another Modbury Hospital. How dare—

**The DEPUTY SPEAKER:** Hey, hey, hang on!

**The Hon. P. CAICA:** Well, Modbury Hospital at that time, when it was in private hands, Deputy Speaker. How dare the member for Bragg actually make out like she cares for the people of the western suburbs? It is the biggest load of nonsense I have ever heard in my life. Now, Deputy Speaker—

*Mr Pederick interjecting:*

**The Hon. P. CAICA:** I sat through hers without saying a word, so you can do the same, big boy.

*Mr Pederick interjecting:*

**The DEPUTY SPEAKER:** The member for Hammond! You will need more than my protection in a minute.

**The Hon. P. CAICA:** It appears to me at the very least that those opposite are trying to score political points on The Queen Elizabeth Hospital—indeed attempting to score political points on the whole Transforming Health process. They continue to spread misleading information entirely designed for no reason other than to frighten the people of our western suburbs. I will tell you what: I am a bit cranky, because I was born at The QEH—

*The Hon. S.W. Key interjecting:*

**The Hon. P. CAICA:** And my colleague the member for Ashford—born in 1954 actually, the year—

**The DEPUTY SPEAKER:** Hang on! There was no need for that. That is outrageous!

**The Hon. P. CAICA:** —it opened. Talking about downgrading of the services there, as a person who raised a family in the western suburbs—and you know that with young boys, and the same with young girls—you often find yourselves at hospitals for a variety of reasons, for a variety of operations. Every operation that our two kids had at The QEH and that I had over that period of time will continue to be able to be performed at The QEH. Ninety-plus per cent of all the required health needs of people in the western suburbs will continue to be able to be met by those in the western suburbs.

I will not be lectured by the member for Bragg, who rewrites history and does not care one iota about the working people of the western suburbs. We have members opposite inferring that The Queen Elizabeth Hospital's emergency department is closing: it is not. We have members opposite telling the local community that their health services are being downgraded: they are not. We have members opposite implying that The Queen Elizabeth Hospital is closing when it is not—in fact, if there were ever any likelihood of it closing it would be if ever they came into government.

The truth is that the people of the western suburbs will continue to have access to the high quality and safe public health services they need. Services will not be downgraded. All the changes are based on sound clinical evidence and data and driven by clinical quality principles that will ensure safer, better health care for South Australians right across the system.



I know that the member for Bragg has never sat in cabinet—and maybe she might never—but the reality is that when you sit around cabinet for the period of time I did you knew something had to be done to our health system, that we could not continue to have it operate in the same way. That is what Transforming Health is about. It might well be argued that there was an economic principle to that as well, because health can be a black hole, but the reality is that it is underpinned by sound clinical health principles. It is the right thing to do.

There will continue to be intensive care specialists on site at The QEH and they will continue to provide care to patients. The emergency department of The QEH will continue to be staffed by doctors and nurses and will provide emergency care to the local community 24 hours a day, seven days a week. One of the aspects of the scaremongering by the Leader of the Opposition and those opposite is that people actually start to believe it, and it makes it very hard to convince people otherwise.

So I repeat: the emergency department at The QEH will continue to be staffed by doctors and nurses who will provide emergency care to the local community 24 hours a day, seven days a week, and 90 per cent plus of the presentations that go there will be able to be properly looked after by the clinicians and nurses and the excellent staff at that emergency department.

Only patients with once-in-a-lifetime, life-threatening emergencies, such as a trauma from a severe car accident or a stroke or heart attack, which account for a very small percentage of patients currently taken by ambulance to The QEH emergency department, will be taken directly to major metropolitan hospitals like the Lyell McEwin and the Royal Adelaide Hospital. For everyone else emergency care will still be provided at The Queen Elizabeth Hospital. The cardiac service will continue to provide outpatient, outreach and ambulatory service to patients. Contrary to the concerted fear campaign being launched by those opposite, the community will continue to access health services at The QEH, such as treatment for ongoing conditions like diabetes, heart disease or kidney disease.

The one point the member for Bragg made that was remotely correct, for her, was the fact that in the western suburbs, unlike in the eastern suburbs, we have people suffering from what are essentially industrial and work-related diseases. The Queen Elizabeth Hospital is the right and appropriate place for treatments of conditions like diabetes, heart disease and kidney disease to continue. That is a good thing for our area and our hospital.

In fact, I am advised that the people of the western suburbs will have full access to kidney and other renal care services, with inpatient services provided at the new Royal Adelaide Hospital, and the continuation of all kidney and renal outpatient services currently provided at The QEH, including dialysis. The people of the western suburbs will also continue to have full access to the full range of existing acute and community mental health services currently located in the west.

While most people will continue to receive their health services very close to home, it is true that some people who require once-in-a-lifetime, very complex, multitrauma and specialist care will instead be taken to a major metropolitan hospital—the right and appropriate place for them to be taken. In most instances, for people who live in the western suburbs, this will be the new Royal Adelaide Hospital, which is about 10 minutes in normal traffic conditions from The QEH and much less in an ambulance. Bear in mind that the ambulances are intensive care units on wheels, and the best place for patients to be stabilised before they get to the place where they will get the care that they require.

The QEH will become a dedicated specialist centre for multiday elective surgery as well as increasing its provision of elective day surgery procedures. Having a separate dedicated day surgery centre will mean shorter waiting times for the people of the western suburbs. It will also mean fewer elective surgeries are bumped. I get a lot of constituents who come and tell me about being bumped from elective surgery, as currently happens, because the clinical team is pulled away for an emergency surgery.

The dedicated elective surgery centre will ensure that clinical teams can specialise and see enough patients to maintain and improve their highly specialised skills, meaning safer and higher quality services for people of the western suburbs. This is a matter that I have raised on numerous occasions with the Minister for Health, because that is where we do our business on this side, talking

directly and not promoting nonsense in the media and in the community. We are continuing to work with clinicians and staff on the planned transfer of rehabilitation services from Hampstead Rehabilitation Centre to Modbury Hospital and The Queen Elizabeth Hospital. After listening to the clinicians, staff and consumers, and I expect perhaps the odd local member or two, on the planned transfer of services to TQEH, the Central Adelaide Local Health Network will establish a number of working groups to discuss and address a number of matters that were identified during consultation.

These working groups will include clinicians, staff and consumers. This is a positive step forward to ensure that the transfer of services provides the best possible care for patients. While the opposition continue to complain and spread misinformation, we are getting on with ensuring we provide the best possible care to the people of the western suburbs.

Let me remind you, Deputy Speaker, although you do not need reminding, and those opposite who keep saying we are downgrading our hospitals, that since 2002 this Labor government has upgraded every major hospital across the state. We have invested almost \$2 billion to upgrade every metropolitan public hospital and every major country hospital and, through Transforming Health—

**Mr Duluk:** Except the Repat.

**The Hon. P. CAICA:** —we are investing an additional \$250 million in new capital investments across our metropolitan hospitals. Don't tell me you care about people, because you don't.

This is unlike the opposition—the party that privatised Modbury Hospital, the party that wished to privatise The Queen Elizabeth Hospital pre-2002. This is the same party that continues to oppose the state-of-the-art, brand-new Royal Adelaide Hospital, and they are now gnashing their teeth at the fact that the opening of the new RAH is just a few short months away. Once again—

*Mr Pengilly interjecting:*

**The DEPUTY SPEAKER:** Order, member for Finniss!

**The Hon. P. CAICA:** No, you are a policy-free zone. Tell me—

**The DEPUTY SPEAKER:** Order, member for Colton! Member for Finniss, you will be called to order and warned, which means in question time your time will be limited, so you need to weigh up whether you want to be here for question time or not.

**Mr Pengilly:** I might work on it, Madam Deputy Speaker.

**The DEPUTY SPEAKER:** Okay, the next time you make a noise, you will be called to order.

**The Hon. P. CAICA:** Unlike the opposition, we know that reform is required and our changes are based on improving the quality of health care in this state. Those opposite have chosen to respond only with negativity. They would prefer to put unfounded fear into the people of the western suburbs. If they ever came up with a policy on health, that would be novel.

On the other hand, this government is changing our health system to provide better quality services by ensuring our patients do not sit in hospitals waiting for an on-call team to arrive, by increasing the provision of elective surgery at dedicated elective surgery centres and by upgrading our hospitals and investing significantly in modern healthcare facilities.

The people of the western suburbs have nothing to fear—nothing to fear except the election of a Liberal government. The Queen Elizabeth Hospital will always be part of the western suburbs. I am proud of the western suburbs, I am proud of TQEH, and it will continue to provide the high-quality healthcare services the local community expects and deserve.

**The DEPUTY SPEAKER:** Member for Hammond.

**Mr PEDERICK (Hammond) (11:22):** Thank you, Madam Independent Deputy Speaker. I rise to speak on the motion from the deputy leader (the member for Bragg):

That this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health program, and in particular—

- (a) the downgrading of the emergency department and intensive care unit services at The Queen Elizabeth Hospital;
- (b) the reduction in The Queen Elizabeth Hospital's cardiac services; and
- (c) the degradation of the hospital's current services by a lack of proper provision for the transfer of rehabilitation services from the Hampstead Rehabilitation Centre site.

I want to speak about what has been happening under Transforming Health. Certainly, on this side of the house we have been extremely concerned about what has been happening in the metropolitan area with downgrades across the board. Even with the new Royal Adelaide Hospital, we see that they cannot build a hospital, on a clear-field site, that has a big enough emergency department. It is totally outrageous.

I heard only the other day that this hospital was planned as they built it because the planners were not given the time to draw up the plans for the whole hospital. What a disgrace! No wonder it had 50,000 faults to be remedied during the construction. It is an absolute disgrace that a hospital that will have 30 per cent of regional patient use does not have an emergency department that will be fully functional. It is just ridiculous and shows the disjointed way in which this government works on the health system in this state.

What will happen with The Queen Elizabeth Hospital is that it will no longer be a general community hospital: it will be a rehabilitation and a multiday, elective surgery centre. Under Transforming Health, there will be a cut in capital works spending of more than \$100 million, down to \$22.4 million. There will be a downgrading of the hospital emergency departments. We have a theme here, Madam Independent Deputy Speaker, and you are used to this out at Modbury.

Patients with life-threatening conditions, stroke and heart attack will bypass the hospital. The member for Colton admitted this, and this is exactly what will happen. I have talked about this many times in this house, where paramedics will basically need a scroll-down list to come down from the back of their ambulances. They will have to be alert as to what day of the week it is as to where they take a stroke patient, a heart patient or a patient with some other life-threatening condition.

What is happening under Transforming Health is that specialists are being cut from hospitals and being put in one central hospital, depending on which day of the week it is. It is going to be a real tragedy. Haematology and inpatient respiratory beds will be relocated to the new Royal Adelaide Hospital. Both of its cardiac catheterisation laboratories will close and its cardiac inpatient capacity will be heavily reduced or even closed under the plan. Most of the services provided at the Hampstead Rehabilitation Centre are supposed to be integrated into The Queen Elizabeth Hospital site.

I have just talked about the new Royal Adelaide Hospital emergency department not being up to speed even before it is opened. The Queen Elizabeth Hospital's emergency department is being downgraded, with life-threatening emergencies diverted to other hospitals. As I was just discussing, in a medical emergency when minutes matter, you may have to drive farther and wait longer to get the help that you or your loved one needs.

The government's own figures show that ambulance trips for western suburbs patients needing critical care will on average rise from 11 minutes to 21 minutes; that is almost double, and that is the government's own numbers. Almost half of the most serious cases that come into the emergency departments do so under their own steam; ambulances cannot triage them. As a country member, I know that a lot of the time we do our own emergency travel when we can because sometimes it is quicker to get in the vehicle and drive yourself, or a friend or your partner can drive you, to the local hospital.

In regard to rehabilitation services, the bulk of the rehabilitation services currently provided at the Hampstead Rehabilitation Centre will be crammed into unworkable spaces at The Queen Elizabeth Hospital. For example, the spinal injury unit from Hampstead Rehabilitation Centre will be squeezed into buildings with about one-quarter of the internal space, meaning there will not even be room in the corridor for two wheelchairs to pass, the loss of an open campus that facilitates mobility and family time and, rather than adding to The Queen Elizabeth Hospital, the Labor government is compressing incoming services on top of current services that are available there.

The number of beds at The Queen Elizabeth Hospital will fall by 28, from 311 beds to 283 beds. The knock-on effect will see a number of the hospital's current core services displaced from purpose-built facilities. They will be put into smaller unsuitable facilities, including palliative care and geriatric care. The Labor government's plans do not meet the health minister's commitment that the facilities at The Queen Elizabeth Hospital for rehabilitation will be as good as, if not better, than those at Hampstead. Labor's plans have been widely condemned by clinicians and clients.

The most recent South Australian government plan for The Queen Elizabeth Hospital, the latest of 12 plans, was released for consultation in November 2016 but has not resolved all the issues yet. In regard to cardiac services, the western suburbs is the epicentre of cardiac disease. There have been 64 heart-related admissions per 10,000 people in the western suburbs, whereas in the eastern suburbs and Hills they are one-third lower. The western suburbs has one of the highest concentrations of older Australians anywhere in the nation.

The Queen Elizabeth Hospital is losing at least 24 and possibly all of the 30 cardiac beds and both of its cardiac catheterisation laboratories and surgery will close. The Lyell McEwin Hospital is adding one catheterisation laboratory while The Queen Elizabeth Hospital loses two. The head of SA Health, Vickie Kaminski, stated that the new Royal Adelaide Hospital's outpatient facilities will be unable to meet the expected demand. She even suggested that The Queen Elizabeth Hospital's outpatient services will be used to support the new Royal Adelaide Hospital, increasing pressure on The Queen Elizabeth Hospital service. That was mentioned on ABC 891 on Monday 15 May 2017.

Since the last election, the state Labor government has cut more than \$100 million from the capital works budget for redeveloping The Queen Elizabeth Hospital and redirected that money to other hospitals. The \$20 million being spent on capital works is primarily to rebuild the facilities that will be abandoned with the closure of St Margaret's, the Hampstead hospital and the Repatriation General Hospital, and it is an absolute disgrace that Daw Park is being shut down.

Clinicians have also suggested that the relocations to The Queen Elizabeth Hospital will need about \$120 million in capital investment, not \$20 million that the government has allocated. Car parking at The Queen Elizabeth Hospital is already difficult, and the government's plans will see a net loss of 34 car parks.

In relation to the background of The Queen Elizabeth Hospital, it is a 311-bed acute-care teaching hospital and has a catchment of 250,000 in western Adelaide. It opened in 1954 and, as previously stated, there are more than 2,500 staff employed. There are over 40,000 emergency presentations, 36,000 inpatient admissions and around 16,000 surgical procedures each year. These are vital services to the western districts that will be cut by the state Labor government.

As regional members, we see the cuts being made to city hospitals and, as Transforming Health is being rolled out across the country, we fear—as we have done for decades—what is in store for country hospitals. Most recently, we have seen the proposed cuts to services at Yorketown Hospital, and we have seen the Keith and District Hospital threatened with closure because of a lack of funding from the state Labor government.

Between 25 and 30 years ago, I was on the steps of this very place protesting that the Labor government wanted to shut down the Tailem Bend District Hospital—my local hospital. We have a lot to fear in this state. We have a lot to fear about hospital closures and downgrading services. The government can build a \$2.4 billion hospital but cannot get it right by building an emergency department that will cope with the present demand, let alone the future rising demand.

Time expired.

**Mr PICTON (Kaurana) (11:32):** I am sure you will be shocked to learn that I rise to oppose the motion by the Deputy Leader of the Opposition. This motion falls into the category of crocodile tears because we know that of all the people who care about The Queen Elizabeth Hospital those opposite do not fall into that category.

This is a situation where we need to look back at the previous Liberal government and their plans to privatise The Queen Elizabeth Hospital and compare that to what has happened under this government, which has been an investment of \$136 million to upgrade The Queen Elizabeth Hospital and to significantly improve health care for people in the western suburbs of Adelaide. I have seen

that through my own family. My grandmother, who lives in the western suburbs of Adelaide, has received excellent care in The Queen Elizabeth Hospital. She has been treated in some of the new hospital buildings that have been built under the term of this government.

We know that there are excellent doctors, nurses and other allied health professionals who work at The Queen Elizabeth Hospital and, thanks to the investments of this government, some 300 new beds have been put in, providing care for people in that area. We know that the alternative would have been to go down the Modbury Hospital route and to privatise the running of The Queen Elizabeth Hospital. We can see what happened to Modbury Hospital in terms of the services that were degraded there over time, and the lack of upkeep and cleaning that happened under a for-profit management of Modbury Hospital. That same thing would have happened at The Queen Elizabeth as well and that would have been very detrimental to people in the western suburbs who rely on that hospital to provide them with good care.

I think it is important to reflect upon the work that has happened at The Queen Elizabeth Hospital. The first stage of the upgrade there involved the construction of a 200-bed inpatient building to replace outdated ward facilities, which is a huge investment. The second stage involved the construction of a three-level inpatient building, comprising 72 inpatient medical and surgical beds, a new 20-bed older patient mental health facility, ambulatory rehabilitation facilities, renal dialysis and haematology and oncology ambulatory care facilities.

Also, there is a new research building, and I think we can all acknowledge the fantastic research that happens at The Queen Elizabeth Hospital, and they have a fantastic building under this redevelopment for that work to now continue with a new multistorey car park, and we certainly know how important it is to have good access to car parks for hospitals, as well as a significant upgrade of site infrastructure engineering services. All those upgrades have been completed under this government.

We now have more upgrades happening to improve, in particular, a lot of the rehabilitation services in the hospital because we see a very strong future for The Queen Elizabeth Hospital. Some of the comments of those opposite suggested that this is somehow going to be downgraded from a community general hospital to a rehabilitation hospital in the future, and nothing could be further from the truth; that is completely incorrect. This hospital is going to continue to provide 24/7 emergency care for people in the western suburbs which is vitally important.

It is going to continue to provide inpatient services for people in the western suburbs. It is going to have a dedicated specialist service for multiday surgery and increase the provision of elective day surgery procedures for the western suburbs, which is very important for people who need to get those surgeries done. There are countless people in the western suburbs who will be looking forward to having those services at their local hospital in the future. Having a separate dedicated elective surgery centre will mean fewer postponements due to emergency surgery as well as shorter waiting times and better planned and managed care for people in the western suburbs.

In the future, there will also be a significant centre for rehabilitation for people in the western suburbs at The Queen Elizabeth Hospital, as well as emergency services, important inpatient care services, the expansion of elective surgery, other services such as mental health and rehabilitation, and research. That is a bright future for services in the western suburbs, and we know that it is because of the people on this side of the house fighting for those services that we will continue to see important health services take place in the western suburbs in the future.

I particularly note the excellent speech earlier by the member for Colton, who is a dynamic champion of The Queen Elizabeth and has been fighting for services there for a very long time, and the same goes for the members for West Torrens, Lee, Port Adelaide and Ashford, and the member for Cheltenham, the Premier. All those members in the western suburbs have certainly been fighting for The Queen Elizabeth Hospital for a very long time, and we thank them for their efforts.

A few other comments were made in some previous speeches about other aspects of our health system, particularly about the new Royal Adelaide Hospital which, as any member who has had a chance to go and visit it would know, is an amazingly well-designed and thought-out new asset for this state and will be something that will serve the people of this state for a very long time to come.

It has been meticulously planned to ensure that we have much better health services provided for people in this state in the future. The 800 beds are going to give us the capacity we need. The emergency department is going to give us the capacity that we need. The 700 overnight beds in the new Royal Adelaide Hospital are all single rooms, which is going to give tremendous flexibility in the way in which we deliver health care but also improve infection control for people across the state who need that care.

It is a hospital where building on a new site has been able to deliver these improvements, whereas building on the existing site would have meant that we would have had building works underway there for 15 or more years, causing disruption for doctors, nurses, patients and families trying to use that site. Anybody who has been to the current Royal Adelaide Hospital recently will know how important it is going to be to ensure that we get the proper care for people in the new hospital as soon as possible.

I am delighted that we now have a time frame for the move in September, for the new hospital to open, and I think, once people get to see it—and I understand there are going to be some tours happening in the future—people will understand what an important improvement this hospital is going to make. There were some comments earlier that the emergency department will not be big enough. Nothing could be further from the truth. This emergency department at the Royal Adelaide is significantly larger than the current Royal Adelaide Hospital.

*Mr Pederick interjecting:*

**Mr PICTON:** It includes significantly more treatment spaces and areas for people to be treated than the current Royal Adelaide Hospital and has been planned in a much more seamless way to ensure that—

*Mr Pederick interjecting:*

**The DEPUTY SPEAKER:** The member for Hammond is called to order.

**Mr PICTON:** —to ensure that when people come into the emergency department they are able to get the radiology they need, they are able to get the pathology they need, they are able to get all the scans, diagnostics and care that they need, and they are able to easily transport to operating theatres if that is what they need, or intensive care if that is what they need. All of this has been able to be thought through in a new hospital, whereas the alternative idea that was proposed by those opposite was to try to rebuild on the very cramped, small existing site, which would have taken at least 15 years and, we believe, would have cost much more and would have caused a lot more disruption.

You would have ended up with a product at the end of the day that would not have significantly improved the care for people. You also have to look at the other important care that is being provided for people across our metropolitan area. There are significant upgrades happening at the moment at the Flinders Medical Centre. We have transformed the Lyell McEwin Hospital from a very small community hospital to a major tertiary hospital for the northern suburbs. Also, as the minister was just outlining, this week we have had a redevelopment of the Noarlunga Hospital down in my community, which is going to significantly improve the elective surgery being offered to the southern suburbs community.

Deputy Speaker, as I am sure you are very well aware, we have also had a significant upgrade at Modbury Hospital in terms of the emergency department and a lot of the facilities in that hospital as well. All across the state we are seeing these significant upgrades to our services because we regard our health system as vitally important. We will look after people in the public health system. We believe in public health. We believe that you should not have to have private health cover to get good treatment. We will always look after those hospitals across the state, including The Queen Elizabeth Hospital.

**Mr PENGILLY (Finniss) (11:42):** I can hardly believe what I was hearing from the member for Kaurana. In the lead-up to the last federal election, his good old factional mate, the federal member for Port Adelaide, Mark Butler, had a good old crack at the current state government when he called on the Transforming Health expedition (so to speak) to be forgotten about. He complained long and bitterly about the cuts that were proposed for The QEH by Transforming Health. So, it is a bit rich for

government members to get up and oppose the motion put up by the member for Bragg, which happens to be a very good motion.

There are one or two members over there that have had some involvement in health over the years, either working in the health industry or in other ways, but I am not sure that they know much at all about the administration of health or the actual necessities of health or how well it has run, particularly at The QEH. People like Professor Horowitz and Dr Zeitz and Co. do not go out lightly and raise issues that are alarming them in relation to hospitals such as The QEH, with the Transforming Health process and the dumbing down of the health system to accommodate the Transforming Health scenario. Yesterday, I was interested when the health minister himself talked about the Modbury Hospital in this place. That is getting dumbed down, and it is surely going to get dumbed down if the health minister becomes the member for Ashford, I can tell you. You will have dumb and dumber working together. It is unbelievable.

My memories of The QEH go back some 41 years. My father got ill quite suddenly and went to The QEH for diagnosis and associated treatment. In fact, he was diagnosed with lung cancer and died six weeks later, which was a great shock to us. I have never forgotten the care he got at the The QEH. The treatment he was given at the time probably only served to make him even more ill unfortunately, but that is just the way things are. The QEH at that time was, and it still is, a marvellous institution. It provided everything, and they are going to dumb it down. There is a plan to dumb it down, which is just plain crazy in my view.

They do not have to go through this crazy exercise of doing what they want to do to it. The reduction in The Queen Elizabeth Hospital's cardiac services is going to be a nightmare. What we are being told continually by the government, week after week, month after month, is that the new Royal Adelaide Hospital will be the great saviour of health in South Australia. We will wait with interest to see when and where it opens.

Only this morning on ABC radio I was listening to the breakfast program when I was driving in here. They were talking about the potential for chaos at the Royal Adelaide Hospital. I certainly do not wish chaos at the opening of the Royal Adelaide; in fact, I would like to think that it will open and be successful. But in putting that up as the shining masterpiece of this Labor government, they are seeming to strip the guts out of everything else just to make it work. That is what annoys me intensely.

They are forgetting what is actually required at hospitals. By moving things around, they have just fallen into this trap of believing that Transforming Health is the answer to all the ills of South Australia's health system. It is not. It will not be, and I guarantee that in 10, 15 or 20 years we will see everything revert to how it has been, because it is a tried and true formula. It is not perfect by a long shot, but there is little or no input from people who are involved in hospitals.

The government wiped out the boards. You got rid of the boards, so there was no input there. You put in health advisory councils, which have no power to take control over anything. They have no power on budgets whatsoever. You have stripped the guts out of the health system to satisfy the bureaucrats who have completely conned you. That is what has happened with this government; they have conned you completely on health. They have done you over.

They have got their way. You can see them rubbing their hands together up in Hindmarsh Square, saying, 'We've got this government exactly where we want them.' That is what you have done. You have centralised health into Hindmarsh Square. You have pulled the guts out of Country Health. It is just a shame. It is a crying shame for the people of South Australia what this government has done to health, no more so than what is proposed at The Queen Elizabeth Hospital.

As the member for Bragg says, there is a degradation of the hospital's current services by a lack of proper provision for the transfer of rehabilitation services from the Hampstead Rehabilitation Centre. I know what the Hampstead Rehabilitation Centre is like. I have had friends who have spent months in there. It is not an ideal situation. Much of it is old. It is archaic in the way it operates, but I really do not know that doing what you want to do to The QEH is going to change much at all in the way of rehabilitation.

As the member for Bragg has indicated, The QEH is no longer going to be a general community hospital. It has a catchment of some 250,000 people. I heard the member for Colton get

up and passionately argue his side of the debate on this matter. I am sure that he means well. It beggars belief that those members from the other side of the house, those government members who cover areas in the western suburbs, can just sit back and allow everything that is happening to happen.

The member for Florey, bless her heart, has fought like blazes for Modbury Hospital. Forever and a day she has fought for her local hospital and its services, she has fought for her community and she has been shunned by the Labor Party yet again—pushed to one side, completely slotted and bulldozed out to allow the current Minister for Health to bulldoze his way into that seat. God help all who sail with him on that effort, because I think the member for Florey will be seen as looking out for her community and constituents first, as she has always done. She should not be put down in such a terrible manner—by the current Minister for Health being pushed in, pushing her out of her position as the member for Florey. I think it is disgraceful.

Getting back to the motion, The QEH is going to lose 24 or possibly all the 30 cardiac beds, and The Queen Elizabeth Hospital cardiac catheterisation laboratories and surgery will close. The Lyell McEwin is adding one cath lab, while QEH loses two. The head of SA Health, Ms Kaminski, said that the new RAH's outpatient facilities will be unable to meet the expected demand. She even suggested that The QEH's outpatient services will be used to support the new RAH, increasing pressure on QEH services. That was on the ABC on Monday 15 May—this very week.

You are just not getting it right. You have not got it right. You are going to dumb down The QEH at the expense of sending everybody to the new RAH, that wonderful new pie in the sky. We will see how it all works. Since the last election, this state Labor government has cut more than \$100 million from the capital budget for redeveloping The QEH and redirected that money to other hospitals. Well, guess where that has gone? The \$20 million being spent on capital is primarily to rebuild the facilities that will be abandoned with the closure of St Margaret's, Hampstead hospital and the Repatriation General Hospital. Do not get me started on that.

Clinicians suggest that the relocation of The QEH will need about \$120 million in capital investment, not the \$20 million that the government has allocated. It is an embarrassment, a shame and a slur on that western suburbs community that they are having their very own local community hospital downgraded to that extent. I support the member for Bragg's motion. It is a good motion and I sincerely hope that it gets up on the floor of the house.

**The Hon. T.R. KENYON (Newland) (11:52):** I will speak briefly on this. I am very disappointed that the member for Bragg would bring this motion in—a member of the party that has almost no interest in the good provision of public health, a party that generally would prefer that people had private health insurance and, if they could not afford that, they would have none at all, and that sees no role for the public sector in the provision of health care to citizens. She comes in and complains about a public hospital when those of us on this side of the house certainly regard those on that side of the house as having no real interest in this subject anyway.

I particularly would like to talk about paragraph (c) that talks about the rehabilitation services taken from Hampstead. This has been a particular interest in my electorate of Newland, simply because a lot of those rehabilitation services have been transferred to the Modbury and it has been very successful. We have a wonderful new building that is very well staffed by some excellent people, but that in and of itself is not the be-all and end-all. Improved results are the be-all and end-all, and we know from research and experience that improved results come from having rehabilitation as close as possible to the point of operation, in both time and physical location.

The improvement we are seeing at Modbury, where there is an increase in the amount of elective surgery going on, is that rehabilitation services are starting almost immediately. Those people who have had any experience with a knee operation (which, happily, I have not, but I know people who have because of playing rugby, and that is common) know that knee operation rehabilitation starts almost immediately. If you visit someone who has just had a knee operation, you will notice that their knee joint is being moved around on a machine, and that is to start movement almost as soon as the operation is finished. The research and the clinical experience is that the sooner you start rehabilitation, the better the results you will achieve.



It makes sense that the rehabilitation will be moved to those centres, such as Modbury, that are doing more and more elective surgery. People can be closer to home and they are easier to visit. Generally, you are in rehabilitation longer than you are in the actual hospital for the operation. The rehabilitation needs to happen more regularly and for a longer period of time, and the closer to home that is, the better for people undergoing those services. That has been moved closer to people in the north-eastern suburbs as a result of the changes that are being made at Hampstead, and that is a very good thing.

The building itself at Modbury was recently completed and it is outstanding. Madam Deputy Speaker, you were there on opening day and had a tour around the centre, as did I. The members for Wright and Torrens were there as well. We were able to see that the facilities are excellent. We are seeing a new wave of design of hospitals with a lot more light and a lot more open space. For those people who have been lucky enough to look around the new Royal Adelaide Hospital, exactly the same design cues are coming in: more light, more access to outdoor areas, more open and airy space, which makes it a much more pleasant place to be.

There are a lot more individual rooms and a lot more individual attention. We are seeing that at the Modbury Rehabilitation Centre, albeit on a smaller scale than you see at the new Royal Adelaide Hospital, and that is a wonderful thing. The rehabilitation pool is of particular interest. I put my hand in the water and it was quite warm, which is relevant to people doing rehab. They are not there to exercise, they are there to rehabilitate, which is obviously a less active pursuit than swimming, recreational water sports or whatever else it might be.

The rehabilitation gym is outstanding. It is very well set up, from the most basic arrangement of having support for the patient in the roof and being able to move around with the assistance of that support—almost a gantry crane-type of arrangement, which helps to bear a lot of the weight of a patient, so they can gradually start putting weight on their body—moving through to parallel bars and all the other things. There is plenty of room, plenty of open space and lots of areas for people to start learning to walk again, to exercise their joints fully, build muscle strength, build joint strength and all those things that are required when someone has either gone through surgery or is recovering from an accident or some other injury.

The Modbury Rehabilitation Centre is right next door to Modbury Hospital, which is useful if that is needed. It is next to the GP centre, which provides plenty of services to the community and it seems to be well used. It is very clear to me that the rehabilitation centre at Modbury and the rehabilitation itself is an excellent development for constituents not only of Newland but also of the wider north-eastern suburbs. It is something to be encouraged. To condemn it now, in this motion, as somehow a retrograde step is ignorant of the facts and ignorant of the importance of rehabilitation being close to the areas where the elective surgery is being undertaken.

With those words, I add my opposition to this particular motion. I think this motion is opposition for the sake of opposition. It is finding a fault and trying to make a political point out of something that is very serious, where there is a requirement for a well-functioning health system that functions as well as those in other states.

We found, when we started the whole Transforming Health process, that the South Australian health system was not functioning as well as systems in other states. I do not think that is reasonable. It needed to be reorganised in a way that made it perform as well as those in the Eastern States, if not better, and Transforming Health was an important part of that process. To attack that process for the sake of making some political points, as this motion does, really does not deserve the time of the house.

**Mr WHETSTONE (Chaffey) (12:00):** I, too, rise to support the member for Bragg's motion. I do agree with the member for Newland that we cannot take the health system lightly. What I do take very seriously is the government's approach to the health system in South Australia. Obviously, we are going through a health transformation at the moment, or Transforming Health, as the government is calling it. On this side of the house, our view is that the government's model currently is not working. The model that the government is proposing in Transforming Health has turned out to be an absolute sham, a centralised sham.

Overall, investment is getting close to \$3 billion, when we talk about all the Transforming Health initiatives that are in a state of play at the moment, whether we talk about the upgrade (or downgrade) of the four metropolitan hospitals and the installation of the NRAH. Sure, it is going to be the centrepiece of our health system but, goodness, it is a \$2.3 billion investment. It is the third most expensive building on the planet, yet we cannot even get it right and we cannot even open on time. We think that we have put enough experts around the table for these projects.

Today, we are going to talk about The QEH. As a young fellow, I visited The QEH on many occasions, usually because I was trying to perform above my capability. I was also on the Public Works Committee when we had the 529<sup>th</sup> report on The QEH Transforming Health project, which was \$20.4 million, GST inclusive. That showed the \$22.4 million cost of basically transforming a general hospital into a rehabilitation centre. It is going to have an impact on the western suburbs, it is going to have an impact on the health system and it is going to put more pressure on other hospitals. It is going to put more pressure on the working model of what South Australia expects; that is, a satisfactory health system.

When we had the hearing in the Public Works Committee, the department came in and I asked a few very simple questions, and I only wanted one answer. As it turns out, I think I asked nearly 40 questions for one answer. Over and over again I got the same old spin: 'We have more beds per head of population than anywhere else in Australia.' Again, I said, 'I want a simple yes or no: are we reducing the number of beds? Are we reducing the capacity of the hospital?' Again, I got all sorts of spin from the representative from Health.

The centrepiece of what was happening at The QEH was the hydrotherapy pool and the rehabilitation services that were going to be implemented at The QEH. Again, I agree with the member for Newland that, for people who have injuries, particularly sporting injuries, rehab is essential to bringing back their quality of life and working through what they have just been through, which is trauma, which is something that is detrimental to the longevity of life. I now know that those rehabilitation services that were provided to me today are the telltales: knee replacements, back fusion, many broken pieces of equipment within.

I think it is essential that rehabilitation is supported, but what I am concerned about is that it is almost a downgrading of a public hospital. What we are seeing is that the emergency department and the ICU services will be reduced; they will be downgraded. There will be reduction in the cardiac services and degradation of the hospital's current services by a lack of proper provision under the transfer of rehabilitation services that will come from other hospitals—obviously from Hampstead—to The QEH.

There will be other pressures put on that hospital, because I am sure that as we centralise our health system elsewhere, we know that the Lyell McEwin and Modbury have had money spent on them, but we also know that the government has a model to reduce bed numbers. It is about putting more pressure on our front-line services, the great work that doctors, nurses and staff do. They are being put under more pressure every day as this Transforming Health initiative is rolled out. I think it is an absolute disgrace that we are seeing more and more services reduced in regional South Australia.

We look at what Country Health is doing to our health system. We look at the backlog of maintenance that is not being addressed. We look at the downgrading of services right around the state, and yet we spend billions of dollars on a centralised model that is now being put into question. There is no doubt that the taxpayers of South Australia would feel that they are getting the raw end of the stick. They are getting the pointy end of the pineapple right at this minute, because what we are seeing is a huge investment on North Terrace—for what? We have not even been able to get the doors open. We are looking at emergency departments that do not have capacity. We are looking at the huge pressure that is being put on those frontline services.

Regarding ambulances, ramping just seems to be a standard format these days. If we are going to see a downgrade in these services, if we are going to see a centralised model, how many more ambulances are we going to have to put into service? What sort of pressure is going to be put on those ambulance services? How much farther will someone in need have to travel? The service has just been closed at The QEH, so you have to travel up to the new RAH, or you have to be taken out to the Lyell McEwin, or you have to go to Noarlunga Hospital.

Why is it that all of a sudden we are going to create a new model in which we plan to reduce services, reduce bed numbers and reduce nurse and doctor numbers? I do not understand. At the very same time, one of the great heartbeats of South Australia is the regional health service. Country Health is also being impacted. It is an aftermath, or almost a tsunami, that is happening here in South Australia. It is sad to say that we have one large capital city and that is what this government is focused on.

The issue with The Queen Elizabeth Hospital under Transforming Health is that it is controversial. Yes, it is diminishing our health services. Yes, The Queen Elizabeth Hospital is being transformed into a rehabilitation centre. Yes, that is important, but the people of the western suburbs have to ask themselves: are we winners or are we losers? I do not live in the western suburbs. I live in regional South Australia. We are getting duded in regional South Australia, and I feel that the people in the western suburbs of Adelaide are being duded by the downgrade of The Queen Elizabeth Hospital.

Again, I will not back away from how important rehab services are, but I do come forward when I see a lack of cardiac services and outpatient services. We look at this fantastic model of Transforming Health—it is not working. The rollout of it is already flawed. I think The Queen Elizabeth Hospital is just another example of how this government is mishandling, mismanaging, misinstitutionalising what South Australia needs.

It needs a functional health system for all South Australians. The western suburbs are being duded. Regional South Australia is being duded as I speak. I am concerned. I am speaking on behalf of the people of potentially most of the western suburbs—the central suburbs of Adelaide—but I also speak on behalf of regional South Australians, because they are feeling the brunt of what a government is hell-bent on doing, which is centralising a health system. It is clearly a model that is not working. It is clearly a model for which South Australians will pay dearly for many, many years to come.

**Mr DULUK (Davenport) (12:10):** I also rise to speak in support of the member for Bragg's motion:

That this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health Program...

The member for Bragg is 100 per cent correct. For all members on this side of the house who support this motion, we know what this government is doing to health services across the board, from The QEH to the Repat and its closure, down to Noarlunga and, of course, all the way through Country Health as well.

In his contribution, the member for Finniss remarked on some of the words of the federal member for Port Adelaide, Mr Mark Butler, and his concerns with Transforming Health and the closure of The QEH. I am really glad there is someone in the Labor Party who also thinks that Transforming Health is a bad thing. In Mr Butler's letter to the health minister back in April of last year the federal member for Port Adelaide—and of course The QEH is within his constituency—says, and I quote:

I am concerned that the proposals relating to The QEH are undermining the Western suburbs community's confidence in the Hospital's services. The withdrawal of some acute services (especially cardiology) from The QEH before the new Royal Adelaide Hospital has commenced operations and demonstrated its ability to provide high quality acute and emergency care to our community is causing a high degree of unease.

He goes on to say:

As a former Commonwealth Minister for Mental Health and Ageing, I am especially familiar with a number of services that will also be heavily impacted by the proposed shift of rehabilitation services from Hampstead to The QEH. As Chair of the Advisory Council to the NHMRC Centre of Research Excellence on Frailty, which is based at The QEH, I am particularly concerned about the negative impact the proposed shift will have on the first-class geriatric unit at the Hospital; but also on palliative care and respiratory services.

Those are not my words condemning the proposed removal of facilities at The QEH; they are not the words of anyone else on this side; they are the words of the federal member for Port Adelaide, and that really should say it all about what is really happening at The QEH and what the Labor Party is doing.

In recent weeks, we have seen highlighted, both in the house and out in the public domain, this government's failure in health care, this government's absolute failure to deal with the care of—particularly at the moment—older persons in state care. Of course, we are talking about the fiasco that is at Oakden and the disgraceful handling by the government and the bureaucracy of the care for our most vulnerable. One of the constant defences that this government, and particularly the Minister for Mental Health and Substance Abuse, uses for not providing an adequate response to questions from this side of the house is, 'I am not a clinician; so therefore I cannot come to the house and provide proper answers in relation to services and treatment of patients.'

I actually agree with the minister on this one: she is not a clinician. I am not a clinician, the member for Colton is certainly not a clinician and neither is the member for Kaurna. But I would like to talk a bit about some clinicians who do have a lot of experience in the health system, which is very important. Professor Warren Jones, the retired professor of gynaecology at Flinders hospital and a very well-respected man within his profession, has been a key critic of Transforming Health, because he knows what Transforming Health is doing right now to our hospital system, and he knows the impact it will have in the long term on patient care in South Australia. Warren Jones, going back to February 2016, said:

Under Transforming Health The QEH emergency department will be progressively downgraded to a drop-in centre able to deal only with minor emergencies and chronic problems. The intensive care unit will also be downgraded so that patients requiring life support or complex monitoring will be transferred into the city. Indeed, severely ill people including those with heart attacks and strokes, will not be treated at The QEH, they will be transferred or taken direct to the Royal Adelaide Hospital. Specialist training positions will be lost, and senior specialists will progressively leave the hospital making some services unsustainable and unsafe. The stress and inconvenience for western suburbs residents, many of them elderly, of travelling to the city centre for treatment or to visit relatives is unacceptable and cruel.

Again, they are not my words but the words of Professor Warren Jones, a clinician with years of experience who knows the health system in South Australia. They are his words and they are his concerns in regard to what the government is proposing at The QEH. Believe it or not, his words ring true as to what is happening in your electorate, Deputy Speaker, at Modbury Hospital and, of course, at Noarlunga Hospital as well. We are also seeing that in my own community with the closure of the Repat.

I go on and bring to the attention of the house the words of Associate Professor Elizabeth Dabars from the Nursing and Midwifery Federation in regard to what is going on with Transforming Health and The QEH. Back on 18 January 2017, she said on FIVEaa:

...what's going to be discussed is the appalling closures that are both being undertaken and proposed at both the Royal Adelaide Hospital and The Queen Elizabeth Hospital and as recently as late yesterday we understand that there's also some possible closures being proposed at the Flinders Medical Centre...this may well extend and expand over there as well. However at this stage the meetings are planned at the Royal Adelaide Hospital and Queen Elizabeth Hospital and what we're going to be saying to the nursing staff which has been reflected in our conversations to date...Transforming Health...[we have an] issue [with] the execution, [we think the execution] is appalling; we think that the issue has become one of cost cutting.

It appears to us that Treasury has just come in and said, 'Look, you've gotta make the savings that you promised', but the problem is that they haven't actually achieved the efficiencies that they were saying that they would be able to achieve under Transforming Health...the bottom line is that those closures are just fundamentally unsafe for patient care...we're very concerned about the safety issues for patients, we believe that their actions will compromise patient care, we believe that the fact that they have stopped by their actions there will be people no longer cohorted or grouped in appropriate areas—will mean that there would be more deaths amongst the patients...what we're going to be saying to our nurses...[is that we have] professional obligations...

She goes on to criticise Transforming Health.

These are senior clinicians, senior representatives of people who work in our health system, who are concerned with these proposed changes. So, when the member for Colton and the member for Kaurna and the member for Newland stand up in the house today in this debate, which they have, and say that the Labor Party is out there fighting for their constituents, that is absolute rubbish. It is absolute rubbish that that is occurring.

Where is the member for Elder, fighting for her constituents with the closure of the Repat, saying she will never, ever close the Repat? Every member on the Labor side of the house, they

have not stood up for their constituency. Where is the member for Finnis and the member for Reynell fighting to save Noarlunga Hospital?

*Members interjecting:*

**Mr DULUK:** Sorry, I apologise; the member for Fisher. I apologise to both the member for Fisher and the member for Finnis for that comment. Where is the member for Fisher, fighting for her community? The reality is they are not. The sad part is that in their heart of hearts all those members know that this government is doing the wrong thing. That is the sad part about it. As you know, Deputy Speaker, what the government is doing to your community is the wrong thing. Deep down I know that the member for Elder knows that the closure of the Repat is a bad thing. My community definitely knows it is a very, very bad thing.

We all know that in recent weeks the Minister for Mental Health has been hiding behind the fact that she is not a clinician for her reason not to act in certain ways regarding the treatment of older persons at Oakden. I put on the record today the senior clinicians in this state who do not support Transforming Health, who do not support the downgrading of The QEH, who do not support the removal of the wonderful cardiology unit at The QEH.

We on this side of the house understand that the western suburbs are one of the oldest communities not only in South Australia but in the entire nation, and we understand that those people who live in the western suburbs need access to health care in their community. What is happening at The QEH is unacceptable, what is happening across the board is unacceptable and the Labor members of this parliament should hang their heads in shame at supporting the closure of the hospitals in their communities.

**Mr BELL (Mount Gambier) (12:20):** I rise to support the member for Bragg's motion:

That this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health program, and in particular—

- (a) the downgrading of the emergency department and intensive care unit services at The Queen Elizabeth Hospital;
- (b) the reduction in The Queen Elizabeth Hospital's cardiac services; and
- (c) the degradation of the hospital's current services by a lack of proper provision for the transfer of rehabilitation services from the Hampstead Rehabilitation Centre site.

Unfortunately, this is becoming an all too familiar scenario in South Australia, particularly with health. What I fear most is that what we have seen in regional areas is going to start biting into metropolitan services. The cost of \$1.1 million per day, which needs to be found as soon as handover of the new Royal Adelaide Hospital occurs, will suck the already stressed health budget of much-needed funds. In regional areas, we are already seeing what is happening by the sleight of hand, the manoeuvring and the penny pinching of this state government, and I will give some examples.

In my personal opinion, I think the Minister for Health has either lost control of the department or the department is giving very, very poor advice. In the Mount Gambier hospital, we had an 18-month battle just to get the contracts of our orthopaedic surgeons renewed. It became a farcical situation where two established doctors were not indicating whether or not the health department was going to renew their contracts and just kept doing six-month extensions.

We had a reduction in palliative care, and the community led a campaign that involved the personal intervention of the health minister—and I will give him credit for that—coming down to face our community after a community meeting of some 500 people packing out the Sir Robert Helpmann Theatre, angry at the palliative care cuts that were imposed on them by this government. The minister had the courage to come and face our community and then reinstate those services.

We had an emergency department where waiting times had blown out. I had reports in my office of people waiting 12 hours in our emergency department. All the while our HAC remained silent, yet when an internal review was ordered by the health minister, who was previously told by his department that there were no problems in the Mount Gambier hospital, the health advisory council was telling him that there were no problems in the Mount Gambier emergency department.

He had the courage to order an internal review. It was not an independent review because it was done by Country Health SA, but an internal review that found there were severe issues of inadequate supervision of junior doctors and that staffing levels were inadequate for the size of the department. Again, I do give some credit that millions have been poured into the emergency department because it was so poorly resourced at that time.

Of course, then we had the case of residential mental health beds being taken away. There were meant to be 10 reduced from Whyalla and 10 reduced from Mount Gambier. The Whyalla beds were reintroduced, but there was nothing for Mount Gambier. It was a purely political decision by this state Labor government to reinstate 10 mental health beds in—have a guess which seat—the Labor seat held by the member for Giles, yet there was nothing for the South-East and Mount Gambier.

So, perhaps this government is receiving extremely poor advice, as we are seeing the Oakden scandal play out in real time and, quite interestingly, nobody has really highlighted perhaps previous ministers who were in that portfolio. I believe this department needs an absolute shake-up and revitalisation. I do not think it is necessarily the culture at some of these facilities; I think it is a culture within the health department itself. In terms of the frank and fearless advice that a minister needs, they need to be hearing it from their department, with that department taking responsibility for its actions.

Let's be honest, I think the health advisory committees are a token gesture, a toothless tiger. I can only speak for the health advisory committee in Mount Gambier for the Mount Gambier hospital, but I am less than impressed with what I see occurring there. I think there is some good news on the horizon, and that is the Liberal Party's position on regional health boards—actually handing power back to those who make the decisions closest to the action. In short, this Labor Party is living in denial. We are seeing crisis after crisis and the day of reckoning is coming—that day is in March 2018. With that, I conclude my comments.

**Mr HUGHES (Giles) (12:26):** I was not going to take part in this debate, as I figured my colleagues from the metropolitan area were more than capable of defending the health services in the western suburbs, even though I have had some contact with The Queen Elizabeth Hospital. The quality of the care and the professionalism of the people involved at the hospital were exemplary. However, I thought I had better get up because we hear this constant refrain about Country Health and that it is all doom and gloom and all cutbacks.

I acknowledge that the health system is an incredibly complex system. It is the largest budget item, with over \$5 billion a year, so there are always going to be challenges. There are always going to be gaps. As local members, we go in to bat for our communities and try to plug those gaps as they arise. We listen to what people tell us about the health services and, in particular, about the hospitals in our regions. Fortunately, I have been around for a long time so I know what the state of the health system was in country South Australia when we inherited it from the last Liberal government.

What has happened over the years in communities like Whyalla and others in country South Australia has been an increase in the services available and an investment in facilities, investment in Berri, investment in Port Lincoln, investment in Whyalla and an increase in the availability of services. I remember the days in Whyalla when, if someone turned up at the hospital with an acute psychiatric episode, the response was often to get the paddy wagon and take that person down to Adelaide.

It was incredibly distressing for the individual, for the police and for the medical staff, but that was the situation. Thanks to a Labor government, we now have a whole ward, an acute psych ward in Whyalla, so those days are largely over. That is a real benefit to our community.

*Ms Chapman interjecting:*

**The DEPUTY SPEAKER:** Deputy leader.

**Mr HUGHES:** There were no dialysis services in communities like Whyalla. People had to go up to Port Augusta for those services. We now have dialysis services in Whyalla and, indeed, they are going to be expanded. The range of cancer treatment that is now available in country hospitals has also significantly increased, and that has helped those people who are facing real difficulties.

Those cancer services enable people to get treatment closer to home. When it comes to some of the investment that has happened in our major regional hospitals—and I will talk about the smaller hospitals in a minute—the surrounding communities have also benefited. Once again, in a facility like the one at Whyalla, people from Kimba, Cleve or other smaller communities are now able to come to Whyalla for cancer treatment, and there is dedicated accommodation available that was also built with the \$70 million upgrade.

The federal member for Port Adelaide was mentioned in this debate, so let's talk about the role that the federal opposition played when Labor was last in power federally. They opposed the upgrades to a number of major regional hospitals. They actually voted against them. The sorts of upgrades that we have experienced in Whyalla and elsewhere would not have happened. We should mention the other things that the member for Port Adelaide had to say about the federal government cutbacks in that original Abbott budget.

There was a \$1.25 billion cut, which comes into force in the 2017-18 and 2019-20 years. They subsequently reintroduced 18 per cent of that cut but, at the end of the day, it was a very significant cut to the health budget in this state, and not just in this state but in all the other states, because of the walking away from that health agreement that had been entered into by all the states with the then federal Labor government. That came on top of Abbott promising there would be no cuts. They were incredibly significant cuts, but we will never hear those opposite talk about that.

As a government, we have significantly increased the funding for PATS. There was a 33 per cent increase in PATS funding. This represented an additional \$2.5 million a year in funding for PATS, and the system has been simplified. I am someone who still has some criticism of PATS. I think sometimes common sense at the bureaucratic level goes walkabout, given some of the issues that come over my desk.

We try to address that, and there has to be some responsibility at a ministerial level to ensure that there is common sense and a degree of flexibility when it comes to decision-making. I fully acknowledge that there needs to be consistency, but consistency should not come at the expense of common sense. I am sure those of us from the country can recount examples of where common sense has gone missing, so we need to constantly work on improving the system, but there have been improvements.

A lot of the challenges for many of the communities out in country South Australia have been about those smaller hospitals. They are incredibly important to their communities because of the health services that are provided, but they are also often the most significant employers of people in smaller country communities. There are challenges with the maintenance of some of those facilities. I know that in my patch, if there was any suggestion that there was going to be closure, I would go on the war path. Given I have the member for Stuart next door and we have a bit of an overlap, I am sure he would go on the war path.

It is incredibly important for those communities that we maintain those smaller country facilities. There is a recognition that there are some challenges there. An independent consultant was employed to have a look at the broader maintenance issues of facilities in the country. There is a recommendation that \$110 million of expenditure needs to occur, and that will get due consideration in the budget process.

I thought it was important to get up and say something about Country Health—that it is not all doom and gloom and cutbacks. It would enhance the credibility of us all if we tried as accurately as possible to paint the real picture. By all means, flag the deficiencies, but you will have far greater credibility if in doing so you also acknowledge that there has been significant investment and significant improvement. As a country resident, I look forward to the opening of the new RAH in September. I think it is going to be a fantastic facility. It is going to be a fantastic facility for people from country South Australia because a lot of people from country South Australia—

*Ms Chapman interjecting:*

**The DEPUTY SPEAKER:** The deputy leader is thinking out loud again.

**Mr HUGHES:** —go to the RAH. Unfortunately, through my extended family, I have had experiences with the current RAH. I recall the days when I was still working in the steel industry,

finishing my shifts and coming down to the RAH for my partner at the time who suffered extremely serious injuries as a result of a car crash. Even back then, in the early 1980s, it was a rabbit warren of a building. Even back then, the facilities were not up to scratch. Unfortunately, my partner's niece recently passed away at the RAH as a result of an infection. The staff were fantastic. Their professionalism and care was exemplary.

**The DEPUTY SPEAKER:** Unfortunately, the member's time has expired.

**Mr PISONI (Unley) (12:36):** I rise to support the motion:

That this house expresses its concern at the systematic reduction in acute health services for the people of the western suburbs through the government's Transforming Health program, and in particular—

- (a) the downgrading of the emergency department and intensive care unit services at The Queen Elizabeth Hospital;
- (b) the reduction in The Queen Elizabeth Hospital's cardiac services; and
- (c) the degradation of the hospital's current services by a lack of proper provision for the transfer of rehabilitation services from the Hampstead Rehabilitation Centre site.

I want to focus predominantly on paragraph (b) of the member for Bragg's motion, the reduction in The Queen Elizabeth Hospital's cardiac services, because we as a family have experienced the tremendous work The Queen Elizabeth Hospital does in that area, particularly in an emergency situation.

My father, who celebrated his 90<sup>th</sup> birthday in January, is typical of those who live in the western suburbs, even though he has not always lived in the western suburbs. Those in this chamber who know me know that I grew up in the northern suburbs, but there is some history to that. My father is an Italian migrant who came out to Australia and ended up in Adelaide in the early 1950s. He was one of those people in those days who would take any job. As he did not speak English when he first arrived, he could not be particularly fussy, so a lot of his early work was casual work on the pick and shovel.

His first proper job was at Holden's at Woodville, which is right in the middle of the western suburbs. He lived in the western suburbs at that time, along with many other migrants from southern Europe, many of them Italians and Greeks. Then he moved to the Elizabeth plant when it opened, and he and his new wife (my mother) decided that it would be terrific to move out to a new subdivision in the suburb of Salisbury just a stone's throw from the factory at GMH.

My mother always had dreams of living by the beach, so after his retirement and for the last 20-odd years now they have lived in the western suburbs at Semaphore, not very far from the beach, and downsized to a two-bedroom home. About 10 years ago, my father was rushed to The Queen Elizabeth Hospital with heart pain and had stents put in. I visited him at that time and he was full of praise for how quickly he was attended to and the outcome.

We were all very concerned for him at the time but, after a short time recuperating, he left the hospital as fit as a Mallee bull. I am sure my country parliamentary colleagues would know that term very well. He returned later to The Queen Elizabeth Hospital with cancer of the bladder, and that was also monitored and dealt with. As I said, he is fit and healthy and only just recently started using a cane to walk, but he still spends a few minutes every day with barbells in the backyard, toning his muscles, as he was wrestler in his younger days.

So, we have personal experience of how important it is to continue to have those services delivered at The Queen Elizabeth Hospital. We, the four boys, were very concerned that we might have lost our father at that time. The hospital being so close to where my father lived and the fact that there was access to the emergency room and the services, we believe, is what saved his life. It also gave him the confidence to get healthy, get well, get back home and get on with his life after dealing with that situation.

I would like to just pick up on a few points that have been made by previous speakers. The member for Davenport correctly pointed out the opposition the federal member for Port Adelaide, Mark Butler, had to the downgrading at The Queen Elizabeth Hospital. I note that he made that fuss before the last federal election, but we have not heard from him since. It just shows how the Labor



Party operates; they push buttons at particular times in the electoral cycle and then, when it does not matter, you do not hear from them again. That is exactly what we have seen with Mark Butler.

Kevin Hamilton, a former Labor member in the western suburbs, is so concerned about the downgrade of The Queen Elizabeth Hospital that he has been out there with his wife holding community meetings. In the western suburbs, these are the people who have built the South Australia that we know today. They were the people who worked in the factories, many of them from non English-speaking backgrounds. They worked in the factories that generated the wealth that expanded the South Australian economy during the Playford period.

I acknowledge the former premier's portrait that overlooks us in the parliament every day. He transformed the South Australian economy from that of a primary producer. One of the things that I explain to the kids, when they come in for a tour, is that the carpet in this place, with the wheat and the grapes, reflects the economy as it was when this chamber was first built. Mr Playford expanded the economy and brought manufacturing to South Australia, and the result was an economy that no longer relied simply on the weather and what was produced off the land. That provided many, many jobs for the new Australians who made Australia their home.

They are the people who went through their adult lives with the hospital. Their children were born at The Queen Elizabeth Hospital, their children attended The Queen Elizabeth Hospital when they had health issues and they have attended The Queen Elizabeth Hospital themselves. They are the people who are going to be mostly affected by this disastrous Transforming Health program. Remember that this Transforming Health program is only in place to pay for the hospital that this government is building, because the cost has blown out. It is going to cost over \$1 million a day to operate the hospital before we put any doctors in there. That is just for the payback to the investors, the return on investment, and for those people who are keeping the hospital clean and keeping the lights on.

Of course, all of the medical staff will be employed by the Department for Health and that is an additional cost to the more than \$1 million a day that taxpayers will have to find for the next 35 years. It is an extraordinary situation that this is the third most expensive building in the world here in Adelaide, a city that has a population of just 1.1 million or 1.2 million people, depending on where you align the suburban boundary, and a state population of 1.7 million people.

The member for Giles said he was looking forward to the opening of the hospital so that his constituents could come down and use it, but I ask him: where are they going to stay? Currently, there is accommodation for country people at the existing Royal Adelaide Hospital site. Where is that accommodation facility for those people who will need to come down and use the facilities at the new Royal Adelaide Hospital?

In supporting this motion, I remind South Australians that at every election the Labor government tells us how they are going to improve the health services in South Australia, but since the last election we have seen nothing but a downgrade of the health services in South Australia. I urge members of this house to support this motion.

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (12:47):** I just wish to say that I appreciate those who have made a contribution on this motion. The stripping of services at The Queen Elizabeth Hospital remains deeply disturbing to those on this side of the house. We will continue to fight for the people in the western area to ensure that they have these cardiac ICU and emergency services restored to ensure that they are able to have the acute services that they desperately need. I thank all speakers and invite you, Madam Deputy Speaker, to call on the vote.

The house divided on the motion:

Ayes ..... 18  
 Noes ..... 21  
 Majority ..... 3

AYES

Bell, T.S.  
 Gardner, J.A.W.

Chapman, V.A. (teller)  
 Goldsworthy, R.M.

Duluk, S.  
 Griffiths, S.P.

## AYES

McFetridge, D.  
Pisoni, D.G.  
Tarzia, V.A.  
Whetstone, T.J.

Pederick, A.S.  
Redmond, I.M.  
Treloar, P.A.  
Williams, M.R.

Pengilly, M.R.  
Sanderson, R.  
van Holst Pellekaan, D.C.  
Wingard, C.

## NOES

Bettison, Z.L.  
Caica, P.  
Gee, J.P.  
Hughes, E.J.  
Koutsantonis, A.  
Picton, C.J.  
Snelling, J.J.

Bignell, L.W.K.  
Cook, N.F.  
Hamilton-Smith, M.L.J.  
Kenyon, T.R.  
Odenwalder, L.K.  
Rankine, J.M.  
Vlahos, L.A.

Brock, G.G.  
Digance, A.F.C. (teller)  
Hildyard, K.  
Key, S.W.  
Piccolo, A.  
Rau, J.R.  
Weatherill, J.W.

## PAIRS

Knoll, S.K.  
Close, S.E.

Mullighan, S.C.  
Speirs, D.

Marshall, S.S.  
Wortley, D.

Motion thus negatived.

### ROYAL ADELAIDE HOSPITAL RESIDENTIAL WING

**Mr WHETSTONE (Chaffey) (12:52):** I move:

That this house—

- (a) notes the importance of the Royal Adelaide Hospital residential wing and the fact it offers low-cost accommodation to patients and relatives attending the hospital;
- (b) acknowledges the new Royal Adelaide Hospital lacks such a facility;
- (c) recognises that, without an alternative affordable accommodation option, many regional families, such as those in the Riverland and Mallee, may be left without anywhere to stay when requiring medical procedures in Adelaide;
- (d) acknowledges the fact that many international nursing students also utilise the current accommodation at the Royal Adelaide Hospital residential wing; and
- (e) calls on the state government to ensure ongoing access to low-cost accommodation for regional patients after the closure of the Royal Adelaide Hospital.

This motion is a significant one for regional and rural South Australians and, while issues relating to the replication of the Royal Adelaide Hospital residential wing at the NRAH have been dismissed by the Minister for Health, country patients will be the ones who feel the impact.

This issue was first raised with me by constituents in the Riverland. A number of patients in the Riverland use that residential accommodation at the RAH on a regular basis. Some have used it once or twice, at a time of need. By way of background, the Royal Adelaide Hospital lists the residential wing as reasonably priced accommodation that is available to patients and relatives attending the hospital. The description states:

The Residential wing offers single room accommodation with communal kitchen, laundry and uni-sex bathroom facilities. The residential wing used to be the nurses' home and has twelve floors. It is located at the rear of the hospital (northern end). The rooms are basic and linen is provided.

The residential wing is rented commercially to overseas students. The advantages of the residential wing are that it is on site, it is cheap and it is ideal in an emergency situation when you just want a bed or a shower. This sums up the residential wing pretty well. At \$28 a night, it provides rural and regional people, who are often travelling for hours for medical procedures, an affordable

accommodation option. Many of the patients who require to use the accommodation did not plan to stay longer than a day, but for various reasons their trip is extended.

Back in 2015, concerns were raised with me by a constituent who had previously stayed at the wing of the Royal Adelaide Hospital. He was in a wheelchair and had been told that this time around he could no longer stay at the facility, due to the design of the building. He was, of course, extremely disappointed. In addition, he was told the facility would only be open for a little longer anyway, and that the new RAH would not have the same facility.

With much concern, I wrote to the Minister for Health and he responded by saying that a residential wing would be closed prior to the transition of the new RAH, which was planned for April 2016. Funny—we've gone past April 2017 and the new RAH is still not open. So, the exact date for the closure was yet to be determined. He went on to say:

In the new RAH there are 700 inpatient single bedrooms that have been designed to be the primary base for patient care. Incorporated into each room is a bedseat that will allow relatives and carers the option of an overnight stay in the room at no cost, where it is deemed to be in the best interest of the patient. Alternatively, commercial accommodation is available to the public within close proximity to the new RAH precinct.

This news was not met well by the people of the Riverland using the accommodation, particularly with the number of patients requiring to stay for a week or so—that is, a continual stay. It was pointed out by the Central Adelaide Local Health Network that people can apply for a nightly \$40 subsidy if they need to travel more than 100 kilometres each way for treatment. For low-income families, the cost of transport to Adelaide is often too much, let alone up-front accommodation costs. That is why the \$28 a night residential wing has been such an important option, particularly for Riverland people.

The latest advice from the health department is that patients can stay in nearby private accommodation for around \$100 a night, but for regional patients \$100 a night is a lot more than \$28 per night. Sometimes people just cannot afford to have continual \$100 per night bills coming in. The Rural Doctors Association has also raised concerns on this issue, stating that it does not appear that there is a practical solution for people who need to stay for several days or more.

The organisation also highlighted that more country patients should be required to use city hospitals in coming years, due to the rules on what services country hospitals can and cannot do. It is important to acknowledge that there is low-cost accommodation for patients suffering from a particular illness, such as accommodation provided by the Cancer Council South Australia, but the fact that the residential wing has not been replicated at the new RAH is going to cause major issues for regional patients.

I lodged a freedom of information request recently to find out how many patients were staying at that residential wing. While I did not get an answer to that question, I did receive the total amount of money received for using the residential wing—essentially, the total revenue. The South Australian government received nearly \$7 million. Where is that \$7 million going to come from now? That was between 2010 and 2015-16. That is a lot of accommodation nights in that hospital wing.

In 2011, Berri's Joan Recchia was in a serious car accident. She was flown to the Adelaide hospital for emergency treatment. She was discharged the next day with nowhere to go and was in a bad way in that she still could not walk. So her pregnant daughter, Stellar, was flown to Adelaide. When discharged from hospital, she was told she was unable to return to the Riverland for 15 days. There is an example of what the residential wing provided as accommodation.

Another local lady, Emma Grieger, was also pregnant at the time. She went to the Women's and Children's and was initially admitted but then discharged and required to remain in Adelaide for many, many days. She was put up in the residential wing until she was ready to give birth. As Joan said, 'What is going to happen in the future?' It is anyone's guess. If there are complications during pregnancy, the expectant mother often has to remain in hospital, sometimes for extended periods. Women who have early childbirth do have to stay in hospital until their term is met. Again, this is what the residential wing provides for people who are travelling. I seek leave to continue my remarks.

Leave granted; debate adjourned.

*Sitting suspended from 13:00 to 14:00.*

*Parliamentary Procedure***PAPERS**

The following papers were laid on the table:

By the Premier (Hon. J.W. Weatherill)—

Remuneration Tribunal—In relation to Determination 3 of 2017 Report Alternative Lease Vehicle for the Honourable Justice Anne Bampton

By the Minister for Health (Hon. J.J. Snelling) on behalf of the Attorney-General (Hon. J.R. Rau)—

Regulations made under the following Acts—  
Courts Administration—Participating Courts  
Evidence—Prescribed South Australia Courts  
Sheriff's—Participating Bodies  
Summary Procedure—Industrial Offences  
Supreme Court—Definition of prescribed court  
Work Health and Safety—  
Miscellaneous No. 2  
Prescription of fee No. 2

By the Minister for Health (Hon. J.J. Snelling) on behalf of the Minister for Industrial Relations (Hon. J.R. Rau)—

Regulations made under the following Acts—  
Construction Industry Long Service Leave—Appeal provisions revocation  
Fair Work—  
Clothing Outworker Code of Practice  
Miscellaneous  
Representation  
Long Service Leave—Miscellaneous  
Return to Work—Dissolution of Workers Compensation Tribunal—Transitional Arrangements No. 2  
South Australian Employment Tribunal—  
Criminal jurisdiction of court  
Miscellaneous

By the Minister for Health (Hon. J.J. Snelling) on behalf of the Minister for the Public Sector (Hon. J.R. Rau)—

Regulations made under the following Acts—  
Public Sector—Miscellaneous No. 2

By the Minister for Health (Hon. J.J. Snelling)—

Inquiry into Work-related Mental Disorders and Suicide Prevention Report by the Parliamentary Committee on Occupational Health, Rehabilitation and Compensation—SA Health Response  
South Australian Abortion Reporting Committee—Report 2015

By the Treasurer (Hon. A. Koutsantonis) on behalf of the Minister for Minister for Transport and Infrastructure (Hon. S.C. Mullighan)—

Regulations made under the following Acts—  
Harbors and Navigation—Fees No. 3  
Marine Safety (Domestic Commercial Vessel) National Law (Application)—  
Fees No. 3  
Motor Vehicles—

Fees No. 2  
National Heavy Vehicles Registration Fees No. 2  
Passenger Transport—Fees No. 2  
Police—Applications

By the Minister for Local Government (Hon. G.G. Brock)—

Local Council By-Laws—  
District Council of Barunga West—  
No. 1—Permits and Penalties  
No. 2—Local Government Land  
No. 3—Roads  
No. 4—Moveable Signs  
No. 5—Dogs  
No. 6—Cats

By the Minister for Communities and Social Inclusion (Hon. Z.L. Bettison) on behalf of the Minister for Education and Child Development (Hon. S.E. Close)—

Regulations made under the following Acts—  
Education—Miscellaneous  
TAFE SA—Miscellaneous

**The SPEAKER:** I would caution the deputy leader that, if she wishes to make snobbish remarks about the minister, it is best that I do not hear them because she was named yesterday.

*Ministerial Statement*

**RIGNEY, DR ALICE**

**The Hon. A. KOUTSANTONIS (West Torrens—Treasurer, Minister for Finance, Minister for State Development, Minister for Mineral Resources and Energy) (14:03):** I table a ministerial statement made by the Leader of the Government Business in another place.

**TECHPORT AUSTRALIA**

**The Hon. M.L.J. HAMILTON-SMITH (Waite—Minister for Investment and Trade, Minister for Small Business, Minister for Defence Industries, Minister for Veterans' Affairs) (14:04):** I seek leave to make a ministerial statement.

Leave granted.

**The Hon. M.L.J. HAMILTON-SMITH:** Today, I signed a memorandum of understanding on behalf of the government for the sale of Techport to the commonwealth, along with certain undertakings by the South Australian government for access and associated infrastructure. The state government has cooperated with the federal government and sold Techport and associated parcels of land for \$230 million. Techport was built by the South Australian taxpayers, using their money, and is the key reason why South Australia is now the national centre of naval shipbuilding.

The commonwealth government this week released its long-awaited Naval Shipbuilding Plan. This plan comes after almost three years of continued advocacy by the state government, local defence industries and unions for ships to be built in Australia by Australians. The plan, however, has a number of failings. It is silent on whether the builder of the Future Submarines and/or frigates will be the selected designer or whether an Australian builder, such as the ASC or Austal, or a partnership of those interests will be used.

We have a shipbuilding plan that does not tell us who will build the ships. This is an important decision for local industry and local workers. The plan is also silent on the definition of Australian industry content. We know that last year the federal defence industry minister, Christopher Pyne, repeatedly supported a benchmark of 90 per cent local industry content. That was mentioned by DCNS; he was happy to own that figure. In recent statements and interviews, however, the level has slipped to 60 per cent, with a refusal to make it a written benchmark in plans or contracts.

To put that into context, page 80 of the Naval Shipbuilding Plan confirms our own estimate that the shipbuilding program is split into two parts: 30 per cent construction and 70 per cent sustainment. As the document shows, no decision has been made yet on where sustainment of submarines and frigates will take place. Whether it will be South Australia, New South Wales, Western Australia or the Northern Territory, they all have a stake in that game.

With the current Collins class submarines, sustainment up to and including mid-cycle dockings is done at ASC's Henderson shipyard in Western Australia. Full-cycle dockings are done at Osborne. Andrew Davies, the defence and strategy program director for the Australian Strategic Policy Institute, wrote recently that all the future sustainment work could go to Western Australia. So, what does South Australia actually have?

By the definitions of this plan, South Australia has been promised around 60 per cent of 30 per cent of the construction and sustainment program. That is 18 per cent of the pie, and even that is dependent on the 60 per cent local content levels being reached and secured. That is why Australian industry content is our next challenge.

Firstly, we need the federal government to recommit to its pre-election promise of the 90 per cent local build of the submarines. It was first committed to by designer DCNS and supported by the federal defence industry minister, Mr Pyne. Secondly, we will lobby for those benchmarks to be enshrined in contractual agreements with designers and builders. Thirdly, we will push for a commitment to the total transfer of technology and capability within a set time frame.

This is a very important point: the benchmark for this is Australian company Austal, which has been building naval vessels for the United States in the United States for years. Their contract with the United States government stated that, within three to five years, 100 per cent—100 per cent—of the workforce on US sites had to be citizens of the United States. This strategy must be considered by the commonwealth government. It is crucial to ensuring that we maintain local jobs for South Australians and that we own intellectual property.

Fourthly, we will argue for an increase in the number of offshore patrol vessels to be built at Osborne. The current commitment to two vessels may not be enough to maintain a skilled workforce that can transfer to frigate construction. The promise at the time that was made by the federal government said we would build OPVs until the frigate work came online. That must occur. This productivity problem was first flagged in 2015 by the commonwealth-commissioned RAND report into Australia's naval shipbuilding enterprise.

The South Australian government will continue to stand up to the federal government and fight for local jobs and local industry. We want to ensure Australia has the best defence capability backed by the best defence industry. The Australian government must back Australian industry and mandate 90 per cent local industry content, beginning with the 2018 offshore patrol vessel program, to stabilise the naval shipbuilding supply chain and increase industrial capacity.

As promised in the memorandum of understanding, South Australia stands ready to work with the Australian government to ensure an efficient build of the required infrastructure at Osborne and to ensure the creation of the highly skilled workforce required for future programs in the state. Yes, our advocacy of the last three years has been successful and, yes, we have reason to celebrate, but the job is not yet done.

#### *Parliamentary Procedure*

#### **VISITORS**

**The SPEAKER:** I welcome to parliament today pupils from Renmark High School, who are guests of the member for Chaffey, and I also welcome year 6 students from Lonsdale Heights Primary School, who are guests of the member for Reynell.

#### *Ministerial Statement*

#### **INNER CITY STREET CREW**

**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) (14:11):** I seek leave to make a ministerial statement.

Leave granted.

**The Hon. Z.L. BETTISON:** In response to an increase in the number of people sleeping rough in the inner city, the state government had funded a collaboration between government and non-government agencies, including the Hutt St Centre, Baptist Care, Service to Youth Council, Uniting Communities and Housing SA, called the Inner City Street Crew. The street crew is designed to provide an immediate response to people sleeping rough within the Adelaide CBD and surrounding Parklands by identifying and connecting people rough sleeping to appropriate health, housing and homelessness support services through assertive street work.

The street crew operates seven days a week from the hours of 1pm to 7pm. They are easily identifiable with orange shirts that include the street crew brand and logos of participating agencies. Incorporated into the street crew is the Streetlink Plus program, which provides health and medical services. This component is operated by Uniting Communities and officially commenced service on 3 April 2017.

The Streetlink Plus program operates out of Pitt Street in Adelaide and provides medical interventions by general practitioners and registered nurses. GP services can include medical assessments and treatment, health checks, reproductive and sexual health care, and shared care outcomes. The program can be accessed by people sleeping rough through office-based and street work services.

The RN service can include clinical assessments, medication compliance, wound care, respiratory function, blood sugar level tests, nutrition and hydration assessments, immunisation and flu vaccinations, a clean needle program, and education and harm reduction for risks including obesity, substance use and smoking. There is also a trained mental health nurse with the potential to undertake assessments who has experience in comorbidity issues, such as alcohol, other drugs and mental health.

In the first month of operation, the service provided 120 hours from a mental health nurse in collaboration with the street crew and 10 hours from a general practitioner, provided as assertive outreach and accompanied by a mental health nurse. The medical treatments provided to date include mental health state examinations, referrals to health services (such as the Central Australian Aboriginal Congress), plastic and reconstructive surgery at the Royal Adelaide Hospital and SA dental services. Prescriptions were also supplied by the GP and filled at no cost to the rough sleeper.

These services have been delivered in the following city locations: the South and West Parklands, Hindley Street, South Terrace, Pulteney Street, Rundle Street, the Central Bus Station, North Terrace, Rymill Park and Pirie Street. This is an excellent initiative which aims to ensure that medical support is made available to some of the most vulnerable members of our community. I am pleased to be hosting the National Housing and Homelessness Ministers' meeting in Adelaide tomorrow where we will be addressing the issues of the national policy framework.

#### **OAKDEN MENTAL HEALTH FACILITY**

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:14):** I seek leave to make a ministerial statement.

Leave granted.

**The Hon. L.A. VLAHOS:** I rise today to provide the house with an update on the progress of the Oakden site. The state government has stated and we will state again that we have zero tolerance of elder abuse, and the ongoing reports of inappropriate care at Oakden demand an immediate response. As I stated yesterday, I have expedited the closure of the Makk and McLeay wards and the relocation of residents to the Northgate aged-care facility. I am taking action to ensure the ongoing safety and care of these vulnerable residents and to break down the culture of neglect and cover-up on that site.

I have asked the Chief Executive of SA Health to provide me with advice on the new staffing structure for Northgate and the plans for staff transfers and recruitment. Specifically, I have asked for advice on international best practice for recruiting staff to facilities with a similar resident profile to Oakden. In considering staff selection, I am particularly concerned to explore different screening methodologies. We are currently consulting with employee representatives, clinicians, the Australian Aged Care Quality Agency and families about the move to Northgate. The Northgate aged-care facility has been identified by SA Health as the most suitable option for residents with severe BPSD.

We will be undertaking further refurbishment works at Northgate to cater for the residents currently housed at Makk and McLeay. We will gain access to the facility on Monday 22 May 2017 and will begin work immediately. I have given instructions to authorise a 24-hour roster of work if necessary to ensure the quickest possible completion. All residents at Oakden have been through a thorough and rigorous clinical assessment to determine exactly what type of care they require. As a result of this assessment, 16 residents have been recommended for relocation to Northgate and 14 have been recommended for relocation to other appropriate aged-care facilities in our state.

Consultation with families is now underway to finalise decisions about where each resident is placed. I am continuing to meet with families about their individual concerns and I am also scheduling regular monthly meetings with them. As I said on radio this morning, I requested some clinical advice about the opposition leader's call for security guards in dementia wards. The head of clinical care at Oakden, Dr Duncan McKellar, who has been providing me with clinical advice through the development of our plans at Oakden, has said, and I quote:

My concern with this suggestion is that it demonstrates a lack of understanding of the aged care sector, the nature of behavioural and psychological symptoms of dementia and the current clinical situation at Oakden.

I am strongly of the view that a punitive or corporal approach to this aged care environment would be harmful. We need to move toward embedding cultural change which is appropriate to aged care, that is warm, person-centred, clinically diligent in order to provide positive quality of life for our vulnerable older people with complex presentations.

I appreciate the opposition providing suggestions, but this particular suggestion goes against clinical advice.

*Members interjecting:*

**The SPEAKER:** The member for Colton is called to order. The member for Hammond is warned, having been the recipient of a call to order in the pre-luncheon session, and the deputy leader is called to order.

*Question Time*

### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:18):** My question is to the Minister for Mental Health. If the government is willing to deploy security guards to protect staff and patients in emergency departments, why will the government not deploy security guards to protect patients at Oakden?

**The Hon. J.W. Weatherill:** Didn't you listen to the minister?

**Mr MARSHALL:** I did, but I want her explanation. They are at every other hospital in this state.

*Mr Pisoni interjecting:*

**The SPEAKER:** The Premier is called to order and so is the member for Unley.

**Mr Marshall:** She provided no explanation whatsoever.

**The SPEAKER:** The leader is called to order.

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

**The SPEAKER:** The member for Wright is called to order. Minister.

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:19):** Thank you, Mr Speaker.



*Ms Chapman interjecting:*

**The SPEAKER:** The deputy leader is warned.

**The Hon. L.A. VLAHOS:** I have just made a ministerial statement stating that I have sought advice and I have received it from the lead clinician at the Oakden site, who is supervising the care of residents at the Makk and McLeay wards. I would like to state that I think it's prudent to follow the advice of doctors.

*Members interjecting:*

**The SPEAKER:** The duty of the Speaker is to prevent quarrels between members.

**The Hon. T.R. Kenyon:** Well, it's not working, sir.

**The SPEAKER:** Apart from, 'It's not working,' as the member for Newland points out, I call to order the Minister for Health and the member for Mitchell.

**The Hon. L.A. VLAHOS:** I think it's prudent to listen to medical advice, particularly when this is a learned Chief Psychiatrist on site dealing with these frail and vulnerable South Australians every day. Their care and concern is most important. Dr Aaron Groves also has come out recently, today, and stated that it was important that this was listened to. I think the Principal Community Visitor, Maurice Corcoran, has also come out today criticising this approach. Considering three learned people, including the Chief Psychiatrist, have recommended that we do not approach this this way, I will listen to their advice.

*Members interjecting:*

**The SPEAKER:** I call to order the member for Morialta. I also warn him, and I warn for the first time the member for Mitchell.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:21):** My question is to the Minister for Health. When did the minister advise the Chief Executive of SA Health that she would not countenance having anyone under investigation on the Oakden site?

**The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (14:21):** I don't think I did.

**Mr MARSHALL:** My question was to the Minister for Mental Health, sir. Shall I read it again?

**The SPEAKER:** Well, the leader must surely know that any member of the government can answer a question, no matter to whom it is addressed.

**Mr MARSHALL:** I will address my question to the Minister for Mental Health, sir.

**The SPEAKER:** I am told, reliably informed, that it was addressed to the Minister for Health.

**Mr MARSHALL:** Let's address it to the Minister for Mental Health.

*Members interjecting:*

**The SPEAKER:** I warn the Premier.

**Mr Gardner:** What is the difference between that and what Vickie said yesterday?

**An honourable member:** Was that an impromptu speech?

**The SPEAKER:** Yes, it was, and he was warned for doing the same. The difference, if the member for Morialta is interested, is that the deputy leader did it in the gangway after being asked to withdraw from the house under the sessional order. The Premier at least was out of order in his own place.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:22):** My question is to the Minister for Mental Health. When did the minister advise the Chief Executive of SA Health that she would not countenance having anyone under investigation on the Oakden site?

**The Hon. T.R. Kenyon:** Isn't that the same question that was just asked, sir? I don't think you can do that twice.

**The SPEAKER:** The member for Newland is called to order.

**The Hon. T.R. Kenyon:** Thank you, sir.

**The SPEAKER:** That's quite okay.

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:23):** If I remember correctly (but I will have to check my records), it was last week when we first discussed this, that I mentioned that in the house. I have made it very clear on a number of occasions that if anyone is under investigation they are not to be on the Oakden site.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:23):** Can the minister advise how many staff members have received letters from MinterEllison regarding their investigation?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:23):** As I have stated, in the past couple of days I have given regular updates about staffing at the Oakden site. My latest advice is that 11 staff have been stood down pending further inquiries, investigations, and 25 staff have been reported to AHPRA. That makes one staff member resigned, one staff member terminated plus five to SAPOL. Nothing has changed since yesterday about which I can update the house.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:24):** How many of the 11 under investigation are not one of the 25 referred to AHPRA?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:24):** Matters relating to these investigations, as I stated yesterday, are sensitive, and I do not want to—

*Members interjecting:*

**The Hon. L.A. VLAHOS:** I do not want to prejudice any of those inquiries, but—

*Members interjecting:*

**The Hon. L.A. VLAHOS:** If the opposition would like to hear an answer, they will stop interjecting. What we do know is some of the AHPRA referrals that we have asked be expedited relate to an accreditation matter where there were procedural matters—they did not follow the correct procedure—such as medical record documentation and medical record training. They have since undertaken that training, I am advised.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:25):** As the minister was unable yesterday to rule out the possibility that one or more of the 25 staff referred to AHPRA are still working at Oakden, can she now give us the number of those 25 referrals to AHPRA that relate to employees who are still based at Oakden?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:25):** Certainly. I am advised that 10 are currently stood down, and the rest of them—I will double-check with my office—

*Mr Marshall interjecting:*

**The Hon. L.A. VLAHOS:** As I have said to the house on numerous occasions, these figures will shift every day.

**Mr van Holst Pellekaan:** You just said nothing had changed since yesterday.

**The Hon. L.A. VLAHOS:** The numbers will shift every day in relation to what AHPRA is doing.

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

**The Hon. L.A. VLAHOS:** I do not have AHPRA in my office upstairs. They are a national accreditation and standard agency.

**Mr Pisoni:** Bring Portolesi back, that's what I say.

**The SPEAKER:** The member for Unley is warned.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:26):** For clarity, has the minister just confirmed that 10 people who have been referred to AHPRA are still working on the Oakden site?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:26):** I just stated that I am happy to double-check that fact, but I am advised that—

**Mr Marshall:** That was the question yesterday.

**The Hon. L.A. VLAHOS:** So, why are you asking the same question again? I have answered this.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:27):** What proportion of the current staff working at Oakden were working there at the beginning of this year?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:27):** What I will do is go and ask the CE of Health to give me some information about that, but we do know that some people resign, and people come and go. People may be on leave, and those numbers and the staffing profile fluctuate due to illness and a number of other arrangements. That is information I will have to seek from SA Health directly.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:27):** Can the minister now update the house as to whether anybody in management has either been stood down pending an investigation or referred to AHPRA?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:27):** I did address this question yesterday but, for the purposes of the opposition yet again, I am not going to reveal any information that will prejudice any inquiries into the matters before us at Oakden. It is important that those investigations are taken forward with the appropriate speed both for the families but also for the workers concerned so they know where their future lies, whether it's in Oakden or outside of it and outside of SA Health.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:28):** Can the minister indicate to the house how it could possibly jeopardise any investigation by pointing out whether they came from management or not?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:28):** I have answered these questions yesterday.

#### ROYAL ADELAIDE HOSPITAL

**Ms COOK (Fisher) (14:28):** My question is for the Minister for Health. Could the Minister for Health please inform the house if the government is considering providing outpatient appointments after hours at the Royal Adelaide Hospital?

**The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (14:28):** I thank the member for Fisher for this important question. The answer is, yes, we are. I am very attracted, as Minister for Health, to having the availability of

after-hours outpatient appointments in the new Royal Adelaide Hospital. I have asked the department to look at having after-hours outpatient appointments available at the hospital.

I know that for many patients seeking to have an outpatient appointment, having to take time off from work, find people to look after children and so on can be very, very inconvenient and very disruptive to both work and family life. To have the flexibility of extended outpatient appointments going into the evening is something I think would be a very good idea because, unlike those opposite, I actually think a hospital is there for patients and should be built around what is convenient for patients. It is important to note that amongst our GPs in this state, in fact around the country, it is not unusual for GPs to have extended hours for appointments at their surgeries.

I know some of those GP clinics operate well into the evening, because those GPs have to operate around the convenience of patients and make sure they have appointments that are suitable for people who work in the day, for people who have children and so on. I think it would be a very good idea for us to extend the practice that GPs in private practice have been doing for some time into our specialist outpatient appointments at the Royal Adelaide Hospital. I have asked the department to have a look at it. Obviously we would need to deal with the doctor's union, and speak with them about taking a flexible approach to working hours.

I often hear it in this house, amongst those on the other side, that workers—shop assistants, restaurant workers and so on—should all be expected to work after hours, and I know that the Fair Work Commission has argued that shop assistants should have to work on Sundays for a reduced penalty. I do not think it is unreasonable for our most senior doctors to work into the early hours of the evening. We are not asking them to work 24-hour shifts, and we would not necessarily expect outpatient appointments to be on Sundays, but I do not think it is unreasonable to have clinics extend into the early hours of the evening for the convenience of patients. I think it would be a very good development, and I look forward to working constructively with the doctor's union on this matter.

*Members interjecting:*

**The SPEAKER:** I call to order the member for Adelaide. I warn the members for Hammond and Adelaide, and I warn, for the second time and very last time, the member for Unley.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:32):** My question is to the Minister for Mental Health. Given that the minister said in her ministerial statement yesterday that since Tuesday's reported assault she had 'asked the CEO of SA Health to increase the level of staffing, supervision and oversight', what level of increase is the minister seeking?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:32):** I want to ensure there is enough clinical oversight that the staff have enough clinical support to know what is appropriate and acceptable care and concern levels, so the residents at the Oakden facility are safe, that their care is person-centred and that it is done respectfully.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:32):** Can the minister outline to the house what the level of oversight is that is currently in place and what increase in that oversight she is seeking?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:32):** I am happy to talk to the CE of Health about that, but it will shift on any day, as I have said, due to illness and a number of other issues. However, I have made it clear that additional scrutiny and additional staffing are needed on that site, as I do not want to see continued reports of incidents on the site. I expect us to have a very high standard of care for those frail and vulnerable South Australians.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:33):** Yesterday in the parliament you said that you wanted to have an increase in staffing supervision and oversight. Can

you tell this parliament specifically what increase in staffing and in supervision and in oversight you sought from the chief executive when you met with her?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:33):** The CE and her team at SA Health are continuing to work through that at the moment. When I am able to come back from the department with that additional information I will be more than happy to update the parliament.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:34):** Supplementary: what is the range of health professionals that will be added to Oakden's workforce as part of this increased staffing?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:34):** As I have just said, I rely on the advice of the CE and the clinicians who are working on Oakden to see what additional supports they need. As I have also said, due to the fact that we are going into flu season, and a whole lot of other different reasons, that could flux on any one day.

For those HR matters and the management of that site, I rely on the guidance of Dr Duncan McKellar and the chief clinical nurses on that site about the right mix that they need on any one day. It is not my role as the minister to be dictating to them about how they manage that, but I have said I expect there should be higher levels of scrutiny and clinical support for the consumers (the residents) living on that site to ensure they have the highest quality of care.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:35):** Can the minister outline to the house what increased workload there will be due to the flu season affecting tier 6 and 7 patients in South Australia?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:35):** Like any—

*Members interjecting:*

**The SPEAKER:** The leader is warned and so is the Minister for Health.

**The Hon. J.M. Rankine:** You have no idea.

**The SPEAKER:** And the member for Wright, she is also warned.

**The Hon. L.A. VLAHOS:** As with any workplace moving into the colder months, there are people who are absent for a variety of reasons. We know that most workplaces today do have flu prevention programs, but we can't prevent illness in all workplaces. I expect the nursing team and the chief clinical lead on that site to balance those workplace issues on a day-to-day level, with the help of the CE of NALHN, and then, accordingly, the CE of Health to brief me on that. I will seek their advice.

As I said, that could potentially go up and down every day, but I expect them to have additional resources put in to ensure acceptable levels are high and the scrutiny on those people continues to improve their workplace performance.

#### OAKDEN MENTAL HEALTH FACILITY

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:36):** My question is to the Minister for Mental Health. In light of the government's commitment to 'take assertive action against every single person who seeks to cover up mistakes that occur in the system', does that commitment extend to the management of the local health network?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:36):** In dealing with the Oakden report and inquiry, I have sought advice from the local health network, in this instance it is NALHN, that is, the Northern Adelaide Local Health Network. Their chief, Jackie Hanson, the CE of that organisation, has been providing base-level

briefings to me. The first one that we had was the Spriggs one last December. She continually works on a day-to-day basis with the families, with Dr McKellar and with new clinical leadership we have placed on that site since January to address the ongoing issues and the six recommendations from the Oakden report.

#### OAKDEN MENTAL HEALTH FACILITY

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:37):** Supplementary: does the same commitment of the government that I have just quoted also apply to ministers?

**The Hon. J.W. WEATHERILL (Cheltenham—Premier) (14:37):** Yes, it does apply to ministers, and we apply the same scrutiny and oversight to our work as we expect from any of the managers in the system. Indeed—

**Mr Marshall:** How did that go?

**The Hon. J.W. WEATHERILL:** Well, you have seen how it's gone because you had a minister—

**Mr Marshall:** Yes, it's a disaster.

**The Hon. J.W. WEATHERILL:** No, you have had a minister who, when this matter was drawn to her attention, undertook the most significant inquiry in relation to this matter, and it wasn't the Leader of the Opposition, it wasn't the media. It was, sadly and thankfully, the families and also the community visitor who drew to the attention of this minister the level of concern that was occurring at this facility. Despite the fact that even the Chief Psychiatrist himself, who had been at the facility for 2½ hours in the months leading up to the commissioning of this report—even he did not understand the nature and the extent of the difficulties that were occurring in this facility.

**Mr Marshall:** Come on, you had report after report for years.

**The Hon. J.W. WEATHERILL:** It's simply inaccurate to say that we had report and report after years. For those who have been referencing back to 2007 and suggesting there had been 10 years of neglect of this facility, we had the speedy action taken by the then minister for mental health, the Hon. Gail Gago in the other place, who put in place a review and an ACF oversight. That was put in place for three years, and at the end of that period the then minister for mental health, in 2011, was given a very clear briefing from the health department that the facility had turned around, that it had new leadership, that it had introduced a learning culture and it had a clean bill of health.

So, this nonsense that's been perpetrated by those opposite that this is something that had been left neglected for 10 years and then was drawn to the attention of the minister in a way where she should have acted earlier is simply false. When a series of matters arose towards the end of last year and it was drawn to her attention, she commissioned an extensive inquiry, an extensive inquiry which has led to the report that we now have—

*Members interjecting:*

**The Hon. J.W. WEATHERILL:** —and it was made public before those opposite gleefully jumped on board the bad news. They only get a spring in their step when something goes wrong in South Australia. The rest of the time they are asleep—the laziest opposition in the country.

**The SPEAKER:** I call to order the members for Hartley, Mount Gambier and Goyder. I warn the members for Hartley and Mount Gambier and I warn for the second and final time the leader and the members for Morialta and Adelaide.

#### OAKDEN MENTAL HEALTH FACILITY

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:40):** A question to the Minister for Mental Health: has the minister obtained a briefing from NALHN on its handling of the complaints and calls for increased staffing at Oakden?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:40):** NALHN and I are working as a group through the CE and the staff of that network on a daily basis to ensure that care and the accreditation standards at the Oakden site move forward. This government is very committed to ensuring that the standards at that site

increase. The fact that we actually have had this reporting come through is an example that there is now a culture that the cover-up is disappearing and that people feel comfortable and no longer feel threatened to report incidents as they occur.

*Members interjecting:*

#### OAKDEN MENTAL HEALTH FACILITY

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:41):** Supplementary: given the minister's commitment just stated—

**The SPEAKER:** The member for Colton is warned.

**Ms CHAPMAN:** —did the minister or her office review SA Health's files in relation to Oakden to confirm that briefings received on calls for increasing staffing at Oakden were accurate and comprehensive?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:41):** Over many ministerial statements over the preceding weeks and many, many questions—I believe we are now past 230-odd questions on this matter—I continue to be—

*Mr Duluk interjecting:*

**The Hon. L.A. VLAHOS:** —straightforward and honest about what we are doing on the Oakden site after the release of the report and what we are going to do to make sure the care and concerns of those frail and vulnerable South Australians are addressed. It is very important that we work collaboratively and constructively with the clinicians and the people at NALHN to ensure those needs are met.

**The SPEAKER:** The member for Davenport is called to order.

#### OAKDEN MENTAL HEALTH FACILITY

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:42):** A further supplementary to the Minister for Mental Health: given that statement, is the minister aware of any correspondence to the chief executive of NALHN from employee representative bodies or professional associations in the first half of 2015 warning of the risk of adverse events due to understaffing at Oakden?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:42):** I am happy to go and seek the advice of the department about that and see what they have to say.

#### OAKDEN MENTAL HEALTH FACILITY

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:43):** Supplementary: is the minister aware of any commitments made by SA Health or NALHN in response to the concerns raised or whether those commitments were met and, if the minister doesn't know, will she make that inquiry and report back to the house this afternoon?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:43):** If the member opposite has a particular concern of correspondence that she would like to make more public in this chamber, I am happy to make that inquiry, but it's a very nebulous inquiry at this point of time.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:43):** My question is to the Minister for Mental Health. How many residents does the Oakden Older Persons Mental Health Service currently have?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:43):** I will need to double-check, but I think it is 28 or 29 as of this morning.

### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:44):** Can the minister update the house on the number in the Makk and McLeay wards?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:44):** Of course, there are three wards at Oakden and those numbers can flex up and down every day. I am happy to make inquiries about the particular numbers in each one of those wards and come back to the house.

### CHINA TRADE MISSION

**The Hon. A. PICCOLO (Light) (14:44):** My question is to the Minister for Investment and Trade. Can the minister update the house on South Australia's two-way trade with China?

**The Hon. M.L.J. HAMILTON-SMITH (Waite—Minister for Investment and Trade, Minister for Small Business, Minister for Defence Industries, Minister for Veterans' Affairs) (14:44):** I thank the member for Light for his question because today South Australian exporters wrapped up the 2017 trade mission to China, targeting investment attraction exports and partnerships. The mission added to the continuing growth in our trade export performance, with export to China from South Australia now topping \$2.2 billion. As the Australian ambassador, Jan Adams, told our exporters last week, 'If you want to do business in China, you have to come here.'

That growth is recognised in the most recent economic briefing report by the South Australian Centre for Economic Studies released in December 2016. On page 24, it says—

*Members interjecting:*

**The SPEAKER:** The member for Adelaide is already on two warnings.

**The Hon. M.L.J. HAMILTON-SMITH:** On page 24, it says:

The latest annual state accounts indicate that the overall export activity for South Australia rose quite strongly in 2015-16. The total volume of international exports of goods and services for the year was up 11 per cent, exceeding the national rise of 6.7 per cent.

When you read the correct figures and understand how to read them, it's amazing—you actually find the truth, something absent at times from those opposite. The report is based on the official Australian Bureau of Statistics data, which no-one over there seems to be able to competently read. I have a couple of friends in the media who don't know how to competently read them either.

**The SPEAKER:** Point of order, deputy leader.

**Ms CHAPMAN:** Point of order: I come to your defence, sir. I know that you are literate and you can read.

**The SPEAKER:** I thank the minister for offering us his ambrosia, but of course the diet of question time is relevance and substance.

**The Hon. M.L.J. HAMILTON-SMITH:** As the Premier told the house on Tuesday, our most recent trade delegation to China covered Guangzhou, Qingdao, Yantai, Shanxi, Suzhou, Shanghai and Hong Kong. Close to 200 business delegates, representing 124 businesses and organisations, explored opportunities in 10 industry streams: trade, wine, investment, education and training, research and development, water, culture, health and ageing, agribusiness and culture. In the last few days, I also paid a return visit to the Vice Governor of Shanxi Province, Mr Gao Jianmin, who visited Adelaide in March this year with Premier Li's national visit.

The Department of State Development signed an MOU with Shanxi Overseas Chinese and Foreign Affairs Office to explore further potential areas of cooperation. I acknowledge and thank the hardworking government employees who organised the 10 industry streams, the business matching and the in-country introductions in association with industry.

Two years ago, the shadow spokesman on trade, the member for Chaffey, characterised all this work and I quote, 'The truth of the matter is that it was a photo opportunity, more than being about a real outcome.' Apparently, \$2.3 billion is not a real outcome. The so-called photo opportunity he referred to—



*Members interjecting:*

**The Hon. M.L.J. HAMILTON-SMITH:** Let's hear from the Wokinabox because he knows all about it—how to do due diligence. He knows how to count, this bloke. The so-called photo opportunity—

**The SPEAKER:** The minister will be seated. Minister, I enjoy your extravagant sportive, raillery as much as anyone, but could you tone it down for the remainder of the answer.

**The Hon. M.L.J. HAMILTON-SMITH:** It's hard sir, but I will do my best. The so-called photo opportunity referred to in 2015 included a visit by Seppeltsfield winery as part of their ongoing push into the region. Last Saturday, Seppeltsfield opened a \$75 million chateau in China, an outlet for retail sales of wine and tourism for the Barossa region. Seppeltsfield's executive chairman, Warren Randall, said at the opening that this was a deal three years in the making.

The opening was attended by thousands of buyers, consumers and interested observers, including Chinese media. Chateau Seppeltsfield Minquan is a joint venture between Seppeltsfield and a Chinese company delivering extraordinary results. It was well beyond the notions of a photo opportunity touted by the member for Chaffey. The trade mission has been an extraordinary success, along with the multiple visits by individual countries. If those opposite could learn to count they would recognise the success of our businesses selling goods and services.

**The SPEAKER:** I call to order the minister.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:49):** My question is to the Minister for Mental Health. How many tier 7 BPSD patients are there currently on the Oakden site?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:49):** It's not appropriate for me to reveal clinical information about consumers and the residents. What we do know is that the current clinical leader on that site, Dr McKellar, has done assessments on everyone in the last period of time since he has been there.

What we do know is people's wellbeing or mental health can fluctuate extremely in dementia. If anyone has ever had a family member with dementia in a ward, you will know that their condition can go up and down every day. This requires ongoing treatment and consideration. I am going to rely on his advice about the appropriate placement of these residents in the right level of care. That is the most important, that they are getting the care that they need, and that is person-centric.

**Mr Duluk:** So you don't know.

**The SPEAKER:** As to the member for Davenport's interjection, which I heard clear as a bell, should he ever be a minister I will look forward to his coming into question time without a question time brief. Leader.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr MARSHALL (Dunstan—Leader of the Opposition) (14:50):** We just wish that the minister would look at that question time brief, sir, and answer some questions. Supplementary to the minister—and, hopefully, she can look into that magical briefing folder that you were referring to in your comments a few moments ago: how many tier 6 BPSD patients are in transition to tier 7?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (14:51):** I have just outlined a moment ago that these conditions can move up and down on a daily basis. We know that the care and concern of the people that are treating them, they know these matters better than anyone else. It is not my role to inquire into individual consumer's medical conditions to that detail. It would be highly inappropriate. Their families may not want the general public of South Australia to know this degree of information, and it could change on a daily basis.

I rely on the care and consideration of Dr McKellar to manage these staff, with his team, on a daily basis as their conditions fluctuate and solidify with an extremely vulnerable cohort of people with challenging mental health conditions and dementia.

### ENERGY PRODUCTIVITY PROGRAM

**The Hon. J.M. RANKINE (Wright) (14:52):** My question is to the Minister for Mineral Resources and Energy. Minister, can you update the house on the state government's Energy Productivity Program and the uptake from local businesses since the scheme was introduced as well as a status report on the energy plan?

*An honourable member interjecting:*

**The SPEAKER:** Yes, the minister has the call now.

**The Hon. A. KOUTSANTONIS (West Torrens—Treasurer, Minister for Finance, Minister for State Development, Minister for Mineral Resources and Energy) (14:52):** Oil on troubled waters, sir. On 13 December 2016, we announced the Energy Productivity Program, which provides \$31 million over two years to help large South Australian businesses manage their electricity costs. Businesses eligible for a share in this funding are those who consume over 160 megawatt hours of energy every year.

The program consists of two parts: the audit grant program, which provides \$7.5 million to cover 75 per cent of the cost of energy audits for up to 500 businesses; then there's stage 2, which is the implementation grant program, which provides funding to implement energy audit recommendations that has two streams targeting differently sized projects. I can advise that we have already received 394 applications for the energy productivity audit grant program so far. Of these, 261 applications have been approved and 19 applications for the implementation grant program have been received.

Applications for the audit grant program close on 31 May 2017. Stream 1 of the implementation grant program will provide \$15 million to implement at least six major energy-saving opportunities, with grants of up to \$2.5 million on a one-to-two funding basis, with the government contributing one dollar for every two dollars that the business contributes. Stream 2 of the implementation grant program will provide \$8.5 million to implement audit recommendations to help at least 110 businesses with \$75,000 grants on a one-to-one funding basis. Applications for both of these close on 31 March 2018.

I would also like to provide the house with an update on the government's energy plan, which continues to gain momentum. With respect to us building Australia's largest battery, I can announce that we have now short-listed potential candidates. Technical specifications and draft contract terms have also been finalised. In relation to the 250 megawatt gas-fired power plant, we have also finalised technical specifications, draft contract terms and supporting documentation for the invitation to supply, which were released to short-listed applicants this week. The state government supply contracts announced last year are being developed with the contract terms currently being advised.

With respect to the increased ministerial powers of direction, the Emergency Management (Electricity Supply Emergencies) Amendment Act 2017 was gazetted on 26 April 2017, and I thank the opposition for their support. We have also begun to prepare draft guidelines for the government's renewable technology fund. In addition, we have held discussions with the Australian Renewable Energy Agency and the Clean Energy Finance Corporation to discuss their recently announced investment priorities. The consultation period for feedback on draft regulations for the state government's energy security target opened last week and stakeholders are encouraged to provide their views by 26 May.

With regard to the government procuring temporary generation for the upcoming summer, whilst construction on other aspects of the plan progress, I can reveal that SA Power Networks has short-listed potential suppliers of this service. We are working closely with SAPN and receiving updates on a regular basis. We have also spoken with the EPA to discuss licensing and additional requirements around the installation of generation.

I look forward to continuing to update the parliament on the state government's energy plan to make us less reliant on interstate imports and more self-reliant in South Australia on our own generation using gas, sun, wind and all our resources that are available.

**COOBER PEDY DISTRICT COUNCIL**

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:57):** My question is to the Minister for Mineral Resources and Energy. When the minister signed the letter of approval for the District Council of Coober Pedy to support the council entering into a power purchase agreement that was dated 29 March 2016, was the minister aware that the council was the subject of letters of concern about the governance of the council from the Minister for Local Government?

**The Hon. A. KOUTSANTONIS (West Torrens—Treasurer, Minister for Finance, Minister for State Development, Minister for Mineral Resources and Energy) (14:57):** First of all, I would have to check what I was aware of at the time through my office to make sure there weren't any documents in my office, but I point out that on this side of the house we believe in the autonomy of the third tier of government—local government. They are governed by statute. They are an independent board elected by their constituents. We expect them to conduct themselves within the framework set out by the parliament and the LGA. We expect them to act in accordance with their codes of conduct and all the governance arrangements that they have and I expect them, as every minister would and as every constituent would, to uphold those very high standards.

**COOBER PEDY DISTRICT COUNCIL**

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (14:58):** Supplementary: given that the local government minister has now served notice on the District Council of Coober Pedy, is the minister still prepared to underwrite the power contract when it goes online next month?

**The Hon. A. KOUTSANTONIS (West Torrens—Treasurer, Minister for Finance, Minister for State Development, Minister for Mineral Resources and Energy) (14:58):** First and foremost, we made an election commitment to maintain pricing standards in Coober Pedy. We will honour that election commitment. Second of all, it's important to note that I have also, on recommendation of the Minister for Local Government, referred the Coober Pedy council to the Auditor-General.

*Ms Chapman interjecting:*

**The Hon. A. KOUTSANTONIS:** Yes, but I actually have a statutory function and you don't. My direction has a little bit more weight than the Deputy Leader of the Opposition's.

**Ms Chapman:** It's actually a power of this parliament, not you; you might remember that.

**The Hon. A. KOUTSANTONIS:** It sounds like someone who wants higher office. It sounds like someone who thinks perhaps the stature of deputy leader isn't quite of her standing and that there is something a bit more desirable. It sounds like a woman on the move.

**The SPEAKER:** The Treasurer will be seated. The Treasurer fecundates the intellectual life of the government, but that's quite enough. He is called to order. Treasurer.

**The Hon. A. KOUTSANTONIS:** We have referred Coober Pedy council to the Auditor-General on the recommendation of my agency. Of course, we guarantee diesel supplies to the Coober Pedy council, and all the advice I received from my agencies was that the arrangement that Coober Pedy council entered into of its own volition will be of course quite beneficial. If there is alternative advice to that, I made it quite clear to the council that it was their decision; they could choose to enter or not enter this arrangement. It was a matter for them, and they acted autonomously and entered into that arrangement. If the council felt that it was not appropriate for them, they didn't have to enter into the arrangement.

**OAKDEN MENTAL HEALTH FACILITY**

**Mr DULUK (Davenport) (15:00):** My question is to the Minister for Mental Health. Can the minister advise the house whether the member for Torrens sought a briefing from her on the Oakden facility?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:00):** I liaise with all of my colleagues in the house on issues related to my portfolio on a regular basis.

**The Hon. J.J. SNELLING:** Point of order: are ministers obliged or responsible to the house for correspondence from members of the house to ministers? Is that in order?

**The SPEAKER:** Could the member for Davenport give me the question again?

**Mr DULUK:** Can the minister advise the house whether the member for Torrens has sought a briefing from her on the Oakden facility?

*Ms Chapman interjecting:*

**The SPEAKER:** The deputy leader is warned for the second and final time. It's an interesting point that the Minister for Health raises. If the member for Torrens had written to the minister in connection with a proceeding in parliament, her correspondence would be privileged and therefore the minister wouldn't be able to answer the question. I could be wrong, but I rather doubt, in the absence of further evidence, that the member for Torrens was writing in connection with a proceeding in parliament; therefore, parliamentary privilege doesn't apply and therefore the member for Torrens is in the same position as any other member of the public in South Australia, and my ruling would be that the minister is free to answer.

**Ms CHAPMAN:** Point of clarification: would you confirm then that question No. 304 of the questions on notice, which reads, 'When will the minister authorise a briefing on the Attorney-General's Department relocation to the GPO building?' as requested on the 7, 9, 14 and 23 November 2016; 23 December; 31 January 2017, 20 February 2017 and 1 March 2017, is in order?

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

**The SPEAKER:** The member for Wright is warned for the second and final time. Can the member for Bragg tell me what the possible relevance of that remark is?

**Ms CHAPMAN:** It's a request for a briefing, as is the question directly of whether a member of parliament has sought a briefing. My understanding from your ruling is that it is in order, and I am asking that you clarify that this question is also in order. I want an answer to it eventually—six months we are waiting.

**The SPEAKER:** That is an entirely bogus point of order with no relevance to anything that has occurred in the house today and the member will leave for the next hour under the sessional order because she is obstructing the proceedings of parliament.

*The honourable member for Bragg having withdrawn from the chamber:*

**The SPEAKER:** Member for Davenport. I am sorry for the deputy leader's interruption to your flow.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr DULUK (Davenport) (15:04):** Thank you, sir. For the benefit of the Minister for Mental Health, can the minister advise the house whether the member for Torrens sought a briefing from her on the Oakden facility?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:04):** I have remained open, as I have said, to the people of South Australia, to be free with information wherever I am able. My colleagues across both sides of the house, as professional members of parliament, ask me questions about their electorates on a regular basis and about issues outside their electorates. Where possible, my office assists them.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr DULUK (Davenport) (15:05):** Could the minister please come back to the house with the date when she provided the briefing to the member for Torrens?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:05):** I am happy to check the records of my office to see if there has been a written briefing and come back to the house.

**OAKDEN MENTAL HEALTH FACILITY**

**Mr DULUK (Davenport) (15:05):** Supplementary: did the member for Torrens accompany the Premier and the minister when they visited the Oakden facility last week?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:05):** No. The Premier and I attended the site. It is an active mental health aged-care setting. Having people traipsing through wards where residents are already frail and confused is not a desirable thing. That day, we were talking to clinicians about models of care and things we need to do to move this facility and care for those residents as we move forward.

**OAKDEN MENTAL HEALTH FACILITY**

**Mr DULUK (Davenport) (15:06):** My question is to the Minister for Mental Health. Can the minister confirm to the house whether she discussed the closure of Oakden with anyone between the time she received the Chief Psychiatrist's review and the time she actually read it, more than five days later?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:06):** We know that when we received the Oakden report from the Office of the Chief Psychiatrist, SA Health was in the process of creating recommendations that were taken to cabinet. We fully released the recommendations and adopted all the recommendations, six in full, and the report on, I believe, 20 April, if I am correct from my memory. We have continued to move forward based on those six recommendations since that time.

**OAKDEN MENTAL HEALTH FACILITY**

**Mr DULUK (Davenport) (15:07):** Supplementary: minister, thank you for that answer. Who did you have these discussions with in those five days and when were these discussions had?

**The SPEAKER:** The member for Davenport means 'whom' did you have those discussions with.

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:07):** As I just outlined in my answer, SA Health crafted a series of recommendations, which went to cabinet. They are the six recommendations we fully adopted and are basing our work currently on at Oakden.

**MOUNT BARKER DISTRICT SOLDIERS MEMORIAL HOSPITAL**

**Mr GOLDSWORTHY (Kavel) (15:08):** My question is to the Minister for Health. Given that the trial of doctors staffing Mount Barker hospital overnight is due to finish on 6 June, can the minister confirm whether this important hospital will now be staffed overnight on a permanent basis?

**The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (15:08):** I have to say that because of the lobbying of the member for Mayo, Rebekha Sharkie, and the enormous amount of hard work—I heard one day someone who lives in the Mount Barker area saying that, until the new member for Mayo got elected, they didn't know they had a member of parliament, but now they hear too much from her. They have had enough of her. They hear so much from her, it is almost too much. But I have to say that the federal member for Mayo has been incredibly energetic when it comes to making sure that the issue with Mount Barker hospital is brought to me.

*Mr van Holst Pellekaan interjecting:*

**The SPEAKER:** The member for Stuart is warned.

**The Hon. J.J. SNELLING:** Since the opposition have today started the precedent of ministers talking about correspondence they receive from members of parliament, I would love to talk about the correspondence I receive from the member for Kavel about Mount Barker hospital. The only problem is that there never was any—there never was any.

The member for Kavel never made any representations to me until this became an issue with the federal member for Mayo, then suddenly, well, the member for Kavel became very energetic

when it comes to issues relating to the Mount Barker hospital. We will have more news to announce. I will be looking forward to standing next to the member for Mayo to make further announcements—

*The Hon. A. Koutsantonis interjecting:*

**The Hon. J.J. SNELLING:** —about the Mount Barker hospital because I have to say, unlike the Liberal Party in this state, the federal member for Mayo does not and has never taken her seat for granted.

**The SPEAKER:** The Treasurer is warned for the second and final time.

**Mr GOLDSWORTHY:** Supplementary, Mr Speaker?

**The SPEAKER:** Supplementary, member for Kavel.

#### **MOUNT BARKER DISTRICT SOLDIERS MEMORIAL HOSPITAL**

**Mr GOLDSWORTHY (Kavel) (15:10):** What are the government's short, medium and long-term plans for health services in Mount Barker and surrounding districts?

**The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (15:10):** I have to say there are no long-term plans for the Liberal Party in the Adelaide Hills. Mount Barker is an important peri-urban hospital. We have put in extra facility. It is one of our busiest birthing units among our peri-urban hospitals, and we are putting extra resources—

*An honourable member interjecting:*

**The Hon. J.J. SNELLING:** —along with Gawler. There must be something in the water in those peri-urban areas. Obviously, it is a very, very important hospital, and it is a hospital that I am very keen to see continue to grow. It will become one of our more important hospitals in the state, and we will continue to invest in that hospital so that we can continue to add to the breadth of services. I am sure that as long as the people of Mount Barker have the federal member for Mayo, Rebekha Sharkie, as their MP she will never take that seat for granted. She will not rest, and I know she will be in my office and ringing my office, making sure that her constituents get looked after.

#### **OAKDEN MENTAL HEALTH FACILITY**

**Mr DULUK (Davenport) (15:11):** My question is to the Minister for Mental Health. Given that the minister's media release yesterday only referred to closing Makk and McLeay as soon as possible, is the government intending to close Clements ward as soon as possible as well?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:12):** As we have made ongoing statements that we are designing a model of care in this space, we will rely on the advice of Dr McKellar and his team, but we do know that the Clements ward is somewhat different in its residential profile. It's a transitional ward. There are people who have different needs in the Clements ward, and those needs are not at this point as pressing as the matters that have come before us from the Oakden review relating to the Makk and McLeay wards and the severity of the conditions in the Makk and McLeay wards.

The Clements ward is a very interesting ward. It's a very large space. It's very different from the Makk and McLeay wards. The staff there, every time I have been through that facility, have been endeavouring to support the consumers, the residents, of that facility, as they transition through a variety of different healthcare settings, to the best of their levels.

#### **OAKDEN MENTAL HEALTH FACILITY**

**Mr DULUK (Davenport) (15:13):** A further question to the Minister for Mental Health: given the minister's statement yesterday that Oakden could be closed within 20 days, has the family of each resident affected been advised where the resident will be relocated to?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:13):** Yesterday, people were ringing family and next of kin and their guardianship representatives to talk about plans moving forward for the Oakden site. There are frequently answered questions available on site, which we will update on a regular basis. I have

asked SA Health, every time I make a ministerial statement, to forward that to any complainant, family and friends that we know as next of kin on site as well. In an endeavour to be as transparent as possible, I have asked that to be a regular update whenever I make a ministerial statement.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr DULUK (Davenport) (15:14):** Could the minister just confirm that not every single family has yet been personally contacted by the minister's department to confirm on what date their loved one will be relocated from Makk and McLeay?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:14):** As I have said several times over the last couple of weeks, the clinicians, led by Dr McKellar, are negotiating and talking to family members about the appropriate strategies to find the right clinical environment for their loved one or next of kin. That is a fluid conversation that is moving around as we speak.

We need to have private aged-care beds become available, and we have heard this week that one resident is transitioning to the private aged-care sector. Some of these families would actually like to have their loved one located closer to them so they could visit them more frequently and support them at this vulnerable time in their life.

However, SA Health continues to talk to families, as does the clinical team, on a regular basis. I believe there is another family meeting scheduled for next week, and we will continue to hold family meetings with people who have a loved one on that site. With complainants, as I have said, I am having monthly family meetings for anyone who would like to come to see me who has a complaint about that site.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr DULUK (Davenport) (15:15):** A supplementary, sir: is the minister confirming that there are still families who are yet to be contacted by the minister or her department or the Department for Health about their family being relocated?

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:15):** I will have to double-check the exact numbers from SA Health, but there could be reasons such as people trying to ring them or speak to them yesterday who may not have got through to them because they were working. I will double-check the exact numbers and come back to the house but, best endeavours, I said that they should try to speak to everyone yesterday. I am happy to get that information from SA Health.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr DULUK (Davenport) (15:16):** My question is to the Minister for Mental Health. Who advised the government on the suitability of Ward 18 at the Repat for the long-term care of people with behavioural and psychological symptoms of dementia?

**The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (15:16):** I sought advice from the Chief Operating Officer of SALHN about the suitability of Ward 18.

**Mr Marshall:** When?

**The Hon. J.J. SNELLING:** Let the member for Davenport ask the questions; he is doing a better job than you. The questions are of a better quality than anything asked by the Leader of the Opposition or the Deputy Leader of the Opposition. I sought—

**Mr Marshall:** They are all laughing, laughing at the—

**The Hon. J.J. SNELLING:** No, we are laughing at you. We are laughing at the Leader of the Opposition and the Leader of the Opposition's incompetence. Half the time he doesn't even know which minister to ask the question to. I asked the Chief Operating Officer about the suitability—

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

**The SPEAKER:** The member for Wright will depart for the next hour for repeated interjections under the sessional orders.

*The honourable member for Wright having withdrawn from the chamber:*

**The Hon. J.J. SNELLING:** I asked the Chief Operating Officer about the suitability of Ward 18 for the relocation of Oakden patients, and it was the Chief Operating Officer of SALHN, who I have enormous confidence in, who advised me that there was no way that Ward 18 was suitable for the sorts of clients that are housed at Oakden.

#### OAKDEN MENTAL HEALTH FACILITY

**Mr DULUK (Davenport) (15:17):** A supplementary to the Minister for Mental Health. When did the Minister for Health advise you that Ward 18 was not suitable as a place of relocation?

**The Hon. J.J. SNELLING (Playford—Minister for Health, Minister for the Arts, Minister for Health Industries) (15:17):** We have conversations all the time because, unlike the other side of the house, we like each other and we talk to each other. We actually talk to each other; we actually like each other. We do not have the 'no talkies', the internecine battles that you see on the other side of the house. We have regular conversations, and I have regular conversations with all members on this side of the chamber.

*Members interjecting:*

**The Hon. J.J. SNELLING:** How is the poor old member for Morphett going? I have to say that the member for Morphett might have got more votes in his local plebiscite if the Leader of the Opposition hadn't intervened on his behalf.

**Mr GARDNER:** Point of order: I think it might be worthwhile for us to get back to Oakden.

**The SPEAKER:** That is not a point of order.

**Mr GARDNER:** Can I add standing order 98 to the front of it?

**The SPEAKER:** Thank you very much. I uphold it.

**The Hon. J.J. SNELLING:** The Minister for Mental Health and I have regularly corresponded with each other on the issues at Oakden, because obviously—

**Mr Marshall:** Did she speak to you about the report—

**The Hon. J.J. SNELLING:** The Minister for Mental Health advised cabinet of the report before it was publicly released. If the opposition was listening at any stage, the Minister for Mental Health has given ministerial statements that the Chief Psychiatrist was looking at it. Isn't it interesting how very few questions came from the opposition when this first became an issue? It is only because they have seen an ambulance to chase, which is their approach to policy in this state. They have taken no interest in the Oakden issue until recent weeks. Not a single question from the opposition on the Oakden issue until recent weeks, and doesn't that tell you a lot about the sort of person the Leader of the Opposition is?

*Grievance Debate*

#### UNEMPLOYMENT FIGURES

**Mr WINGARD (Mitchell) (15:20):** I rise today to speak on this very dark day. I know that we have been hearing a lot about the shocking treatment of the people at Oakden in the mental health and aged-care facility, and we are all appalled at what is going on there and the mismanagement of this government in dealing with this issue. However, today I rise to speak about the darkness that surrounds our job prospects in South Australia.

The unemployment figures came out again today and South Australia is at 7.3 per cent. We have the highest unemployment rate in the nation and we have been there for 29 months in a row. We have been the worst state in the nation when it comes to jobs for 29 months in a row. It is an absolute disgrace and it sits with those on the other side of the chamber. It is a clear indication that the Weatherill Labor government's policies have failed the people of South Australia, and that is the bottom line.



Every time, we hear the government come out and say they have a jobs budget or they have plans in place—well, none of their plans are working. This government is not working on so many levels and today the numbers are right there for us when we look at unemployment. South Australians have every reason and every right to feel let down by this Weatherill Labor government. They have really let down all the people of South Australia. To be in this position after 29 months is an absolute disgrace.

We know the policies of the government on the other side. They want to jack up our energy prices, which they have done successfully. We have the highest energy prices in the country and the most unreliable energy supply. That is what they have done to us in South Australia. As far as tax grabs go, the ESL is as big as it gets. Taking that money from the back pockets of South Australians and from South Australian businesses is hurting job creation in this state. Water prices are another cost that is strangling South Australia's economy and preventing us from growing jobs in this state.

We know that the Weatherill Labor government and their policies are hurting South Australians. We know that Mike Rann promised to create 100,000 new jobs. In fact, we have 8,800 fewer jobs than when he made that promise back in 2010. That is how the Labor government rolls in South Australia, and again everyone has reason to feel disappointed and let down. In fact, in July last year the Treasurer, in one of his jobs policy speeches, said, 'South Australians are through the worst of it. Our economy is coming out. There are green shoots all across this state.' Hasn't he been proven wrong? Here we are now, nearly 12 months later, and again we have the highest unemployment rate in the nation. It is an absolute disgrace.

Youth unemployment—that is, 15 to 24 year olds—is also through the roof. It has jumped to 18.7 per cent, up from 17.3 per cent last month. It is an absolute disgrace and shows that this lazy Weatherill Labor government is letting down South Australians right across the board. We can look through some of the suburbs, too. I have been out with a number of good, solid community members who are working very hard in their local area. These figures came out in December last year and we are expecting some more suburb by suburb figures very soon, and it is concerning where these figures will go.

In the Aldinga area, I know that Andy Gilfillan has been out speaking to a lot of people in his local community. The unemployment rate in Aldinga is 10.6 per cent. In Christies Beach and Christie Downs, the rate is up around 19.5 per cent and 13.7 per cent respectively, which is very alarming. Aaron Duff has been doing a whole heap of work down in Morphett Vale and they have every right to be concerned. Morphett Vale East is 10.5 per cent and Morphett Vale West is 14.3 per cent.

Up in Mount Barker, Dan Cregan has been doing a heck of a lot of work. He has been out speaking to loads of people, doing a lot of work in that area and engaging with the community. They have 9.7 per cent unemployment, which is reason to be concerned. Steven Rypp has been doing a lot of work in his region. Around Royal Park, Hendon and Albert Park, the unemployment rate is 7.9 per cent, which is alarming.

If we look at Salisbury, we know that the closure of Holden is coming later this year. The Salisbury unemployment rate is 17.4 per cent, which is also alarming. In my own electorate, around Warradale the unemployment rate is 8.5 per cent, which is alarmingly high. That is what this state Labor government has given us and it is a disgrace. To sit at the bottom of the table for 29 months is an absolute crying shame.

The alarm bells should be ringing in Premier Jay Weatherill's office. If it is not issues such as Oakden or child protection or the chemotherapy bungle, it is unemployment that should now be causing big panic in his office because South Australians are duly disappointed.

From our side, we know that we need to grow the size of the pie, that we need to generate jobs and that we need to grow exports. That is why we want to open trade offices overseas: to grow exports and bring money into South Australia and also return \$360 million into the pockets of South Australians by returning the ESL remissions. That is what we want to do. We know how important it is to grow jobs in South Australia, unlike this Labor government.

Time expired.

## DIRT BIKES

**Ms COOK (Fisher) (15:25):** I rise today to inform the house of an issue of great concern to residents in my electorate and surrounding areas—in fact many parts of the southern suburbs. I will also highlight the steps I am taking to work with local residents, council and SAPOL to find solutions. The problem is that people, seemingly mostly young males, are riding motorbikes in an unsafe way along roads and reserves.

Concerns have been expressed to me through social media and also through direct reports by constituents and community groups. Residents are, of course, aggravated by the noise and disruption on local roads and reserves but, more importantly, they are deeply worried about the potential for tragedy, as am I. It is no exaggeration to say, based on eyewitness reports made to me, police and the Onkaparinga council, that there is real potential for serious injury or even death as a result of this type of reckless riding.

I have been told of numerous near misses witnessed by local residents, including the case of a little girl who was almost hit by a motorbike rider in a reserve while making her way to kindergarten with her mother. It was frightening for both mother and child, as well as for onlookers. It is not something that we should tolerate as a society. The behaviour is risky and illegal. As a community, we need to work together to identify the small number of people who are making life difficult for many others.

At a community meeting I held last week, on which I will elaborate shortly, SAPOL informed us that many of these young people are riding unlicensed or stolen dirt bikes, making investigation and enforcement difficult. At that meeting, we also heard from the Onkaparinga council that there were 39 reports of dangerous off-road motorcycle riding across the council area last financial year. So far this year, there have been 37 such reports. Not all incidents are reported. Anecdotally, school holidays appear to see a spike in incidents, with hotspots including Happy Valley, Morphett Vale, Woodcroft and Reynella. The local council has also pinpointed the Coast to Vines trail and the old Noarlunga riverbank as trouble spots.

As I mentioned last week, I convened a community meeting at the Woodcroft Morphett Vale community centre. It was well attended, with around 30 local residents turning up to share their experiences and also their ideas about how we can tackle this risk to public safety. The meeting heard from South Coast Crime Prevention Manager, Senior Sergeant Gordon Little. I thank him for his assistance and commitment to assisting the local community with this problem. He informed the meeting that SAPOL is aware of the issues and warned community members not to chase the young riders, as this can present a further safety risk to the riders, the general public and also to the people doing the chasing.

Senior Sergeant Little also urged people to make a report and take down good descriptions so that police can identify the riders. The meeting also heard from the manager of community safety at Onkaparinga council, Ian Hawkins, and I thank Mr Hawkins also for his dedication to assisting local residents. Mr Hawkins informed the meeting that rangers are speaking with riders after reports are made, if they can be located. Rangers issued two warnings and five fines late last year. No fines so far this year have been issued.

Some of the residents came up with ideas. A range of possible solutions were put forward at the meeting as well as online. They include a dedicated local effort to report instances of this behaviour, including a media campaign to encourage locals to make reports to the police and to council; further increasing penalties for these types of incidents, noting that this Labor government has already bumped up penalties during its time in office; installing spike strips and bollards; working with parents of the young riders; establishing a dedicated area where riders can legitimately ride motorbikes; and holding regular meetings to monitor the problem and work together to share information and solutions.

I did comment at the meeting that I would be concerned about the spike strips and bollards, considering that the majority of the people riding motorcycles seem to be young and are probably inexperienced. I would worry for the safety of the riders if that was to happen and someone was to come off their bike as a result of the use of this sort of tactic.

It was clear from the meeting that witnesses to such behaviour should report it to the police or to the council, or to both, and that these reports need to be as detailed as possible. I encouraged locals to do that. I have also made several commitments to local residents. The first was the continuation of frequent street-corner meetings to seek views and update residents on progress in this matter. I will continue to keep in touch also with SAPOL and the council to monitor progress and reports. I am also investigating whether a location can be identified that might be suitable for riders to legitimately ride licensed dirt bikes. I will be doing that in close association with government agencies, SAPOL and the council to identify options that are in the interest of community safety, including the safety of the young riders.

I understand how difficult it can be to maintain such properties, but we would be very interested to hear from people in the private sector, in the community, general members of the public and any organisations that are associated with bike riding to get in touch with us to see if we can partner on this. The ultimate solution, of course, is to work together as a community, and I am committed to bringing all parties together to ensure that we are all kept safe.

### OAKDEN MENTAL HEALTH FACILITY

**Mr SPEIRS (Bright) (15:30):** 'Oakden' is a word forever tainted, becoming a totem of a broken government intent on putting self-preservation far beyond its services to South Australians. Perks before people, pay cheques before people, preservation before people, patronage before people—this is a government so rotten, so broken, so far removed from the reality being lived by everyday South Australians that it now only cares about keeping its ugly head above water and, like a drowning animal gasping for breath, it could not care less about those it is dragging down with it.

Its quest for survival and its arrogant determination that only it is worthy of survival betrays the fact that this government does not exist to make South Australia a better place. It exists as a tight clique of privileged elites who have spent 16 years in power and who are so reliant on the trappings of high office that they will continue sucking maniacally on the teat of state until they have drained South Australia of its worth, its hope and its future.

Oakden is an aged-care facility that was charged with looking after our most vulnerable. Its job was to care for people with dementia and to provide support and security—perhaps even to provide them with love—in the most difficult phase of their life, people facing a dark and difficult road to an inevitable death. If they were cancer sufferers in the terminal phase of life, would we lock them in a dank, prison-like facility, such as Oakden? Would we let them sit in their own filth? Would we abuse them or manhandle them? I assume the answer to this is no. We would try to make the last phase of their life as pleasant and as comfortable as possible.

Why does this government think that it is okay to kick those who are suffering from mental health issues in their later years on the trash heap, to spit on them, to leave them to rot and be abused in a facility so gross and so unlovely that it offends every tenet that our society should be proudly founded on. The Oakden scandal and all its horrible entrails should leave us asking a whole range of questions about the role of government. Government is surely there to catch people when they can no longer hold themselves up. Government is surely about providing those people with the love and support, care, compassion and dignity that they deserve when life takes the cruellest of turns.

Surely, in the most difficult of circumstances, you deserve a government to have your back, if no-one else, yet we know that the government did not have the backs of the victims of the Oakden scandal. We know that the facility was allowed to take on its own dark character, strangely set apart from SA Health in a parallel, unaccountable universe where abuse of its ageing patients was the norm and where turning a blind eye was seen as a solution to the problems at Oakden—a case of, 'What you don't know, you don't need to fix,' and another poisonous symptom of systemic arrogance.

The fallout from the Oakden report has been immense. In total, 25 staff have been reported to the national health regulator: 11 have been stood down, pending further investigations by SA Health, one has been sacked and one has resigned. Unbelievably, the figure of 25 comes from a workforce of only around 100. That is a quarter of the entire workforce stood down or being investigated.

The Oakden case has many horrible components: an elected government and a lazy bureaucracy, a bizarre meeting between the mental health commissioner and the mental health minister at Bunnings, a Premier who applauds the responsible minister's involvement rather than chastises it and, yesterday, the unique situation where a government chief executive revealed that she did not have confidence in her minister.

For me, the role played by Vickie Kaminski, the Chief Executive of SA Health is most interesting. She is one of the most unflappable bureaucrats I have ever seen. Brought to SA from Canada, and given the task of fixing the shambolic Transforming Health system, she is the sort of woman who would make you believe that the Black Death was simply a bad dose of man flu. This woman uses her accent—and I can say that—to carefully sedate any issue, disarming her opponents and inoculating herself against drama and crises.

Even Vickie Kaminski must wonder what she has got herself into, coming to deal with this hopeless state government, yet her eyes betray her. Behind her purple glasses are knowing eyes that give away how she really feels. In yesterday's press conference, you could clearly see that Ms Kaminski thought that she was surrounded by a pack of idiots. She wished she was back in Canada.

A society as much as a government should measure its strength, its decency and its modernity by the way it treats its most vulnerable. What has happened at Oakden is a disgrace, yet we see the Premier, the Treasurer, the Minister for Health and many other members, including today the member for Fisher and the member for Kurna—

**The DEPUTY SPEAKER:** Unfortunately, member for Bright, your time has expired.

**Mr SPEIRS:** —laughing, sniggering, sneering and smirking—

**The DEPUTY SPEAKER:** Member for Bright!

**Mr SPEIRS:** —at the disgraceful behaviour—

**The DEPUTY SPEAKER:** Member for Bright, your time has expired.

**Mr SPEIRS:** —that has happened at Oakden, which they laugh about, as if elder abuse—

**The DEPUTY SPEAKER:** Member for Bright, sit down at once.

**Mr SPEIRS:** —is something to laugh about. This government is a disgrace.

**The DEPUTY SPEAKER:** Sit down at once. That behaviour is not going to be tolerated in this chamber. No matter how hysterical you want to become, that is not what is allowed under standing orders. I am not sure what you did during question time. You have maintained an impeccable record during question time; however, I am appalled by what you have just done. You know the standing orders as well as any member of this house. I am not sure what to do with you. I will think about it as I call the member for Kurna, but I just do not believe you did that. I am very disappointed.

#### **ONKAPARINGA COUNCIL GREEN WASTE**

**Mr PICTON (Kurna) (15:36):** I will be very better behaved, Deputy Speaker.

**The DEPUTY SPEAKER:** Well, that would be unusual, but let's have a go.

**Mr PICTON:** Decaying debris and mulch matter, festering smells in a dark place and compost in the making—these are descriptions that could apply to green waste sitting in a bin for a month waiting for collection in the City of Onkaparinga, but perhaps these phrases could apply to the decision-making of the City of Onkaparinga when it comes to green waste.

There are 18 local government areas in metropolitan Adelaide. There are 17 of 18 areas where councils collect their green organics waste bin every fortnight as part of a standard level of service to ratepayers. They are the cities of Adelaide, Adelaide Hills, Burnside, Campbelltown, Charles Sturt, Holdfast Bay, Marion, Mitcham, Norwood Payneham and St Peters, Playford, Port Adelaide Enfield, Prospect, Salisbury, Tea Tree Gully, Unley, Walkerville and West Torrens. I

have been through today and checked all those council areas and they all collect their waste every single fortnight.

There is just one council in the metropolitan area of Adelaide, the City of Onkaparinga, where residents receive half the service for no discount whatsoever in the rates. This stops residents from doing the work they need to do to keep their gardens, their yards and their properties in a manageable and attractive state. It also stops residents from doing the necessary clean-up prior to bushfire season in a number of areas across the City of Onkaparinga that are subject to significant bushfire risk. While we are sending out the message that we need to do everything we can to clean up the bushfire season, we have one council in Adelaide that limits the amount of clean-up residents can do.

Since before I was elected, I have raised with the Onkaparinga council their lack of green waste collection for residents and asked them to provide the same service level as that of other council areas in Adelaide. I have been joined in this effort by my fellow local MPs, namely, the members for Fisher, Reynell and Mawson, as well as the federal member for Kingston, Amanda Rishworth. The pressure we have applied has recently led to council reconsidering its position. They brought a paper to the council to look at the options for bringing in the same level of services as in other council areas. However, the council then rejected the proposal to give residents the same service that everybody else in Adelaide expects.

Last week, the *Southern Times* Messenger report on the meeting, entitled Bin Change Scrapped, stated:

Mayor Lorraine Rosenberg said she could not justify changing the service to appease a relatively small group of residents. The committee asked for the report to be drawn up in March after 83 per cent of the 718 residents who responded to a council survey said they were 'dissatisfied' with their bins being emptied every four weeks. 'It is an awful lot of money for very few people, Ms Rosenberg said. 'It really would be making a major change for a small number,' Ms Rosenberg said.

I absolutely disagree with that, and I do not think that on any statistical analysis you could regard 83 per cent of residents responding to a survey as being a very small number. This is something that a huge number of people in the City of Onkaparinga are very concerned about.

I was particularly shocked to read this morning's *Advertiser* where Mayor Rosenberg said, 'Local gov is much more highly respected in China than here and has a higher impact.' The People's Republic of China is a communist state where individuals have no choice but to respect the different levels of government. Here in South Australia, we are a democracy and people have the birthright to decide for themselves what respect they want to give to local government or any level of government. Those governments need to earn that respect and that is what should apply here to the City of Onkaparinga.

People in Onkaparinga are increasingly saying that they feel let down by their local government. They are let down by the lack of services, and they are frustrated by the waste and bureaucracy that they see and they are very free to say so; that is their right. As we enter the time when council determines its rates for the next year and usually puts in a rate rise, I know my other local MPs and I will be representing our residents and putting pressure on councils not to increase rates yet again, unless they can demonstrate that they are cutting down their own waste in council and collecting our waste from the kerbside. There should be no rate increase without a requisite increase in services to the level that other residents in Adelaide expect.

#### LABOR GOVERNMENT

**Mr GARDNER (Morialta) (15:41):** It is with a heavy heart that I talk today about Oakden, child protection, the government's failure to the children of South Australia, their extraordinarily bad NAPLAN results, the Debelle inquiry and the failure of SA Health in building a new hospital, yet being tens of thousands of outpatient visits short of capacity. We have to talk about a government which has delivered contamination to Clovelly Park residents and a government which is synonymous with burst water mains, with prison overcrowding, with disastrous trade figures and with unemployment today hitting 7.3 per cent, the highest in the nation and going up at a time when the national unemployment rate is coming down.

This is a government that has become synonymous with failure—failing the citizens of South Australia and failing the portfolios these ministers represent. These scandals keep on coming. We have had over 200 questions asked in this parliament in the last two weeks on Oakden alone. They are questions that deserve answers but are not receiving answers. We asked questions about the Oakden inquiry handed down by the Chief Psychiatrist in the week before Easter, after the minister had received the report from the Chief Psychiatrist but before she had read it. Questions should have been answered then but were not.

We asked questions about Oakden prior to the Chief Psychiatrist's report being given to the government, questions that were ignored by the government then. It is of a piece with the way that this government operates across all of its range of portfolios. The first thing that happens when a problem is raised is that the minister of the government says, 'There's nothing to see here.' Then they say, 'Well, actually there might have been something to see here, but it's somebody else's fault and it's okay because it has been fixed now.'

Then we hear them say, 'Look, it turns out that maybe it hasn't been fixed, but it's not the minister's fault because they were never informed of the situation in the first place, but now they have ordered a review, so that's okay. They ordered a review as soon as they knew about it.' Then we tend to hear from the government, 'It turns out that the minister was advised that there was a problem, but they took the department's advice that there wasn't a problem. But, as we say, now that we have ordered a review, there is nothing to see here.' Then the government expects us to trust them—trust them when they answer 200-plus questions with no information salient to the details.

Today, the unemployment figures came out—7.3 per cent unemployment in South Australia—and the government says, 'Trust us. We've got a plan.' Why should we trust this government? Unemployment is 7.3 per cent in South Australia. The national average is 5.7 per cent, down from 5.9. South Australia is 7.3 per cent, up from 7 per cent. The next worst state is Queensland, where they have 6.3 per cent unemployment. New South Wales has under 5 per cent unemployment. It is an extraordinary set of failures.

After 15 years of this Labor government's economic settings, it is of a piece with their failures in child protection. It is of a piece with their failures in mental health and in health. It comes back down to the way the government runs their operation. Is there an inquiring mind on the front bench of government? I do not see one. Is there one who, when presented with information from their department saying, 'Yes, it looks bad, but we've got it in hand. It's all okay,' then have an inquiring mind that asks, 'Why does it look so bad if you say that it is okay? Why are we getting questions about this if you say it is all okay?' We do not.

We have a set of ministers who read talking points presented by their department, and if they cannot remember their talking points they take questions on notice or say, 'We will get back,' or that the question is unfair. It is an extraordinary set of failures and it is why we have such bad economic performance, just as we have bad performance in the social sphere, in child protection, in education and, of course, in health.

Last week, the Liberal Party announced that if we formed government next year we would open four new trade offices in Dubai, United States, Malaysia and Japan, in countries with high potential so that we can provide on-the-ground support to our exporters. This is the sort of work that is going to see our unemployment rate come down. When his Labor government came to power 15 years ago, South Australia had 7.4 per cent of the national export share in 2002. That is down now to 4 per cent, with a gap of up to \$9 billion between what we have and what we could have if our export share had kept up.

The value of South Australian merchandise exports is \$10.9 billion. It fell 6.2 per cent in the 12 months to March. The national totals increased by 13 per cent over the period. This is a government full of failure, full of excuses, but with no plan for South Australia's future. That is why we need change in March in South Australia.

#### **REACH OUT MUMS GROUP**

**Mr ODENWALDER (Little Para) (15:46):** I rise today to talk about an event I attended last month at the City of Playford Civic Centre. I attend many functions and events at the Playford Civic Centre, it being in the heart of my electorate, but this one was especially touching and, for a cynic

like me, somewhat heart-warming. It was the 10<sup>th</sup> anniversary of the Reach Out Mums Group and the online launch of their *Reach Out and Connect* booklet. As well as being there to celebrate with the ladies in my capacity as the local member, I was also there representing my friend the Minister for Disabilities.

As the minister already knows, the City of Playford has a fairly good record of providing quality, individualised services to both children and adults with disability in the community. I am saying that as someone who is not always a supporter of the City of Playford and the ways in which they spend my money, as well as that of other ratepayers, but in programs like this they do extremely well. I am really pleased and proud that the state government continues to help to fund such initiatives.

NDIS reform funding provides approximately \$200,000 to the City of Playford for a range of South Australian home and community care activities and approximately \$120,000 for specialist disability services, including the Reach Out Mums Group. The Reach Out Mums Group is a great example of the type of program that really makes a difference in the lives of those who attend it. The Reach Out Mums Group was established in Playford in 2007. The City of Playford at that time identified a gap in community support for some mothers with a mild intellectual disability.

The aim of the Reach Out Mums Group was to increase the skills and promote community participation for these mums through group activities, through workshops and through community outings. But it is so much more than that. Deputy Speaker, all mums, as you know, need love and support. As a husband of a mother of two under two, I understand this vividly. All mums need love and support, and this group provides a safe place for mothers with a mild intellectual disability to learn and share parenting and life skills. It is difficult to overstate the importance of this for the wellbeing of the mums and also for the wellbeing and future life chances of their kids.

The group currently has about 15 mums who meet weekly; sometimes their kids come along, sometimes grandkids come along and sometimes grandparents come along. It is a mutual support group between mums, but it also facilitates intrafamily relationships, helping to build, or in some cases to rebuild, some of the familial relationships which most of us take for granted when we have kids but which, for one reason or another, in these instances may need a bit of assistance.

Not only do they help each other out, support each other and assist each other to build and rebuild relationships, but they have also captured some of the lessons they have learned along the way and put them together in their *Reach Out and Connect* booklet. This booklet is a practical, easy to read resource that is intended to help other young mothers build on their abilities and provide them with the confidence they need to be great parents.

The celebration I attended was not only their 10<sup>th</sup> birthday—with a lovely cake, I hasten to add, which I got to cut with the mayor in some rather awkward photographs which I hope will never see the light of day—but it was also the launch of this particular booklet online. It is hoped that having this resource online will allow it to help many others and to help others set up similar groups in other areas. I understand that, until recently, there was a group in Salisbury of a very similar nature which for some reason is, sadly, now non-existent. I hope that groups like this can be replicated across the state, and I think that this online booklet might lead the way in that respect.

I want to acknowledge the contribution of the Reach Out Mums Group participants and the City of Playford staff in putting this event together. As I spoke to this group and the people who administer the group at the City of Playford, I picked up equal parts excitement and anxiety about the introduction of the NDIS. There was a general acceptance that the disability sector is going through an exciting and challenging time with the introduction of the NDIS, and I reflected to the group on the fact that the ethos behind groups like Reach Out Mums reflects the ethos behind the introduction of the NDIS and the initial impetus for it.

Like the NDIS, it aims to increase the goals and aspirations of these people. Essentially, it aims to give them freedom to develop skills, to gain employment and to confidently take part in their local community and beyond in a meaningful way. As you know, Deputy Speaker, the NDIS rolls out in its universal form from July this year, and it will give people with disability real choice and real control over what supports are best for them. I want to congratulate again the Reach Out Mums group on 10 years of supporting each other and giving each other advice and the help and confidence

they need to be great mums. I also congratulate the City of Playford on its commitment to providing opportunities for learning and development for these participants.

*Personal Explanation*

**OAKDEN MENTAL HEALTH FACILITY**

**Ms COOK (Fisher) (15:51):** I seek leave to make a personal explanation.

Leave granted.

**Ms COOK:** I understand the emotion behind the grievance delivered by the member for Bright, but I would ask that he withdraw the allegation that I would laugh at matters around elder abuse. I find the whole subject of elder abuse quite sickening, and I would hate that it be on record that I would ever laugh at such a serious matter.

**The DEPUTY SPEAKER:** Member for Bright, the member for Fisher has asked that you might reconsider the imputation that she feels was made during your contribution.

**Mr SPEIRS (Bright) (15:52):** On the matter raised by the member for Fisher, unfortunately, given the emotive content of my speech and the fact that she was laughing during it, I can only draw the conclusion that she was laughing at the content and sniggering at the content of the speech, which was elder abuse. It was symbolic of the casual attitude of the government towards elder abuse. So, I will not be withdrawing that comment.

**The DEPUTY SPEAKER:** We are going to call for the *Hansard* of your contribution this afternoon. I will confer with the Speaker before I make a ruling on this. I will get back to you all later.

*Bills*

**TOBACCO PRODUCTS REGULATION (E-CIGARETTE REGULATION) AMENDMENT BILL**

*Introduction and First Reading*

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:53):** Obtained leave and introduced a bill for an act to amend the Tobacco Products Regulation Act 1997. Read a first time.

*Second Reading*

**The Hon. L.A. VLAHOS (Taylor—Minister for Disabilities, Minister for Mental Health and Substance Abuse) (15:53):** I move:

That this bill be now read a second time.

This bill seeks to amend the Tobacco Products Regulation Act 1997 to introduce a range of measures to regulate the sale, supply and use of e-cigarettes. The bill prohibits:

- sales of e-cigarettes to children;
- retail sales of e-cigarette products without a licence;
- indirect sales of e-cigarettes, such as internet sales;
- e-cigarette sales from temporary outlets, sales trays and vending machines;
- the use of e-cigarettes in areas that are smoke-free under the act;
- advertising, promotion, specials and pricing promotions for e-cigarettes; and
- retail point of sale displays of e-cigarettes.

Electronic cigarettes, also known as e-cigarettes, are battery operated devices that vaporise a solution into a fine aerosol that is inhaled into the lungs. The latest World Health Organisation report on electronic cigarettes, released in August 2016, concludes that the evidence for the safety of e-cigarettes and their capacity to aid smoking cessation has not been established and that there are possible risks from active and passive exposure to electronic cigarette vapour. There are also concerns about the risk that electronic cigarettes may serve to initiate young people in nicotine use and smoking.



South Australia does not have legislation that regulates the sale, use and promotion of e-cigarettes that do not contain nicotine and do not resemble a tobacco product. Currently, these products may be legally sold or supplied to children, advertised and displayed, and used in enclosed public spaces. Amendments through the passing of this bill will regulate e-cigarettes in a similar way to tobacco products. This aligns with the recommendations in the Final Report of the Select Committee on E-Cigarettes.

The bill includes those recommendations that can be implemented legally and effectively through amendments to the Tobacco Products Regulation Act 1997. This also includes the select committee's recommendations that prohibit the sale of e-cigarettes from temporary outlets and vending machines. In addition, the bill strengthens the objects of the act by including e-cigarettes, and it increases the flexibility of the act to remove restrictions on e-cigarette products, if they have been approved for therapeutic use in Australia.

The bill aims to have a positive public health impact by regulating e-cigarette products and reducing the potential harms to the South Australian community. Importantly, these measures will reduce the likelihood that children will be attracted to e-cigarettes, while still allowing access by adults who choose to purchase these products. It will also protect other members of the public from being exposed to e-cigarette vapour within legislated smoke-free areas. I commend this bill to members and seek leave to have the explanation of clauses inserted in *Hansard* without my reading it.

Leave granted.

#### Explanation of Clauses

##### Part 1—Preliminary

###### 1—Short title

###### 2—Commencement

###### 3—Amendment provisions

These clauses are formal.

##### Part 2—Amendment of *Tobacco Products Regulation Act 1997*

###### 4—Amendment of long title

This clause amends the long title of the Act to insert a reference to the regulation of the sale, advertising and use of e-cigarette products.

###### 5—Amendment of section 3—Objects of Act

This clause amends the objects of the Act to insert references to e-cigarettes and e-cigarette products.

###### 6—Amendment of section 4—Interpretation

This clause amends various definitions in the Act to take account of e-cigarette products. The clause also inserts definitions of e-cigarette and e-cigarette product for the purposes of the Act.

###### 7—Amendment of section 6—Requirement for licence

The clause inserts a new paragraph providing that a person must not carry on the business of selling e-cigarette products by retail or hold themselves out as carrying on such a business unless the person holds a licence under Part 2 of the Act.

###### 8—Amendment of section 9—Licence conditions

The clause amends provisions in section 9 to allow the conditions of a licence to include conditions in relation to e-cigarette products.

###### 9—Amendment of Heading to Part 3

The clause amends the heading to Part 3 to include a reference to e-cigarette products.

###### 10—Amendment of section 30—Sale of tobacco products and e-cigarette products by retail

The clause amends the offence provision in section 30(5) to include a reference to e-cigarette products.

###### 11—Amendment of section 36—Products designed to resemble tobacco products

The clause amends the section to include a reference to e-cigarettes.

12—Amendment of section 37—Sale of products by vending machine

The clause inserts a new offence prohibiting the sale of e-cigarettes by means of a vending machine, with a maximum penalty of \$5,000 and an expiation fee of \$315.

13—Insertion of section 37A

This clause inserts a new section as follows:

37A—Sale of e-cigarette products from temporary outlet

Proposed subsection (1) makes it an offence to sell an e-cigarette product by retail from a temporary outlet, with a maximum penalty of \$5,000 and an expiation fee of \$315. Proposed subsection (2) makes it an offence for an occupier of premises to cause or permit another person to sell an e-cigarette product by retail on those premises in contravention of proposed subsection (1), with a maximum penalty of \$5,000 and an expiation fee of \$315. Temporary outlet is defined as a booth, stand, tent or other temporary or mobile structure or enclosure, whether or not part of that booth, stand, tent, structure or enclosure is permanent.

14—Amendment of section 38—Carrying tray etc of tobacco products or e-cigarette products for making of successive retail sales

The clause amends the offence provision in section 38(1) to insert a reference to e-cigarette products.

15—Amendment of section 38A—Sale or supply of tobacco products or e-cigarette products to children

The clause amends the offence provisions in sections 38A(1) and (5) to insert a reference to e-cigarette products, and makes other related consequential amendments.

16—Amendment of section 39—Power to require evidence of age

The clause amends section 39(1) to insert a reference to e-cigarette products.

17—Amendment of section 40—Certain advertising prohibited

The clause amends various provisions in section 40 to extend to e-cigarette products the advertising prohibitions that currently apply to tobacco products.

18—Amendment of section 41—Prohibition of certain sponsorships

The clause amends section 41 to extend to e-cigarette products the prohibition on certain sponsorships that currently apply to tobacco products.

19—Amendment of section 42—Competitions and reward schemes etc

The clause amends section 42(1) to extend to e-cigarette products the restrictions on the promotion of sales by competitions and reward schemes that currently apply in relation to tobacco products.

20—Amendment of section 43—Free samples

The clause amends section 43 to prohibit the offering of free samples of e-cigarettes.

21—Amendment of section 66—Powers of authorised officers

The clause amends section 66 to allow an authorised officer to seize and retain e-cigarette products if the officer reasonably suspects that an offence against the Act has been committed in relation to the products, or that the products may afford evidence of an offence against the Act.

22—Amendment of section 69—Powers in relation to seized products

The clause amends section 69 to allow the powers in the section in relation to seized tobacco products to apply to e-cigarette products.

23—Amendment of section 70A—Confiscation of products from children

The clause amends various provisions in section 70A to allow for the confiscation of e-cigarette products from children in the same manner as tobacco products may currently be confiscated under the provisions of the section.

24—Amendment of section 71—Exemptions

The clause amends section 71(1) to allow for the Governor to exempt by proclamation e-cigarette products or a class of e-cigarette products from the operation of the Act subject to conditions set out in the proclamation.

25—Amendment of section 85—Evidence

These amendments are consequential on the amendments to section 37.

26—Amendment of section 87—Regulations

The clause amends the regulation making provisions in section 87 to insert references to e-cigarette products consequential on other amendments in the measure.

Schedule 1—Transitional provision

1—Existing licences

The clause provides that licences in force on the commencement of the measure will be taken to authorise the retail sale of e-cigarettes and that existing licence conditions will be taken to include reference to e-cigarette products wherever tobacco products are referred to.

Debate adjourned on motion of Mr Griffiths.

### **LOCAL GOVERNMENT (BOUNDARY ADJUSTMENT) AMENDMENT BILL**

*Committee Stage*

In committee.

(Continued from 2 March 2017.)

Clause 1 passed.

Clause 2.

**Mr GRIFFITHS:** I note that the act will come into operation on a day to be fixed by proclamation. The second reading contribution from the minister refers to 1 January 2019 as the date, as I understand it. There are some reasons given for that, one being that there will be local government elections in November 2018. This was not given in the detail of the second reading, but why was contemplation not given to it being 1 January 2018? I know that in some of the consultation I undertook as part of an earlier responsibility there was support for the changes to be in place sooner rather than later.

**The Hon. G.G. BROCK:** Whilst I note this is somewhat delayed, presuming a passage through this house to another place, this will give the commission ample time to develop the detailed and thorough guidelines required by this bill that will be essential to the process of boundary change. I also expect that the commission will consult closely with local government and more widely on those guidelines that are developed, and a later commencement date will enable this to happen.

If there is demand for a boundary change in the meantime, I remind members that the current act enables councils that are in agreement with each other to initiate boundary reform proposals. This has had lots of consultation, so that is where we are going on that one.

**Mr GRIFFITHS:** I appreciate that the consultation has been somewhat lengthy; on reading my notes again I think it was sometime in the last third of 2015 when consultation commenced. Given that the minister introduced the legislation in November 2016 am I to presume, given the response the minister has provided, that there has been no work done at all by any group as to guidelines that are intended to be in place?

I understand that the grants commission will take on a more responsible role, but I would have presumed that as part of the minister's department some work would have occurred. It would also have been part of the discussions with the Premier's local government forum, what the specifics of it might be.

**The Hon. G.G. BROCK:** There have been lots of discussions through the Local Government Association, and this is also going to go through the Local Government Grants Commission. It would be improper for the Local Government Grants Commission to set guidelines at this stage, before the parliament has accepted or received this bill through the process.

Clause passed.

Clauses 3 and 4 passed.

Clause 5.

**Mr PISONI:** This clause seeks to:

...collaborate and form partnerships with other councils and regional bodies for the purposes of delivering cost-effective services (while avoiding cost-shifting among councils), integrated planning, maintaining local representation of communities and facilitating community benefit;

Are there any requirements in that section for any consultation at all for that purpose? If so, what is the intent of those who should be consulted if any of these changes are implemented?

**The Hon. G.G. BROCK:** The Local Government Association has requested additional amendments to the act to support the development of effective regional governance models in local government. This bill therefore amends section 8 of the act to outline the objectives, objects and the principles of regional collaboration and partnerships. Further, as part of a council boundary-informed framework, the principles for boundary change will also include consideration for regional activities.

The bill also amends the act to include a requirement for councils or other regional bodies to demonstrate the potential benefits of regionalisation, which have been assessed as part of the long-term planning in this way. The bill supports the effective future of local government in this state, be that through regional service delivery or consideration of council boundaries that best reflect the needs and aspirations of communities across South Australia. I also note that the commission will consult on any of its considerations for regional collaboration, as it will before any of its recommendations go forward.

**Mr PISONI:** Will this prevent a group of councils pooling resources such as payroll? What are the processes if pooling of resources results in redundancy of staff? Is there anything that assists councils to deal with that matter if they decide to introduce these cost-saving measures by pooling resources, as is the intent of this clause? Is there anything in this bill that assists them in dealing with industrial relations matters or making changes to their enterprise bargaining agreement, if need be?

**The Hon. G.G. BROCK:** The effect of this bill is to assist councils to fully further resource share, as the member for Goyder pointed out. The bill will assist those councils. By going forward with this, obviously each council has a different EB agreement. That will have to be discussed at the appropriate time, but it certainly will be taken into consideration if and when that happens.

**Mr PISONI:** Does the bill prevent the local government minister, for example, assisting councils that might need to deal with industrial matters to implement these shared arrangements?

**The Hon. G.G. BROCK:** The bill allows those councils, if they are going to go in that direction, to recommend to the commission. The commission can recommend but cannot require councils to go in that direction.

**Mr PISONI:** But if councils decide to take that direction, is it the intent of the bill for there to be advice or resources available to those councils to deal with a changed industrial situation? I would suspect that changing many years of entrenched practices will not be easy. What I am trying to ascertain from you, minister, is whether there is anything stopping you as the minister providing resources to local government to assist councils with any industrial resistance they may have in order to implement these changes and deliver their services more efficiently and effectively.

**The Hon. G.G. BROCK:** First, I have to reinforce that it is the commission that will be doing the work and the investigation, not the minister. If the commission investigates the potential of a collaborative model, these matters will be considered in the proposal as it goes forward. I have to go back and say that it is the commission that will be identifying this and going through the process. All these things will be covered by the commission through the investigation.

**Mr PISONI:** I understand that the commission will be making the decision on this, but it will be doing so at the request of either the minister or the councils. Is there anything in this legislation that prohibits the minister from assisting councils to help them change their industrial arrangements so that they can achieve the outcomes that the commission has agreed they can achieve?

**The Hon. G.G. BROCK:** This does not preclude the minister from being involved with that. Those sorts of things will be taken into consideration by the commission when it comes through the process. It certainly does not preclude something like that happening, but it also does not compel the minister to do anything.

**Mr PISONI:** Does the minister need any direction, or can the minister do it without the direction, support or recommendation of the commission?

**The Hon. G.G. BROCK:** At any time through this process the commission can come to the minister for assistance and things like that. However, the decisions and those sorts of outcomes will

be discussed as we go along. Certainly, the councils can ask the minister directly, if they feel that that is the way to go. It will also go through the commission.

**Mr GRIFFITHS:** I have listened to this answer quite seriously. Minister, you raised the point of the commission being involved. I do not accept the fact that the commission is involved. This clause relates to section 8 of the Local Government Act. Section 8 of the Local Government Act does not actually have any reference to the commission; therefore, if I read this clause alone, it refers to principles that the minister has control over, not the commission itself. Can the minister seek further clarification from his adviser, because I do not accept the response? I completely accept the last part of your answer where you refer to the opportunity to approach the minister, but I do not accept that as part of this clause the commission is actually involved.

**The Hon. G.G. BROCK:** The member for Unley's question, as I understand it, relates to conditions and processes. The member for Goyder is more on the principle side, as I understand it. Certainly, the whole concept of this is to encourage regional collaboration, for those councils to get together and look at the best economic and strategic opportunities.

**Mr GRIFFITHS:** While I have an issue with the minister's response, I recognise that it is a question of the specifics of the answer, not the specifics of the legislation. I do support the intent of this clause very strongly. I will accept the response, even though we have a difference of opinion about the words used.

Clause passed.

Clause 6 passed.

Clause 7.

**The Hon. G.G. BROCK:** I move:

Amendment No 1 [LocalGov-1]—

Page 4, after line 33 [clause 7, inserted section 27(3)]—Insert:

- (ba) must set out procedures relating to the determination by the Commission of the reasonable costs of an inquiry for the purposes of section 32B; and

Amendment No 2 [LocalGov-1]—

Page 9, lines 5 to 10 [clause 7, inserted section 31(8) and (9)]—

Delete subsections (8) and (9) and substitute:

- (8) The Minister may, on receipt of a report, request that the Commission make specified amendments to the report (including to recommendations in the report).
- (9) On receipt of a request under subsection (8)—
  - (a) the Commission may make such amendments (if any) as the Commission considers appropriate; and
  - (b) if the Commission makes amendments, the Commission must—
    - (i) publish an amended report on a website determined by the Commission; and
    - (ii) provide a copy of the amended report to the Minister.

**Mr PISONI:** On the setting out of the procedures relating to the determination by the commission of reasonable costs, are they restricted to legal costs or are they costs that could arise in some other way?

**The Hon. G.G. BROCK:** They are the costs of the inquiry, at this stage. If it is helpful, I will explain the first amendment for members. This amendment requires the commission to publish guidelines that will detail the process that would be used to determine the cost of an investigation that is undertaken as required under new section 32B.

New section 32B requires councils to resource the investigations of general proposals that they initiate. Of course, I am aware that a number of councils and the Local Government Association oppose the idea that the commission can require councils to pay for these investigations. Over the

course of the development of this bill, I have made my view on this matter very clear; that is, if councils have the right to initiate proposals, then councils should also have the responsibility to pay for those investigations.

However, I have heard concerns from the local government sector that councils will be reluctant to put forward general proposals to the commission if they are not sure of the costs involved. I therefore propose this amendment in order to provide an assurance to councils that a proposal will not proceed to an investigation under new section 32B without the commission consulting with the council on the likely cost. The guidelines that the commission will be required to produce will detail this process so that a council can understand the expected cost of the investigation before the proposal proceeds. If this is in excess of what the council is prepared to pay, then the proposal can be removed.

Amendments carried.

**Mr GRIFFITHS:** I have questions on clause 7. I refer to the legislation that was provided to me last year. I refer to page 4, and an amendment to new section 27(2). That is where it refers to the guidelines. I have asked a question about the guidelines and it appears that no work has occurred on that yet. New subsection (3) goes on to talk about some specific areas that the guidelines will consider and new subsection (4) is rather interesting because it provides:

A provision of the proposal guidelines may be of general, limited—

and this is the important one—

or varied application

Can the minister identify what a 'varied application' means.

**The Hon. G.G. BROCK:** The varied application could include the drafting of this clause. It simply intends to give the commission full flexibility in drafting guidelines for this process, as is necessary.

**Mr GRIFFITHS:** Just to clarify, do the guidelines therefore become a policy to be applied by the commission or are they some form of regulation that has some level of parliamentary scrutiny attached to it?

**The Hon. G.G. BROCK:** First, they will be prepared by the commission. The commission will be responsible for that. There is no opportunity or room in this for the minister to direct the contents or recommendations of the commission.

**Mr GRIFFITHS:** Therefore the minister has no impact upon it and therefore the parliament does not have any impact. It is just purely the commission preparing and using it as the guidelines upon which they operate.

**The Hon. G.G. BROCK:** That is one of the reasons that I believe the commission should be completely in that on all the guidelines. The commission should consult very carefully and as widely as it can.

**Mr GRIFFITHS:** Consulting means the minister also being engaged in that consultation and having some input. I will accept the minister's response. It is just that I believe that the debate on clauses during the committee stage helps guide what occurs in a practical way. That is why I want to ask some questions, to clarify some issues. Minister, I now refer to page 5 of the bill. New section 28(1)(d) provides: 'by the prescribed percentage or number of eligible electors'. Can the minister confirm what that figure is?

**The Hon. G.G. BROCK:** The intent for the prescribed percentage is 10 per cent.

**Mr GRIFFITHS:** I seek clarification. I think I might have this one wrong, so that is why I will seek some indulgence from the minister. New section 28(2)(c) provides:

the incorporation within the area of a council a part of the State that is not within the area of a council.

Therefore, if it is out of council boundaries currently, is that where it is identified only by the number of people and not by the percentage of eligible voters because they are not currently eligible voters

for local government elections? Is it purely local government elections or is it potentially for the House of Assembly and a state election?

**The Hon. G.G. BROCK:** Let's get some clarity on that one and come back to make certain that we get it correct.

**Mr GRIFFITHS:** If I may go to my next question, please.

**The CHAIR:** Is it still on clause 7?

**Mr GRIFFITHS:** It is.

**The CHAIR:** Off you go.

**Mr GRIFFITHS:** I will refer to the bottom of the page and to new subsection (3)(a) where it talks about the commission refusing to inquire if the proposal is 'vexatious, frivolous or trivial'. I understand the inclusion of the words, but it becomes a very objective assessment. Is that where the intention is for guidelines to exist which create some certainty to that?

**The Hon. G.G. BROCK:** It will be up to the commission to decide the guidelines, but certainly the commission will make certain that there is no confusion. The guidelines should assist people without making a frivolous opportunity or move going forward.

**Mr GRIFFITHS:** If I can go to the next question area, just over the page—

**The CHAIR:** On clause 7?

**Mr GRIFFITHS:** It is and paragraph (c) at the very top of the page:

(c) the proposal is the same as or substantially similar to a proposal that has already been inquired into;

I understand why that is there, but the question I have that stems from that is: is there some time frame involved? There is the potential (I am not sure how likely it is, though), on the basis that the legislation will be in force for some time, that it could go out into the future. If a suggestion from the community for a boundary amendment occurs in two years' time, but then 10 years after that a similar one comes through and the demographics and the intensive land use of the area has changed significantly and it has a far greater population, is the suggestion that, as part of that, for those issues, where there is a significant change, you would consider it again even though it is the same as what was dismissed 10 years before?

**The Hon. G.G. BROCK:** The commission will determine in its view if it is substantially different and, if it is not, it will remain the same.

**Mr GRIFFITHS:** I accept the response that the commission gives consideration to it on its merits at the time and then makes a determination. If I can go to the very bottom of that page, which is new section 30(5) the second to last line (and this is for administrative proposals), states that it 'may involve such variations as the Commission thinks fit to the administrative proposal'.

Earlier on in this clause, it talks about consultation with the minister, if the commission thinks fit. Is that a decision that it is authorised to make by itself, or is there intended to be a requirement for consultation with the minister? I know that reference is made to consultation with the minister before this, but I just want some clarification on 'if thinks fit' includes review by the minister.

**The Hon. G.G. BROCK:** I note that these clauses refer to 'minor proposals'; therefore, there is flexibility for the commission to make only minor changes without consultation.

**Mr GRIFFITHS:** New subsection (7)(a)(i) states that the administrative proposal may mean a proposal 'to facilitate a development that has been granted a development authorisation'. As part of an earlier briefing, I asked a question about this, but I am interested in, where there is a boundary adjustment to a council on the basis of a development that has been approved, I presume, how that stimulates a boundary adjustment. I am unsure, and I think it is important to put on the record where a development proposal on a portion of land is the driver of a council boundary. I seek some clarification from the minister on this.

**The Hon. G.G. BROCK:** It would need to be a separate proposal to the commission. The development application could not take that into consideration, but you would expect that the commission would take the work done on the development into their consideration.

**Mr GRIFFITHS:** I thank you for your response, but that still does not make sense to me. I am not trying to be cheeky, but I am looking for a practical example of where development approval granted to a portion of land is the stimulus for a boundary adjustment to occur. I am not sure if I can envisage it. I know that it is of a minor nature and I understand that.

I know it is important for legislation to exist that provides opportunities for change to occur, and I have no argument with that, but I am still unsure why this is included. Unless it relates, on the basis of development, to what the cost implications might be from the rates charged on the land, I am unsure why. I can understand if the council line goes through a portion of land; if that is the response from the minister, I can accept that, but I am interested to find out.

**The Hon. G.G. BROCK:** It would be nice if I had an example—for argument's sake, a nursing home over two boundaries or something like that. But, to make it very clear, I would prefer to get more information on that and come back. I want to make sure that we get it correct.

**Mr GRIFFITHS:** My next question relates to new section 31—Inquiries—general proposals, on page 8 and new subsection (2)(b), 'councils affected by a proposal the subject of an inquiry are consulted on proposed appointments'. It relates to the people who do the investigation on that, but what if for some reason the council from the panel of people who are appointed to undertake the investigation does not accept the suggestion of who that investigator is to be? Is there an opportunity for a council to say, 'No, we would prefer it to be such and such'?

**The Hon. G.G. BROCK:** No. The council can be consulted, but they cannot object to the person, to say no.

**Mr GRIFFITHS:** I refer to page 9, to new subsection (9), which provides:

The Commission may, after complying with any directions of the Minister—

I seek some clarification. In an earlier response, the minister talked about the responsibility that rests with the commission. I appreciate the fact that that is the Local Government Grants Commission, but in this case it implies that this is where the minister has the opportunity for a specific directive to be given, which does not seem to sit with the other explanation that has been provided. Can the minister outline why that opportunity exists in the legislation?

**The CHAIR:** While we are talking, we have already passed the amendments to clause 7, which means that subsection (9) printed here is no longer subsection (9). I am not sure if your question is going to add anything to this.

**Mr GRIFFITHS:** I apologise. I was not aware of the amendments from the minister. We can disregard this question area.

**The CHAIR:** Do you have a copy of this?

**Mr GRIFFITHS:** The member for Unley had shown it to me briefly.

**The CHAIR:** We did hand this out at the very beginning of deliberation on clause 7.

**Mr GRIFFITHS:** I am prepared to withdraw my question, if I may, and go on to the next area, which I do not think has been subject to an amendment.

**The CHAIR:** Then we are going to put clause 7 as amended?

**Mr GRIFFITHS:** No.

**The CHAIR:** You have more questions on clause 7?

**Mr GRIFFITHS:** Within clause 7, continuing.

**The CHAIR:** So, you do not have a question on the amended subsection (9) that you are talking about. Amendment No. 2 was to clause 7, which inserts a new subsection (9).

**Mr GRIFFITHS:** I understand that.



**The CHAIR:** You are now moving on to new subsection (10)?

**Mr GRIFFITHS:** No—beyond that.

**The CHAIR:** You are beyond that? Where are you?

**Mr GRIFFITHS:** It is still clause 7.

**The CHAIR:** We are still on clause 7. To what are you referring? I thought you were on inserted section 31.

**Mr GRIFFITHS:** I was on section 31, but I have gone beyond that now.

**The CHAIR:** Section 31 has changed now because of this.

**Mr GRIFFITHS:** If I may, I will go to page 10 and inserted section 32A—Powers relating to inquiries, which provides:

The Commission or an investigator conducting an inquiry under this Division may...by summons signed by the Commission...require a person's attendance

What if they do not attend? Are they able to reserve any right? What legal requirement is provided for them to attend this investigation, particularly because subsection (2) states that a person or council must not refuse, and then it states that a penalty of \$10,000 is in place. The council I can understand because it has a direct impact upon them, but I am unsure about the inclusion of the words 'a person'. 'A person' can be many and varied and, indeed, someone not necessarily involved in a council operation.

**The Hon. G.G. BROCK:** This is a very serious process, as the member has said. At the conclusion of an inquiry, we are talking about a proclamation of the Governor to change council boundaries in the state. These changes could have large implications for all involved: councils, ratepayers, residents and staff of all councils. I hope that these penalties would not need to be invoked at all; however, there is a risk that critical information that will assist the commission to make a decision may not be forthcoming, for example, if an employee of a council did not provide information requested by the commission.

As there is a risk of the commission making a poor recommendation based on inadequate information, these clauses ensure that the commission or an investigator has sufficient powers to assist with the conduct of inquiries. The Local Government Boundary Reform Board, which was established in 1995 to facilitate the structural reform of local government in South Australia, had similar powers and, I note, never had to deploy them.

**Mr GRIFFITHS:** The reason I ask the question is so that I can understand if it is a council-elected member or a council employee, and I include them under the definition of 'council' in the legislation that is proposed, but I am unsure about the words 'a person'.

**The Hon. G.G. BROCK:** It is any person, regardless of their status with the council—that is the intent.

**Mr GRIFFITHS:** Another reason I ask is that subclause (3) talks about a person not being obliged to comply with that if they believe that it so might incriminate the person of an offence. That person is making the judgement. If the commission wants to try to put a \$10,000 maximum penalty upon them, the investigator would disagree with that, but the person has made the judgement that they did not choose to. I am just being a bit pedantic about this, potentially, but I want to make sure there are some clear guidelines given as part of any potential legal action that might be taken, given you are talking about a penalty of up to \$10,000.

**The Hon. G.G. BROCK:** This is a standard clause where powers are given to organisations through the parliamentary legislative requirement.

Clause as amended passed.

Remaining clauses (8 to 11), schedule and title passed.

Bill reported with amendment.

*Third Reading*

**The Hon. G.G. BROCK (Frome—Minister for Regional Development, Minister for Local Government) (16:42):** I move:

That this bill be now read a third time.

Bill read a third time and passed.

**PARLIAMENT (JOINT SERVICES) (STAFFING) AMENDMENT BILL***Second Reading*

Adjourned debate on second reading.

(Continued from 12 April 2017.)

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (16:43):** I rise to speak on the Parliament (Joint Services) (Staffing) Amendment Bill 2017. The opposition have received advice from the delegates on the Joint Parliamentary Service Committee that this is in order. I understand that the relevant staff, who are largely in respect of Hansard, the library and catering, have been consulted, and this is in order. It essentially has the effect of removing the need for executive determination to change the staffing status, and it can then be done by the JPSC (Joint Parliamentary Service Committee). We consent to the bill.

**Mr GEE (Napier) (16:44):** I rise to speak in support of the Parliament (Joint Services) (Staffing) Amendment Bill 2017. This bill will help streamline the operation of the Joint Parliamentary Service, as well as reducing unnecessary administrative work for the government and the Governor.

The JPS provides an excellent and important service to all members. As members would know, the JPS is divided up into four divisions: the Parliamentary Catering Division, the Parliamentary Reporting Division, the Parliamentary Library Division and the Joint Services Division. The JPS reports to the Joint Parliamentary Service Committee, which is made up of the Speaker, the President of the Legislative Council and two members from each house, one from the government and one from the opposition. The Speaker and President alternate in the role of the Chair, each acting for a year at a time.

For the most part, the Parliamentary (Joint Services) Act 1985 provides the JPSC with the power to manage the affairs of the Joint Parliamentary Service. This includes the power to make appointments, to vacate positions, make temporary appointments, discipline staff and grant most types of leave. However, there are certain powers that the act grants to the Governor. Most significantly, the Governor has the power to create and abolish offices in the JPS. The Governor also has the power to classify officers, the classification then fixing the salary appropriate to that office. Both of these powers are exercised on the recommendation of the JPSC, which must then cause notice of the Governor's decision to be laid before each house.

In addition, although most types of leave can be granted by the JPSC, an employee who wishes to take special leave with pay for more than three working days in any financial year must have the consent of the Governor. It is unclear why parliament, in 1985, chose to grant these powers to the Governor. This scheme is not replicated in other comparable jurisdictions; the parliaments of the commonwealth, Victoria and the UK, for example, are responsible for their own internal administration.

One consideration may have been that it enabled the Governor, and in turn the Executive Council, to be kept abreast of parliament's expenditure, as any new spending on staff would need the Governor's approval. Another suggestion is that it may have been established to ensure that positions in the JPS were classified using the same framework as the public sector, though this is already encouraged in the act. Whatever the reason parliament saw for establishing the JPS in this way, it is no longer consistent with modern government and merely adds red tape.

Just to create a new role, for example, the secretary to the JPSC has to write to the Governor, whose secretary in turn writes to the Premier. The Premier must then instruct his department to prepare a submission to cabinet, which has to travel through the department back to the Premier.

Cabinet deliberates on it, and then passes it on to the Executive Council. Finally, the Governor approves it, and his secretary passes it back to the secretary of the JPSC.

The same process must be followed whenever the JPSC wants to abolish a position or reclassify a position to a higher level. This is not an efficient use of the government's time and it is not in keeping with the way the public sector operates. In the public sector, the power to manage staffing matters is delegated to agencies, and again within agencies, to create a flexible and responsive workforce.

This government has demonstrated its commitment to removing red tape. This government has made important streamlining reforms in the areas of taxation, workers compensation, and planning, as well as in liquor licensing and live music regulation. Other reforms have streamlined processes for industry, such as changes to certificates of compliance in the plumbing, gas, and electrical trades, changes to apprenticeships, simplifying contracts for local builders, simplifying trade waste, reducing red tape for the tuna industry and improving road transport for the agriculture industry. These initiatives were passed as part of the 2016 Simplify Day process, and work on Simplify Day 2017 is currently underway.

Streamlining staffing processes for the JPS, although it does not have a direct impact on the broader community, is another step in this government's ongoing program of modernising the way we do business and freeing up resources to get more important things done. The amendment bill will transfer from the Governor to the JPSC the power to create and abolish positions, to classify and reclassify positions and to grant special leave with pay for more than three days. Importantly, these amendments will not reduce the rights of JPS staff members. As is currently the case, the JPSC will have to cause notice of the creation, abolition, classification, or reclassification of an officer to be laid before both houses, allowing parliament to scrutinise the committee's decisions. The JPSC will continue to be prevented from abolishing a position held by a permanent officer.

JPS staff will continue to be subject to the Fair Work Act 2009. This will give them access to industrial processes, including the power to appeal in case of unfair dismissal. JPS staff will also continue to be subject to the Return to Work Act 2014, providing them with access to support and a path back to work should they suffer a workplace injury, as well as to dispute resolution mechanisms within the act. In this way, the amendment bill will preserve the rights of staff, while making the job of managing the Joint Parliamentary Service simpler and easier. In turn, this will make it easier for the JPS to provide us with the excellent service we are accustomed to. I commend the bill to the house.

**Mr PICTON (Kaurua) (16:50):** I would like to thank the member for Napier and the deputy leader for their contributions to this bill. It is a very small bill that fixes an important red tape issue. I think there is an interesting issue as to why the Governor should be involved really in our issues as a parliament at all.

**Ms Chapman:** It's as a protection measure, actually.

**Mr PICTON:** There you go. As a strong republican, I view that parliament should be of its own devices, particularly this house, but this is something that the Governor is very supportive of removing. In particular, I want to thank all the staff who work in this house for their very hard efforts, particular over some of the late sittings that we have had. I think this bill will help in terms of the process of recruiting excellent staff in the future. I would also like to thank Michael Brougham from DPC for his work on the bill, as well as Jan Cox from CSO and Gemma Paech from my office. I commend the bill to the house.

Bill read a second time.

*Third Reading*

**Mr PICTON (Kaurua) (16:52):** I move:

That this bill be now read a third time.

Bill read a third time and passed.

*Sitting extended beyond 17:00 on motion of Hon. Z.L. Bettison.*

*Motions***WOMEN'S SUFFRAGE ANNIVERSARY**

**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) (16:52):** I move:

1. That, in the opinion of this house, a joint committee be established to inquire into and report on matters relating to the 125<sup>th</sup> anniversary of women's suffrage and to consider—
  - (a) the significance of the Adult Suffrage Bill 1894;
  - (b) the courageous political campaign by South Australian suffragists, unions, and women's rights movements;
  - (c) recognition of Aboriginal women in South Australia, who gained the right to vote in 1894, but were denied the right to vote at Federation until 1967;
  - (d) ways to commemorate the 125<sup>th</sup> anniversary of women's suffrage in South Australia; and
  - (e) any other related matter.
2. That, in the event of a joint committee being appointed, the House of Assembly shall be represented thereon by three members, of whom two shall form a quorum of assembly members necessary to be present at all sittings of the committee.
3. That a message be sent to the Legislative Council transmitting the foregoing resolution and requesting its concurrence thereto.

In an extraordinary effort, South Australian suffragists, women's rights movements and unions called for a social and electoral reform, including universal franchise and a proportional voting system. Their collective efforts triggered public momentum and political inquiry into the question of female suffrage. The core essence of their courageous campaign was that the social and industrial interests of women can be advanced by women's political enfranchisement.

On 18 December 1894, the South Australian parliament passed the Adult Suffrage Bill, which granted women the right to vote and stand for election in the colony's parliament. In March 1895, the bill received royal assent from Her Majesty Queen Victoria and on 25 April 1896 women in South Australia voted for the first time in the colony's election. South Australia was the fourth jurisdiction in the world to grant women the right to vote, but even more notable is that we were the first jurisdiction in the world to grant women the right to stand for parliament. We are forever indebted to the female suffragists behind this success in 1894. These women were by no means homogenous. The reasons behind their decision to fight for universal franchise were more complex than might be thought.

Mary Lee, dubbed 'the streetfighter', was a widow who led a paper petition, collecting an impressive 11,600 signatures. Catherine Helen Spence was an intellectual powerhouse. Augusta Zadow was dedicated to improving the rights of working women. Many other suffragists, including Rosetta Birks, utterly believed that women should have full enjoyment of the inalienable right to have a say. The quest towards women's voting rights was fundamentally about giving women freedom from oppression. It reflected and grew out of concerns about unregulated sexual and employment exploitation of women and young girls, their poor access to education, denial of property rights and other deeply entrenched inequalities.

In essence, the suffrage movement was underpinned by optimism: if women gained the right to vote, there would be a natural defence against exploitation and other inequalities. History has proved this true. While it took years for women to stand for election, the cultural change that was achieved during this time was truly momentous. South Australia is a progressive state, and the 125<sup>th</sup> anniversary of women's suffrage will be an opportunity for our community to rebuild its understanding of the significance of the Adult Suffrage Bill 1894.

With the right combination of influence from politicians, expertise from our women's sector and the involvement of our broader community, we can identify the best way to commemorate the contributions of women from 1894 to 2019. Given the broad interest in this matter, I moved that a joint select committee on the 125<sup>th</sup> anniversary of women's suffrage be appointed. There is a potential for meaningful participation by members of this parliament, representatives from local government and our wider community. I seek support for the motion.

**Ms CHAPMAN (Bragg—Deputy Leader of the Opposition) (16:57):** I indicate that the opposition will be supporting the motion. There are a couple of matters I would like to raise. Firstly, in the event that this motion passes, which I sincerely expect it to do, I nominate myself to be available to serve as a representative for the House of Assembly. I understand that two other nominees will be elected by the minister for that purpose. In the event that the Legislative Council elects to join this committee, which, of course, we hope they will do, I expect the Hon. Michelle Lensink, our shadow minister for women, to take up that cause. We will leave it to the minister, of course, to exercise such persuasion as she might have in the cabinet to ensure that we have sufficient funds to celebrate this most important occasion in 2019.

I would like to say a couple of things in respect of matters raised in the motion. Firstly, in respect of the reference to Aboriginal women, I think it should be remembered that Aboriginal men in South Australia had the vote pre-1984. Indeed, they had the vote in South Australia before white women. It was still a very disappointing era in that, by the time we got to Federation, Aboriginal men and women were no longer allowed to go on the electoral roll. However, those men who were already on the roll (and very few women, I expect) were actually allowed to stay to continue to vote. Because they were already on the roll, they were not excluded. So, it was actually an exclusion since then.

The other thing that needs to be looked at, and it is perhaps one of the issues that we will look at, is the right to vote at the time of Federation until 1967, which, of course, was the time of the constitutional referendum. My understanding was that the commonwealth law was changed by Sir Robert Menzies—probably still Robert Menzies at that stage—in 1961, when the commonwealth legislation was changed to enable Indigenous people to vote. The problem for them was that, not being recorded on any referendum, the likelihood of their actually knowing about their right to vote, etc., clearly did not come until 1967, when the referendum was passed to ensure that they were recognised as full Australian citizens. These are the sorts of things we need to tidy up.

The crux of the recognition is to ensure that we work well together, as I am sure we will do, to work out the best way to commemorate the 125<sup>th</sup> anniversary. The legacy of the centenary, which is recognised by the tapestries here in this chamber, is one about which there was very significant celebration. Certainly, from my direct knowledge, the Hon. Jennifer Cashmore and the Hon. Diana Laidlaw were two from our side of politics who were very active to ensure that we celebrated it well. We have proper recognition here with these tapestries and, for as long as there is breath in me in this place, I will be fighting to make sure that they stay here.

**The DEPUTY SPEAKER:** And you will be helped.

**Ms CHAPMAN:** Thank you, Deputy Speaker. I am really pleased that we are here in the presence of the lovely Mrs Joyce Steele in her Versace blue, who was, of course, the first woman elected to parliament in 1959, together with Mrs Jessie Cooper in the Legislative Council. Mrs Cooper's elevation was somewhat frustrated by challenges in the Supreme Court, but nevertheless she lived to fight the day and became a member. We amended the state constitution to make sure that type of challenge could not occur again.

I am very pleased that we have done this before properly. We have good precedent from women representatives here in the parliament on both sides of the spectrum. Indeed, I think it is fair to say that Sandra Kanck, for example, was active in this space, and there are a number of significant women who have ensured that we recognise this properly. To honour them alone, we should make sure that we celebrate appropriately in 2019. Although I accept that the Legislative Council is an entirely different group, I would like to see some recognition of Mrs Jessie Cooper somewhere on their side of the parliament—as the first woman representative in the Legislative Council.

Finally, in relation to the unions—and I will have much more to say about this—the Woman's Christian Temperance Union of South Australia, established prior to the passage of the legislation, was very active in this field, together with its sub-branch, the Women's Suffrage League. Subsequent to the passage of the legislation, considerable work was done by the women's league, which was established in 1895, to take advantage of the fact that there had been an enfranchisement of women. Its role, which operated for about two years, was to make sure that women were politically educated so that they were able to make an intelligent contribution to the political process.

There are a lot of pioneering women in this space who have worked hard for the inaugural legislation, and many have faced some significant obstacles to make sure that we are represented here in the parliament and that we are able to celebrate enfranchisement, which is absolutely critical and part of our very important and proud history of South Australia, as the first parliament in the world to recognise the right of women to stand for parliament.

**The Hon. S.W. KEY (Ashford) (17:03):** I support the motion that has been put forward by minister Bettison as the Minister for the Status of Women, and I also endorse the comments that have been made by the deputy leader.

To add to the discussion, I had the honour of being involved in the 100-year celebration; it does date me, but I was involved in the arrangements for that. As the deputy leader has said, Jennifer Cashmore and Diana Laidlaw were certainly significant contributors to making sure that this was as open a process as possible. I would also like to pay tribute to Sandra Kanck, Anne Levy and Carolyn Pickles. Heather Southcott also contributed, and she was also involved in a number of other women's organisations, including the United Nations women's organisation. There has been quite a list of women.

I have one of the publications from the 1994 campaign, *A Woman's Place: Celebrating Women in Politics 1894-1994*. Mrs Jessie Cooper was the first woman to be elected to the Legislative Council in 1959 and Joyce Steele joined her in 1959 also. Joyce Steele was the first woman minister in South Australia.

I would like to pay tribute to our Labor first woman in the House of Assembly, Molly Byrne OAM, and note that she held the seats of Barossa (I certainly would like to talk to the member for Schubert about the sterling job she did in the seat of the Barossa), Tea Tree Gully and Todd. Like the deputy leader, I would like to see not only Jessie Cooper celebrated in some way in the Legislative Council (although I am not in that house, so really would be in their purview) but it would be nice to see Molly Byrne acknowledged in this house in some way as well.

I will close my remarks today because I think there is agreement in the house on this motion. I note and remind people that more women have gone into space as astronauts than have been members in this parliament. It seems a pretty damning statistic that more women have become astronauts and gone into space than have (people might say 'lucky for them') come into either of our houses in the South Australian parliament. There is certainly room for improvement, and I hope that by adopting this motion we will encourage both men and women to think about how we will celebrate that we have universal suffrage and, as the deputy leader said, certainly acknowledge the great contribution of the first South Australians.

**The DEPUTY SPEAKER (17:06):** Before I put the motion, I thank the minister for bringing it to the house and acknowledge her commitment to the quasiquicentenary, which is what we shall refer to it as from now on.

*The Hon. T.R. Kenyon interjecting:*

**The DEPUTY SPEAKER:** Quasiquicentenary—it is actually quite easy; I will speak to you later about it. Each point in the motion is vitally important. I commend the motion to the house under the gaze of Catherine Helen Spence, Mary Lee and, of course, Elizabeth Webb Nicholls and her role and that of the Women's Christian Temperance Union in collecting 8,500 of the 11,000 signatures on our monster petition, which has not been given the prominence it needs to have been given.

Also, under the gaze of Joyce Steele, I look forward to working with those preparing for what I hope will be a year of fantastic celebrations and commemorations, similar to those about to get underway in the UK, under the banner in Westminster of Vote 100, which will recognise the significant contribution of many women, among them South Australia's own Muriel Matters, who was, of course, the first woman to speak in the House of Commons.

**The Hon. L.W.K. BIGNELL (Mawson—Minister for Agriculture, Food and Fisheries, Minister for Forests, Minister for Tourism, Minister for Recreation and Sport, Minister for Racing) (17:07):** Before I close the debate, I commend those women who did so much for not just their generation but the many generations that have followed. They are a source of inspiration to all of us.

In my portfolio of recreation and sport in particular, where we are trying to get a level playing field for girls and for women, it is nice to be able to point back to 1894 and to the great work done by these pioneers. They went out there, stuck to their guns and fought and fought for the monumental changes to our democracy here in South Australia that then transcended most parts of the world, although some places still have not caught up. We have a real problem in South Australia with the conditions we have for girls and women at sporting clubs, where they have to change in their cars, behind bushes or in offices rather than in proper change rooms.

It is something the government addressed in last year's budget, and we know that we have more work to do, but \$10 million for those women's change rooms is a good start. There is also a concerted effort to ensure we have 50 per cent membership of government boards made up of women. In the area of sport, we have introduced a policy where sporting bodies and associations have, as part of their committee memberships, at least 40 per cent women, so it is a 40:40:20 rule: 40 per cent women, 40 per cent men and 20 per cent can be made up of men or women.

As we go about our work in 2017 and think about what is the right thing to do, we look back at those people who were part of the suffrage campaign and thank them for the momentum that they started. To think that 125 years later it is still going and that we will be celebrating is terrific. I thank the house for its support and commend the motion.

Motion carried.

#### *Personal Explanation*

#### **ELDER ABUSE**

**Mr PICTON (Kaurna) (17:10):** I seek leave to make a personal explanation.

Leave granted.

**Mr PICTON:** I rise to inform the parliament that I was misrepresented today by the member for Bright when he said that I and other members of parliament laughed about elder abuse. I would never laugh about elder abuse. Elder abuse is abhorrent and we must have zero tolerance. I believe this was an incorrect reflection and, as well as the member for Bright's other comments attacking a public servant, an abuse of parliamentary privilege. If he had respect for the house, he would withdraw his comments.

#### *Bills*

#### **SUMMARY PROCEDURE (INDICTABLE OFFENCES) 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 7, page 27, lines 31 and 32 [clause 7, inserted section 123(4)(g)]—Delete inserted paragraph (g)

No. 2. Clause 7, page 31, lines 24 to 28 [clause 7, inserted section 125(6)]—Delete subsection (6)

No. 3. Clause 7, page 31, after line 28 [clause 7, inserted section 125]—Before inserted subsection (7) insert:

(6a) If a defendant in proceedings for an indictable offence in a superior court fails to comply with disclosure requirements applying under section 124, the failure may be made the subject of comment to the jury by the prosecutor or the judge (or both).

No. 4. Clause 7, page 32, lines 9 to 11 [clause 7, inserted section 126(2)]—Delete subsection (2)

No. 5. Clause 7, page 32, lines 12 to 20 [clause 7, inserted section 126(3)]—Delete inserted subsection (3) and substitute:

(3) A master or judge must not grant an application under subsection (1)(b) unless satisfied that it is in the interests of justice for the subpoena to be issued.

No. 6. Clause 7, page 35, after line 19—After inserted section 133 insert:

133A—Power to require notice of intention to adduce certain kinds of evidence

- (1) A court before which a defendant is to be tried on information may, on application by the prosecutor, require the defence to give the prosecution written notice of an intention to introduce evidence of any of the following kinds:
  - (a) evidence tending to establish that the defendant was mentally incompetent to commit the alleged offence or is mentally unfit to stand trial;
  - (b) evidence tending to establish that the defendant acted for a defensive purpose;
  - (c) evidence of provocation;
  - (d) evidence of automatism;
  - (e) evidence tending to establish that the circumstances of the alleged offence occurred by accident;
  - (f) evidence of necessity or duress;
  - (g) evidence tending to establish a claim of right;
  - (h) evidence of intoxication.
- (2) Before making an order under this section, the court must satisfy itself that—
  - (a) the prosecution has provided the defence with the prosecution case statement in accordance with section 123; and
  - (b) the prosecution has no existing, but unfulfilled, obligations of disclosure to the defence.
- (3) Non-compliance with a requirement under subsection (1) does not render evidence inadmissible but the prosecutor or the judge (or both) may comment on the non-compliance to the jury.
- (4) A court before which a defendant is to be tried on information may require the defence to notify the prosecutor, in writing, whether the defendant consents to dispensing with the calling of prosecution witnesses proposed to be called to establish the admissibility of specified intended evidence of any of the following kinds:
  - (a) documentary, audio, visual, or audiovisual evidence of surveillance or interview;
  - (b) other documentary, audio, visual or audiovisual evidence;
  - (c) exhibits.
- (5) If the defence fails to comply with a notice under subsection (4), the defendant's consent to the tender of the relevant evidence for purposes specified in the notice will be conclusively presumed.

No. 7. Clause 8, page 61, after line 8 [clause 8, inserted section 180(6)]—After the definition of *court* insert:

*firearm* has the same meaning as in the *Firearms Act 2015*;

offensive weapon means—

- (a) an article or substance made or adapted for use for causing, or threatening to cause, personal injury or incapacity including—
  - (i) a firearm or imitation firearm (ie an article intended to be taken for a firearm); or
  - (ii) an explosive or an imitation explosive (ie an article or substance intended to be taken for an explosive); or
- (b) an article or substance that a person has—
  - (i) for the purpose of causing personal injury or incapacity; or
  - (ii) in circumstances in which another is likely to feel reasonable apprehension that the person has it for the purpose of causing personal injury or incapacity.

## **CRIMINAL LAW CONSOLIDATION (MENTAL IMPAIRMENT) AMENDMENT BILL**

### *Final Stages*

The Legislative Council insisted on its amendments Nos 1 and 2 to which the House of Assembly had disagreed.



*Adjournment Debate***UNEMPLOYMENT FIGURES**

**Mr WINGARD (Mitchell) (17:13):** I rise today to speak on an alarming issue. I know we have a number of woes in South Australia, thanks to this Weatherill Labor government. Sadly, the list keeps getting longer and longer: elder abuse in care, child protection issues, chemotherapy dosing bungles and the list goes on. However, there is one issue that I would like to highlight this evening, which is South Australia's horrendous record on unemployment under this Weatherill Labor government.

Today, the figures came out and again South Australia sits at the bottom of the list. We have been the worst state in the nation when it comes to unemployment for 29 months in a row. All across the state, people feel sick to the stomach that this is the case and that our state is languishing in such a horrendous position. However, we look to the other side to see what the government is doing about it and we turn to the Minister for Employment, the person ultimately responsible for this poor trend in these unemployment figures that show that we are again the worst state in the nation for 29 months now.

The Hon. Kyam Maher in the other place was asked today about the poor unemployment figures and where South Australia is going. He said:

In terms of what are causes or reasons for a particular month's figure, there is no one particular reason you could point to. There is no one particular company that is responsible for a particular figure. Certainly, there are a number of components, and one of them is the sample size.

Here we are in this place staring at our 29<sup>th</sup> month in a row where we have the worst unemployment rate in the nation and the Minister for Employment in the other place wants to blame the sample size of the data and the figures collected. He wants to blame the sample size. That is the worst buck-pass I have ever heard in my time in this place. It is a disgrace and it is a shame, and the minister should hang his head in shame.

Then we go to the Treasurer. He chimes in and wants to get involved, too. He gets involved on social media. Is he going to blame sample size as well? No, he blames someone else. He blames the federal government. What is their role in this as far as South Australia is concerned? The Treasurer in this state is very quick to blame someone else, and the federal government is where he pushes his blame all the time. He does not take any responsibility for the fact that Labor has been in government in South Australia for 15 years and here we sit, 29 months in a row, as the worst state in the nation when it comes to employment. We are at the bottom of the pile. We have the worst unemployment figures in the land.

Interestingly, when you look at the figures for this month and reflect on what the Treasurer had to say, every other state and the national figure all went down. They all went down. They all improved. Every other state's figures and the national figure improved. In South Australia, our unemployment figure went up. We are a disgrace and the Treasurer must take responsibility and stop buck-passing to either the sample size of the data collected or the federal government.

The Treasurer has come out in this place before and claimed he has delivered a jobs budget. The figures today and for the last 29 months show that he has failed to do that—there is no doubt. In January, when the figures were released, the employment minister back then said that there was still work to be done but that we were heading in the right direction. I challenge that call from the employment minister and I think all South Australians very much wonder what direction we are heading. Under this state Labor government, I can tell you that the direction we are heading in is down, and South Australians are starting to wake up to that fact as well.

In the middle of July last year, the Treasurer said that South Australians are through the worst of it, our economies are coming out and there are green shoots all across the state. Again, months and months after, we still languish at the bottom of the unemployment table. We are the worst state in the nation, despite what the Treasurer wants to try to spin and wants to try to tell everyone. From our side of the chamber, we want to create opportunities in this state. South Australia is a great state.

People out there are really struggling to find positives in South Australia because of what this state Labor government is turning out. If you go out and speak to people and ask them, 'How is our state going?' often the answer is, 'We're not going well.' Their heads are down and their shoulders are slumped. People do not feel confident in South Australia. The most recent Business SA survey came out, which said that state confidence is at an all-time low and a world record low in South Australia. People do not feel confident in where we are going.

However, on our side of the chamber, we back the people. We think people in South Australia are the secret to taking us forward. We have already rolled out some of our policies and we will have plenty more to come in the lead-up to the state election—there is no doubt about that. We have rolled out some exciting policies that really harness the energy of this state. What we want to do is grow exports in South Australia. Exports were at about 7 per cent when we left government and now they are down to around 4 per cent under this current Labor government, so we want to grow exports.

We know we need to grow our pie in South Australia to grow our economy. What we need to do is open trade offices overseas—that is what is really important. We want to open trade offices overseas and trade more internationally and bring money into our state. We also want to help out with the costs of doing business and the costs of living. We have already declared that we will return \$360 million back to South Australians and South Australian businesses by returning the ESL remission.

That is putting money back in people's pockets so they can go out and spend their money. Businesses will have more money in their pockets as well so they can look for growth opportunities and employ more people. That is the plan and that is the strategy we have going forward. Globe Link is another plan that we have put out there. It works around shipping out and getting produce to market internationally. We have some great resources, products and produce here and we want to be able to get that to market as quickly as possible, and the Globe Link plan really does bring that on.

Entrepreneurial skills is another policy we have announced. Again, we want to encourage young people to get in, start a business and get entrepreneurial. We want to work in schools and get people into that mindset at a very early age and give them the encouragement to do it here in South Australia and not leave. We know we have a people exodus over the border and leave South Australia every year. We have a negative net population, so more people leave than come. That really does put us on the back foot, so we need to keep people here. Entrepreneurial skills will give people an exciting opportunity to want to stay and grow and be here in South Australia.

We mentioned a bid fund, a boost for events in South Australia to bring in more tourism and attract more interest. That is a great policy and we look forward to attracting more events here to South Australia and selling the wonderful things that we have. We also put it out there that we have a single market renewable energy target. That means, let's not have a state-based target, let's go in with the rest of the country, not put ourselves at a competitive disadvantage. That will give us more secure, cheaper and reliable energy. It would be a great way forward for a lot of our businesses. We have also talked about deregulating shop trading hours, which will open up plenty of opportunities for small businesses here in South Australia and plenty of employment opportunities as well.

Deregulating shop trading hours will mean shops can be open more. On Sunday mornings, you can go to your local supermarket and get some bread and milk and make your bacon and eggs. It will give other businesses and shops an opportunity to grow and open when the market is there, allowing them to get customers through the door. That will give people more opportunities. We have heard about the IGA down south that has to close because of the current shop trading hours. It closes on a sunny night when people are leaving the beach and, as they are closing their doors, people are walking across the road to the service station to buy their produce. This shop owner is missing out on that sort of income because the law says that he or she has to close. That will be a fantastic innovation.

Those are just a few of the Marshall Liberal plans for South Australia in the upcoming state election and beyond. There are exciting times ahead. However, it is alarming—and, again, I know why a lot of South Australians are going around with slumped shoulders, feeling very dejected about what is going on here—when we see the unemployment figures today: 7.3 per cent for South Australia. I will run through the seasonally adjusted figures: 7.3 per cent for South Australia; the next worst is Queensland at 6.3 per cent; Victoria, 6.1 per cent; 5.9 per cent for Tasmania and

Western Australia; and 4.7 per cent for New South Wales. The national figure is 5.7 per cent, and it is 7.3 per cent for South Australia seasonally adjusted.

That is really disappointing and has people dejected, but where do they look to work out why this is happening? They look to the other side of this chamber and the Weatherill Labor government. They are the ones who have brought this on. They have no policy for helping South Australia, and they have no policy for getting South Australia moving again. The Liberal Marshall team does have that, though. I have outlined some of our policies, and we will have plenty more to come.

We need to create a place where our young people want to be. I have children and a lot of my friends have children, and we need to have a place where people want to come. We want opportunities for young people, not just for mine but for all the young people I know out there. I think that is what we need to be focused on. We need to be focused on creating opportunities here in this state, where South Australians can build a career, build a life and have a job. If they leave and they want to come back one day, they need to have jobs and industries to come back to. Today's figures show that this Weatherill Labor government is not working for South Australia, and it is a real shame to see that. We must think about our young people when we think about the job situation.

We must have a plan going forward, and I have outlined some of our policy ideas in regard to that, and there will be more to come. We need to really turn this state around, because if you ask anyone South Australia is not travelling well at the moment. When you talk to people out in the street, at supermarkets, at sporting clubs, when doorknocking or wherever you might be, that is how they feel. We can turn it around. We need to work hard. You need to be part of the Marshall Liberal team to do that, to follow our plan and to take this state back to where it deserves to be.

At 17:23 the house adjourned until Tuesday 30 May 2017 at 11:00.