HOUSE OF ASSEMBLY

Wednesday, 25 July 2018

The SPEAKER (Hon. V.A. Tarzia) took the chair at 10:30 and read prayers.

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

Bills

SOUTH AUSTRALIAN PUBLIC HEALTH (IMMUNISATION AND EARLY CHILDHOOD SERVICES) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 4 July 2018.)

Mr PEDERICK (Hammond) (10:31): I move:

That this order of the day be postponed.

The house divided on the motion:

Ayes.................23
Noes................19
Majority............4

AYES

Basham, D.K.B.	Chapman, V.A.	Cowdrey, M.J.
Cregan, D.	Duluk, S.	Ellis, F.J.
Gardner, J.A.W.	Habib, C.	Harvey, R.M. (teller)
Luethen, P.	Marshall, S.S.	McBride, N.
Murray, S.	Patterson, S.J.R.	Pederick, A.S.
Pisoni, D.G.	Sanderson, R.	Speirs, D.J.
Teague, J.B.	Treloar, P.A.	van Holst Pellekaan, D.C.
Whetstone, T.J.	Wingard, C.L.	

NOES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Boyer, B.I.	Brock, G.G.	Brown, M.E. (teller)
Close, S.E.	Cook, N.F.	Gee, J.P.
Hildyard, K.A.	Hughes, E.J.	Koutsantonis, A.
Malinauskas, P.	Mullighan, S.C.	Odenwalder, L.K.
Picton, C.J.	Rau, J.R.	Stinson, J.M.
Wortley, D.		

Motion thus carried; order of the day postponed.

ROYAL COMMISSIONS (EXTRATERRITORIAL APPLICATION) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 20 June 2018.)

Mr PEDERICK (Hammond) (10:38): I move:

That this order of the day be postponed.

The house divided on the motion:

Ayes 24
Noes................ 20
Majority............ 4

AYES

Basham, D.K.B.	Chapman, V.A.	Cowdrey, M.J.
Cregan, D.	Duluk, S.	Ellis, F.J.
Gardner, J.A.W.	Habib, C.	Harvey, R.M. (teller)
Knoll, S.K.	Luethen, P.	Marshall, S.S.
McBride, N.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Pisoni, D.G.	Sanderson, R.
Speirs, D.J.	Teague, J.B.	Treloar, P.A.
van Holst Pellekaan, D.C.	Whetstone, T.J.	Wingard, C.L.

NOES

Bedford, F.E.	Bell, T.S.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Brock, G.G.
Brown, M.E. (teller)	Close, S.E.	Cook, N.F.
Gee, J.P.	Hildyard, K.A.	Hughes, E.J.
Koutsantonis, A.	Malinauskas, P.	Mullighan, S.C.
Odenwalder, L.K.	Picton, C.J.	Rau, J.R.
Stinson, J.M.	Wortley, D.	

Motion thus carried; order of the day postponed.

CRIMINAL LAW CONSOLIDATION (THROWING OBJECTS AT VEHICLES) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 20 June 2018.)

Mr PEDERICK (Hammond) (10:44): I move:

That this order of the day be postponed.

The house divided on the motion:

Ayes 24
Noes................ 20
Majority............ 4

AYES

Basham, D.K.B.	Chapman, V.A.	Cowdrey, M.J.
Cregan, D.	Duluk, S.	Ellis, F.J.
Gardner, J.A.W.	Habib, C.	Harvey, R.M. (teller)
Knoll, S.K.	Luethen, P.	Marshall, S.S.
McBride, N.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Pisoni, D.G.	Sanderson, R.
Speirs, D.J.	Teague, J.B.	Treloar, P.A.
van Holst Pellekaan, D.C.	Whetstone, T.J.	Wingard, C.L.

NOES

Bedford, F.E.	Bell, T.S.	Bettison, Z.L.
Bignell, L.W.K.	Boyer, B.I.	Brock, G.G.
Brown, M.E. (teller)	Close, S.E.	Cook, N.F.
Gee, J.P.	Hildyard, K.A.	Hughes, E.J.
Koutsantonis, A.	Malinauskas, P.	Mullighan, S.C.
Odenwalder, L.K.	Picton, C.J.	Rau, J.R.
Stinson, J.M.	Wortley, D.	

Motion thus carried; order of the day postponed.

ROAD TRAFFIC (DRUG TESTING) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 4 July 2018.)

Mr PEDERICK (Hammond) (10:51): I move:

That this order of the day be postponed.

The house divided on the motion:

Ayes.................24
Noes 18
Majority 6

AYES

Basham, D.K.B.	Chapman, V.A.	Cowdrey, M.J.
Cregan, D.	Duluk, S.	Ellis, F.J.
Gardner, J.A.W.	Habib, C.	Harvey, R.M. (teller)
Knoll, S.K.	Luethen, P.	Marshall, S.S.
McBride, N.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Pisoni, D.G.	Sanderson, R.
Speirs, D.J.	Teague, J.B.	Treloar, P.A.
van Holst Pellekaan, D.C.	Whetstone, T.J.	Wingard, C.L.

NOES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Boyer, B.I.	Brown, M.E. (teller)	Close, S.E.
Cook, N.F.	Gee, J.P.	Hildyard, K.A.
Hughes, E.J.	Koutsantonis, A.	Malinauskas, P.
Mullighan, S.C.	Odenwalder, L.K.	Piccolo, A.
Picton, C.J.	Stinson, J.M.	Wortley, D.

Motion thus carried; order of the day postponed.

Motions

CHILDREN IN STATE CARE APOLOGY

Ms STINSON (Badcoe) (10:57): I move:

That this house—

(a) recognises that 17 June 2018 was the 10th anniversary of the formal apology offered by the government of South Australia to children abused in state care;

(b) notes the fundamental importance of the apology to those people who were abused while in the care of the state;

(c) acknowledges the tireless work and dedication of the late Hon. Ted Mullighan QC as commissioner and the staff of the Children in State Care Commission of Inquiry;

(d) acknowledges the ongoing work of staff in the Department for Child Protection and non-government organisations to support victims of abuse crimes;

(e) acknowledges the work of the police, DPP and wider justice system who work to achieve justice for victims and hold perpetrators to account; and

(f) reiterates the apology made by the then premier, Hon. Mike Rann, to those who were abused in state care.

I would like to start by acknowledging the presence in this house of former wards of the state. It is for them that this motion is being moved. It is to them that we said sorry 10 years ago, and it is to them that we reaffirm that apology here today. It is on their behalf that we extend thanks to those who have dedicated their working lives and their volunteer hours to addressing the wrongs committed against children in state care. It is on their behalf that we recognise the work of Ted Mullighan and his staff, and it is to them and their families that we pledge afresh our commitment to do what we can to prevent further crimes against children.

For most of us, our childhoods were spent with our parents and siblings and extended families. We shared meals together, filled our hours in each other's company, and grew up in warm, loving and safe homes. Most of us grew up never questioning if we were loved or safe. It is not really a thought that would have even passed our young minds; it is something that we took for granted.

We never realised the security, the self-confidence and the sense of aspiration that we were gifted by virtue of growing up in such families. While all families have ups and downs, and as children grow up their relationships with their parents grow in complexity, most of us made it to adulthood without having to worry about the basics: being fed, being clothed, being housed or being kept safe from harm. Most of us went to sleep at night knowing that there was a bright day to welcome us, filled with possibilities.

However, all of us in this place now know that not everyone is so fortunate. It is easy to explain away the lives of people abused as children in care as eventuating because of poverty, drug or alcohol abuse, mental illness, socio-economics, poor parenting models and sometimes interventions by the state, especially for Aboriginal people. It is easy to think that it never would have happened to us, that our lives were a world away and so different and that our parents made better choices or were better parents, but that is simply not true.

All that stands between many of us here who did get to experience stable, secure and loving homes and those who did not is luck: the luck of being born into a family with fewer challenges to overcome or maybe the luck of being better equipped to deal with those challenges when they arrive. It is easy to see children in care as 'the other', particularly those who have endured abuse, and to see care leavers as different from everyone else, but there is no difference at the start. Luck and circumstances conspired against these people when they were too little to help themselves and directed their lives in ways most of us cannot understand and will never understand.

Most of us here have not experienced what you have, or at least not in state care. We can only imagine the absence of hope, the feeling of being alone, the pressure of uncertainty, the weight of responsibility, the feelings of guilt and confusion and the belief that nothing is going to get better. We can only imagine the sexual and physical pain and torment that many of you have endured. We can only imagine the emotional and mental scars left on you and your confidence and your belief in the goodness of humans. We can only imagine the detriment that has been caused to your life, your relationships and your prospects—the lost and altered futures.

Although the state does and should provide support and services to you, and admittedly sometimes fails in that, we also know that the best medical help, counselling, justice services and support in the world cannot turn back time. To care leavers, I say that we do not pretend to know what it was like for you—we cannot—but we can listen to you, we can learn from you and we can keep your stories in our hearts as we put our minds to the task of reducing and ultimately eliminating

crimes against children. That is all we can do and what we should do. It may seem like a small thing but it is very powerful. It is the power to create change.

Although politicians get a bad rap—and sometimes they deserve it—I am yet to meet one who has not put up their hand to enter this place with the aim to make a difference. It is important for each of us here to remember that what happened to children in state care, and continues to happen, is a crime. We refer to these wrongs as abuse: sexual abuse, physical abuse, mental abuse, emotional abuse, cultural abuse and neglect. However, we must not forget that these are crimes against our most vulnerable citizens, our most defenceless and those most in need of our protection and care as a society.

Sometimes, referring to abuse almost minimises it or creates a second type of victim, but a crime is a crime, and these offences committed against children in care are among the most heinous, the most horrific and the most unforgivable. They are crimes that are inconceivable to many Australians. They are crimes that deserve the harshest punishment as a reflection of the attitude of our community now to these offences and offenders. As victims of these crimes, children and care leavers deserve our greatest support as a community.

While we know that those ugly and depraved experiences are a part of the fabric of your life, we also know that you have triumphed over adversity. You are here. You are valuable members of our community. You are enlightening people like us and urging us to strive to change things for the better, and we hear you. Out there in the world, there are care leavers, including those who are child victims of crime, who are leading business, sport, arts, education and the Public Service. They are survivors who are leading their communities, just like you here today.

There are indeed survivors of sexual abuse in this very house. There are former wards of state in this place, too, and there are some in this place whose families faced some of the challenges that yours might have. That gives some of us an insight into your experiences through our own, although we might not have endured the extremes that you have survived. As the former chair of the Victim Support Service and as a long-time reporter working very closely with victims of crime, I have come to learn the importance of an apology.

While every victim of crime is different, for many a recognition from their abuser that they understand the impact of their offending is vitally important. Our courts do put some weight on apologies made to victims, and that is fitting because a sincere apology signals to a victim that their pain is recognised. It can assist a victim to deal with the offences against them and begin to work through the complex emotions and implications of sexual and other forms of abuse. It can aid a prosecution and reduce the degree of re-traumatisation for victims. It can serve as a public confession and a vindication for a victim, too.

Many victims I have worked with as a journalist have told me their very painful stories because they want to ensure others are not subjected to the injustice that they have suffered. They want to warn the community about an offender and all offenders. An apology can give some glimmer of hope that an offender understands their crime and will not do it again, or at least is less likely to reoffend. Really, the same can be said of the state.

The apology made a decade ago by this state to children who were abused in state care was all of those things: an admission of wrongs done in institutional care over many years and the immeasurable pain of those crimes, a confession that these crimes are still committed to this day and that that needs to be stopped, and a pledge to do what we can to put right the wrongs of the past and act to better protect vulnerable children in state care. Churches and NGOs joined with the state in that apology and they should be commended for that. Some of them are here today and I welcome them.

Mike Rann, as premier, and Jay Weatherill, as the then minister for families and communities, made the apology on behalf of all South Australians. It was an emotional and moving day for many. Many of you here today were there on that day, and so was I as a reporter. I remember the tears shed, the outpouring of emotion, the many years of pent-up frustration at not being heard suddenly tumbling out. It was also cathartic for the state, as many apologies can be. But of course an apology does not wash away immense and long-held suffering, and, by definition, an apology always comes too late. Saying sorry is important. Recognition of hurt caused and endured is important. We as a

new generation of leaders here in this place thank those leaders and that parliament a decade ago for making the apology.

But apologising is not a cure and it is not a solution. It has been 10 years since that momentous apology, and what has changed? Of course, we have to admit that there are still crimes perpetrated against children in state care. There are still people who burrow their way into our child protection system with the aim of manipulating and molesting our most defenceless, and that is a fact. I hope some day it will not be the case, that there will be no need for a shadow child protection minister or a minister of that title, but we all know we are a fair distance away from that goal.

A lot has changed in 10 years. We have seen the establishment of the first Commissioner for Children and Young People. We have seen various legislative change. We have seen upgrades to the working with children checks, the establishment of the Early Intervention Research Directorate, an 800 per cent increase in kinship care since 2002 and the establishment of a stand-alone child protection department. We have seen responses to the Chloe Valentine coronial report, the Mullighan report and a $500 million investment for the implementation of the Nyland royal commission.

In February, the first phase of the new child protection legislation took effect. This October, the second phase will come into force. These were Labor reforms that we on this side believe will make a real difference to children in state care, tilting the ledger in tough cases to favour the safety of the child. I would like to recognise the former minister, Susan Close, the former attorney-general, John Rau, as well as the member for Cheltenham, Jay Weatherill, and their staff for their tireless work on these important reforms.

The reforms will continue, with the introduction of a National Redress Scheme and the removal of time limits for children who wish to take civil legal action against their abusers later in life. Amid these reforms is the ongoing day-to-day work of carers, police, lawyers, the Office of the DPP, victim support services and the victims' rights commissioner, NGOs, the departments of child protection and human services, among others, the medical and mental health professions and those who work with victims and protect those currently in state care. But the biggest change, so care leavers tell me, is a shift in community attitudes and a greater awareness of the plight of children in care, and that is a fantastic change in a decade.

I take this opportunity to thank all those who work in the sector for their big hearts, their long hours and their selfless dedication to helping others. Although their jobs are incredibly challenging, they are vital and we appreciate the difference that you make every day.

I would also like to express gratitude to the late Ted Mullighan QC. It is due to him and his groundbreaking inquiry that the apology was made 10 years ago. It was his recommendation. Many in the gallery and on the floor knew Ted. I count myself incredibly lucky to have known him for a little while. The work he undertook on behalf of our community was heartbreaking and soul shaking. We all owe him, his family and his staff a great debt for undertaking it. His endeavours have had and will continue to have a lasting impact on our community.

The way he worked with victims, many of whom revealed their pain to him for the very first time, is remarkable and sets a standard in compassion for us all. I know he is looking down on us and willing us to continue his great work. Change in this area is incremental. Not enough has yet changed, and that is plainly obvious. But today we reaffirm the apology and with it our commitment to do all we can to protect children in care.

I would also like to raise today some areas that will require this parliament's attention as we move forward. Many of those who were victims of historic abuse in care are now in their 50s and 60s or even a little older. They are now looking to their retirement. It is natural as we age to harbour concerns about our care in our senior years. Some of us will remain in our own homes or live with our families, and some of us will be cared for in an aged-care facility. That is a stressful and daunting prospect for any individual, but imagine if the last time you were in institutional care and dependent on the care and goodwill of others you were sexually, physically or mentally abused. The thought of returning to such care must be truly horrifying.

I have to admit that it was not something I turned my mind to until recently when it was raised with me and has been discussed with me in some detail by care leavers. I thank those who have

drawn this important concern to my attention. People have raised with me the hope that the state might provide an additional level of attention and support for people who were abused in state care as they approach their senior years. That support might include additional effort to ensure they can stay in their own homes and avoid institutional care or receive additional counselling and medical assistance while transitioning into aged care.

I will continue my remarks later, but I look forward to hearing from those on the other side of the house. I thank you for your time.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (11:12): I rise to support this very important motion to recognise the 10th anniversary of the formal apology offered by the government of South Australia to children abused in state care. At the time of the apology 10 years ago, it was widely acknowledged that the importance of an apology should not and could not be underestimated, and that is still very true today.

Over the past couple of months, we have witnessed every state in Australia join the National Redress Scheme. While this will never take away the pain experienced by those who suffered these abuses, we hope it will go some way towards supporting survivors in their journey towards healing, particularly in light of the systemic failures of the authorities in the past who could have and should have listened and protected those most vulnerable in our community.

Participation in the National Redress Scheme by South Australia is an acknowledgement that the childhood sexual abuse suffered by children in state government institutional settings was wrong and should not have happened and recognises the suffering survivors can experience, have experienced and do experience today. In South Australia, we were already leading the way with our state care compensation scheme for victims of abuse in care, but joining the National Redress Scheme further reinforces our commitment to righting the wrongs of the past and our belief in the words of the survivors and the abuse and neglect in state-run institutions in South Australia.

We know participation in the scheme will significantly impact our Aboriginal community, given the disproportionately high number of Aboriginal survivors who have been in care. The fundamental principles remain that everybody, each and every one of us, has a role to play in keeping children and young people safe from harm. The South Australian Liberal government has committed to taking actions to strengthen protections for children and young people and is already taking steps to enact this commitment. Achieving change will take time and it is critical that we continue to work together, focusing on keeping children safe while we implement system-wide reforms.

The new Children and Young People (Safety) Act 2017, which replaces the Children's Protection Act 1993, provides the foundations for a reformed child protection system. The act leads the way by removing the exemption of church confessions from mandatory reporting obligations. From 22 October this year, anyone who hears an admission of child sex abuse during confession will be required to report this or face prosecution.

The act also provides for a stronger voice and representation for children and young people under custody and guardianship orders in decisions that will affect their lives. It promotes permanence and stability for children and young people who have been removed from their parents or guardians and encourages decisions and actions to be made in a timely matter or, in the case of young children, as early as possible.

The act establishes the Child and Young Person's Visitor scheme, appointing a Child and Young Person's Visitor to conduct visits and inspections of residential care facilities, meeting with the children and young people who live there to ensure their best interests are being considered and that they are cared for. The visitor advocates for children and young people, providing advice to the minister around areas requiring systemic reform, to improve the quality of care and treatment of children and young people in residential care and to ensure quality management of out-of-home care services.

All these measures are to help safeguard children and young people from abuse, such as that experienced by children who were harmed in state care, so that it never occurs again. It was not until the ABC screening of the 1992 documentary, *The Leaving of Liverpool*, which told the story of two boys who were part of the child migration scheme and the deprivation, hardship and abuse they

encountered as orphans in a strange land, that people started speaking about their own experiences. Through the documentary, which served as a catalyst, others felt able to break their silence and speak up.

By 1994, the evidence had become undeniable, as literally hundreds of South Australians spoke of their own experiences as children in care in South Australia, mirroring the stories of abuse and neglect being told around the country. We are listening and we are believing. That is why we, the Liberal government in South Australia, are working for all South Australians, but none more than the vulnerable and at-risk children and young people of our state to keep them safe from harm and provide them with every opportunity to thrive and reach their full potential.

Working across government in collaboration with non-government agencies, with families, with carers, with children and young and with the community, together we can make sure that nothing like this ever happens again. Child protection is everyone's business, but it is also everyone's responsibility. We all have our part to play, whether that is reporting something we see that does not look quite right or taking a child into our home as a carer. It could be as simple as donating to an organisation or volunteering some of our time.

Today, we recognise the 10th anniversary of the day we first apologised. Outside the Women's and Children's Hospital in Red Gum Park (Karrawirra) is the memorial to the Forgotten Australians and wards of the state. The work by Adelaide sculptor Craige Andrae, of huge metal flowers intended to be daisies, was erected in 2010, two years after South Australia led the way with our apology to those who had been abused and neglected in state care. Its inscription aptly reads:

> In honour of the children who suffered abuse in institutional and out-of-home care. We have grown through awareness and unity. We celebrate our courage, strength and resilience. We are no longer forgotten. Dedicated to the future protection and nurturing of all children.

I encourage you to visit the site and sit under a huge Moreton Bay fig. It is a truly lovely place to sit and reflect on what has been, what is and what can be in the future.

As Minister for Child Protection, I acknowledge the tireless work of staff in the Department for Children Protection and the many agencies in the sector who work hard, to this very day, to keep our children safe. We will continue working, planning and making sure that we are doing everything we can, so that all children and young people are better protected and kept safe from harm so they can grow up with every opportunity to thrive and reach their full potential.

Mr MULLIGHAN (Lee) (11:19): I rise to commend the member for Badcoe's motion to the house, as this house seeks to recognise the 10th anniversary of the apology to children abused in state care. I want to make a few remarks about the apology itself, but also some of the events leading up to the apology, because in my view those events, in the context of history, are quite extraordinary.

It was back in 2002 that the then newly elected Labor government sought to have an inquiry undertaken by Robyn Layton QC to examine what had been an increasing number of reports and concerns about instances of what was then referred to as abuse of children in state care. On receipt of that report some time later, it was the member for Cheltenham, the then minister, who in my view took an extraordinary step to not try to deal with the contents of the report and the implications of it in an administrative fashion within the bounds of executive government, but sought to do the complete opposite and establish a very public and far-reaching inquiry to get to the bottom of the extent to which such abuse had been occurring in institutions within the control of the state, of related institutions going back many decades.

I think it is a great credit not just to the member for Cheltenham but to this parliament for its approach to the establishment of that inquiry. It was not just a creature of the government of the day; it was something that was quite strongly supported by the opposition of the day and, although the member for Bragg will most likely be too modest to admit her particular role in ensuring that that was the case, that certainly was the case, and I believe the member for Bragg had quite a bit to do with that, and I think we should pay credit for her role in that, too.

As many others have mentioned, my late father agreed to be the commissioner of that inquiry. At the time, it is my recollection that it was estimated that perhaps the inquiry might run for about six months. There was some considerable uncertainty as to how many people would be willing

to appear before the inquiry and give evidence, let alone how many former wards of the state or abuse victims would be willing to tell their stories.

I think particular credit needs to be paid to those first people who came forward to the inquiry, who were brave enough and courageous enough to see whether this was a genuine process, to see whether my late father or those people involved in the commission were genuine and could be trusted with hearing their stories and whether telling their stories was going to have any impact in the future or deliver any benefit to how children in care were to be treated in the future.

Those brave people did appear and, through not just the ongoing advertisement of the commission's existence but, most particularly, the stories that those first people who appeared before the commission told, it had the effect of encouraging more and more people to appear. Six months became 12 months and 12 months became 18 months, as many hundreds of people came forward—well beyond the expectations initially of both the then minister as well as the commission itself—and the importance and the size of the task grew.

During the course of the inquiry, the terms of reference were effectively added to, with an additional inquiry to look at the abuse of children in the APY lands. This was a separate but parallel inquiry that took not just a lot more time and resources of the commission but required an incredibly sensitive approach. It required my late father and the commission staff to spend a lot of time up in the lands. Not that my father was one for talking about his work in any great detail, but one of the things he did say was that, as the community gradually came to accept him and the other commission staff as they conducted their role, one of them said that white people, government officials, were like clouds: here today and gone tomorrow. That is how they were used to being treated when it came to addressing many of the social and other issues on the lands.

That made very clear in stark terms the importance of the role that they had in conducting that inquiry in a way in which that community felt that it was both genuine and also that it was going to have some lasting benefits for them in the future. Both reports were presented in April, I think it was, in 2008 and, as we are commemorating today, shortly afterwards an apology was made by the then premier and minister and this parliament to those people who were abused in state care. Much is said about the importance of that apology and apologies generally—that an apology perhaps contributes towards some sort of healing process and is a recognition of the lasting damage that this abuse and these crimes have on the victims upon whom they are perpetrated.

But I think apologies are more important for a more fundamental reason, and particularly in this instance; that is, apologies are a recognition in the first place that this actually happened. For many people, for many decades, from a very young age they had become quickly accustomed to having their cries for help and their pleas for assistance either ignored, disbelieved or swept under a rug. As the member for Badcoe has pointed out, it has taken this parliament and the former government as well as the current government an extraordinary amount of time and resources to try to continue, as effectively as possible, combating the scourge of this type of behaviour in our society.

There have been commissioners, departments, hundreds of millions of dollars, and new requirements that extend well beyond those who regularly work with children. In fact, I think more than 150,000 South Australians at current count have working with children clearances, such is the seriousness with which this state treats the requirements of those who are going to be around children in nearly any capacity. It is that recognition, I think, that this abuse occurred in the first place which is the most important element of the apology.

Ten years ago, it set a foundation upon which this parliament and governments have continued to build hopefully what proves to be a strong edifice against this type of behaviour in our community. As we all know, we are not there yet. There still remains an enormous amount of work to be done. As this issue has become more and more public, as more and more resources have been poured into this area of government and as it has received more recognition both here in South Australia but also nationally, of course the gaze has been lifted to what constitutes abuse.

People are now more inclined than they were 10 years ago—let alone 20, 30 or 40 years ago—to raise their hands and call out what they believe to be instances of abuse against young children. Those trends continue to escalate, and it will be a great challenge, not just for the current minister in the current government but for governments in the future, to try to ensure that the way in

which we manage this as a society is effective in stamping this behaviour out and doing everything possible to minimise the risk of any offending against children, particularly those in state care.

I am deeply grateful to the member for Cheltenham and the then Labor government, and also the member for Bragg and her then colleagues, who were willing to take a strong bipartisan approach in establishing and supporting the inquiry which my late father headed. But I am more grateful to those people, those many hundreds of people, who appeared before the inquiry and have contributed their stories, which have enabled our community to get to where we are today.

I would like to finish, though, by recognising that there were many people who were not able to appear before the inquiry, many people who were not able to survive their time in state care, and we should also recognise them as well.

Ms LUETHEN (King) (11:29): I rise to support this very important motion on the 10th anniversary of the South Australian government's apology to children in state care. On 17 June 2018, it was the 10th anniversary of the South Australian government's apology to children in state care. The apology was initiated by the release of the Children in State Care Commission of Inquiry (the Mullighan inquiry) which highlighted 10 years ago the vulnerability of children in state care and the failings of our state to protect those children.

Evidence given to the inquiry demonstrated that the alleged sexual abuse occurred in every type of care in South Australia, including large institutional care, smaller group care, residential care units, foster care placements, family care and secure care facilities. I acknowledge the survivors in the gallery today. Thank you for your strength, your courage, your advocacy and for fighting for change. Let's listen to a few statements from the victims who were abused as children and who spoke at this inquiry 10 years ago to give them a voice today in this parliament as we reflect. I quote:

> You got to the stage where you thought [sexual abuse] was just part of the norm; keep your mouth shut, otherwise you will be worse off than everybody else.

Another quote:

> I'm five and a half years old. I'm terrified…and there's this bloke [the perpetrator] threatening to bloody kill me.

Another quote:

> You feel as though it's your fault it's happening. You can't understand why it's happening. You don't sort of blame the people that's doing it to you. You seem to blame yourself.

Another quote:

> …all my life. I've wanted to tell.

This motion is an opportunity to acknowledge the harm and suffering experienced by those abused while in state care. I acknowledge that the abuse of these children was inexcusable and disgraceful. It is disgraceful that their cries for help were ignored.

The horrific extent of sexual abuse against children in state care over four decades was revealed in the 600-page report of the Mullighan inquiry to state parliament. Ten years ago, 792 people bravely came forward to the inquiry and said they were victims of child sexual abuse in South Australian institutions. Of these allegations, the inquiry referred allegations from 170 people to the police, involving 434 alleged perpetrators. Only two suspects were arrested and a further 13 reported, arising from the referrals from the commission of inquiry. Mr Mullighan said:

> I was appalled and horrified at the way in which children were exploited, abused and threatened and how they have lived in that situation for years without being able to do anything about it.

Ten years ago, the Mullighan inquiry concluded that the incidence of child sexual abuse on the APY lands was widespread. Ten years ago, Mr Mullighan highlighted that the number of children being placed in care was increasing and there was a shortage of foster carers and social workers, as we have today.

I am deeply concerned that the names of paedophiles named in the Mullighan inquiry were suppressed for many years to come. Did you know that research reports tell us that without treatment 60 to 70 per cent of child sexual abuse offenders will reoffend? If the offenders were not stopped,

how many more children have they abused? How many more South Australian lives have been impacted? What infuriates and offends me is over the last 15 years there has been a litany of inquiries into the South Australian government's failure to protect children.

There was the Layton report in 2003 with 206 recommendations. There was the Mullighan inquiry in 2008 with 54 recommendations. There was the parliamentary Select Committee on Families SA in November 2009, then came the Debelle inquiry about abuse covered up by our education department. Then there was the coronial inquest into the death of Chloe Valentine in April 2015. In 2016, the horrific case came to light of Shannon McCoole whose crimes were described by the then Labor premier, Jay Weatherill, as potentially the worst the nation had ever seen.

Shannon McCoole managed to continue offending for years before his arrest, despite his colleagues raising concerns. The response: another royal commission. Justice Margaret Nyland called for dramatic changes once again to what she described as 'a system in crisis'. This ended in an inevitable apology. When all the apologies are measured against the lifelong trauma that these children endure, we must ask: is any apology enough? These are crimes against our most vulnerable citizens, which continue today.

The South Australian inquiries, reports and commissions have repeatedly found a culture of secrecy, unwieldy bureaucracy, lack of resources and a failure to put children first. Have all these reports and inquiries just been sitting on shelves? Now we learn that the state's new Minister for Child Protection cannot read a critical report on concerns about carers employed by her department because it, too, was made confidential by the former Labor cabinet. Ten years ago, some of the victims of the Children in State Care Commission of Inquiry testified, and I quote them:

> I am here to make sure it doesn't happen again to any kid.

Ten years ago, another quote:

> This is why I am sitting here today, so it doesn't happen to children in the current system.

Another quote:

> I think it's good that it's told so that it doesn't happen to other people.

Another quote:

> I'd like that nothing like this happens to any other kids, for a start because I have grandchildren.

And another quote:

> It's got to stop so it doesn't happen to other kids like me.

It is time to listen to these victims and survivors. So, yes, 10 years later these victims deserve words of apology because an acknowledgement of the pain and hurt caused by this crime of child sexual abuse and the giving of a genuine apology are extremely important. Your pain is recognised. As we have heard, these people who suffered this pain and hurt asked us to ensure that children are better protected in the future. Well, this future is now.

Last year, a woman in King told me of her struggle to become a foster carer to a second South Australian child. She told me that she had requested a child who had not been sexually abused because her current foster child is very high needs and has developmental delays. She told me that the department told her that it was almost impossible to find a child who had not been sexually abused. Sexual abuse is not a past historical problem: it is a crime that is rampant today. I urge members across this parliament, on our side of government, in the opposition and all our Independents to work together and agree on how we can implement the many recommendations that have been made over the past 15 years.

I have a dream that together we can create the safest state for children to grow up in. We just need to have the heart, the compassion and the commitment to work together to achieve this right now, not in the future. It is time for real action, and our whole state will benefit. Childhood trauma, including abuse, affects an estimated five million Australian adults and needs to be seen as a mainstream public health policy issue. If not comprehensively addressed, trauma and abuse experienced in childhood have both short-term and lifelong impacts that also affect the overall health of our community and of our nation.

It also impacts negatively on public finances. In 2015, Pegasus Economics estimated that if the impacts of child abuse alone were adequately addressed the combined budget position of the federal, state and territorial governments could be improved by a minimum of $6.8 billion annually. It is time to listen to the victims and survivors. 'I am here to make sure it doesn't happen again to any kid.' That is what one victim said. Colleagues, I ask for your support for real change for every one of the victims and all the children in South Australia today who need us to speak up and act.

Mr WEATHERILL (Cheltenham) (11:39): I thank the member for Ashford for bringing this motion to the house.

Ms Stinson: Badcoe.

Mr WEATHERILL: Badcoe, of course. I am sorry, I am a bit out of date. This is a has-been speaking as opposed to somebody with a contemporary view of things. As a has-been, I get asked from time to time what is my proudest achievement and, without hesitation, I refer to the establishment of the Mullighan inquiry into children in state care. The reason it was such a success, of course, is because of the tremendous work of Ted Mullighan, his wisdom, his compassion and his dedication to each of those little children, who by that time were adults who were able to tell their story.

I do not want to repeat the remarks I made on that occasion 10 years ago, but I think I failed to mention something that I do want to put on the record on this occasion, and that is the way we constructed that inquiry. I think it may be of some assistance to the house as it considers how to deal with perhaps similar issues in the future. When we were seeking to establish this inquiry, we were very conscious of it not being an inquiry that merely created the inevitable media sensation that then led to a series of recommendations which were impossible to consume by government and which then sat on a shelf somewhere gathering dust. So a deliberate decision was taken to regard the process of establishing the inquiry as an essential part of the success of the inquiry.

In that regard, we consulted experts. We consulted an eminent psychologist, Michael White, who was really the creator or co-creator of a body of thought in psychology called narrative therapy. He established the Dulwich Centre here in South Australia. He had some experience in working with the South African government on the creation of the truth and reconciliation inquiry. The overwhelming purpose of that approach is to use the strengths of the so-called victims, who we now describe as survivors, and use those strengths to get them to retell a new story of their life. So instead of the story being 'I am a victim and I have been damaged', the story becomes, 'I am a survivor and I am strong.'

The process of the inquiry was an absolutely critical one in permitting the survivors to retell the story of their life. I note, poignantly, that Michael White died almost within a few weeks of our issuing the apology. I do not think he was ever properly acknowledged for his role in constructing the inquiry, but we certainly did speak at length with him and his team about how we might construct this inquiry. Obviously, the commissioner, Ted Mullighan, was deeply involved in the construction of the inquiry in that way, and it was his expert implementation of those values that gave the inquiry its strength.

I might have recounted this story on the last occasion, but it is a really powerful one that I think proves the success of that approach. One of the women who participated in the inquiry later said to me, 'Before this inquiry, my family used to look at me as a bit of a broken-down wreck and somebody who was struggling with their life. After this inquiry, they saw me as a strong woman who had survived this extraordinary set of events and was still standing.' She was able to retell the story of her life to herself and also to her family and, in that way, making herself strong.

Justice demands many things. Sometimes it demands perpetrators being sent to gaol; sometimes it demands the payment of money; but most importantly it demands the restoration of the person who has suffered the crime. I think, in a very real way, we have restored so many of the people who participated in this inquiry to a sense of wellbeing and strength, and it is largely because of the wonderful work that was done by everybody who brought us to this stage.

However, overwhelmingly, it is due to the courage and the strength of those people who experienced these awful things and their willingness to come forward and participate and trust. It is really those beautiful young children who ended up becoming adults and surviving. It is worth

remembering, as the member for Lee has, those who could not survive this journey, and this motion is for them.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (11:45): I rise to speak in support of the motion presented by the member for Badcoe and acknowledge the contributions made by other speakers, including the Premier and Leader of the Opposition, in recognition of 17 June 2018 being 10 years since the apology was given. Can I just say though that, like the member for Cheltenham, I have been here for 16 years as well, but I do not have a view on this matter that is quite as 'skip through the wildflowers' or some sort of 'tiptoe through the tulips' that is being presented in respect of the celebration of 10 years since the apology.

I am angry and I am deeply disappointed that in that 16 years we actually have not done anywhere near enough for the children today who are suffering right now and who are now still vulnerable as a result of a number of inactions. Some of them are by governments, some of them are by parents, some of them are by predatory people who will always seek out and try to do bad things to children.

However, today we want to recognise—and I do, too, as I did 10 years ago—His Honour Ted Mullighan, as he was known to us. I had the privilege of briefing him, having cases against him and dealing in this child protection area during the 1980s in particular. He was a man of great wisdom and extraordinary patience. He was the best man for the job. The decision by the former Labor government to appoint him to conduct this inquiry I fully applauded and still do.

Mr Mullighan did an extraordinary amount of work, and perhaps only the member for Lee would understand the significant sacrifice to the rest of his family in giving their father in his twilight years, which was all too short, when he died not long after completing this arduous task—a great contribution. But let's just consider what was happening around it. Shortly after the new government of 2002 came in, we had the member for Cheltenham now as the minister covering child protection, and we had then premier Rann. They announced that they will engage Robyn Layton QC to do a comprehensive report. She did that: Keeping Them Safe.

But remember this: when we got that report in 2003, it was only the skinny version. The 189-page report of Robyn Layton QC was kept secret for 10 years—10 years! She gave an enormous number of contributions in her recommendations, including that we must have an independently appointed commissioner for children, and we had to fight kicking and screaming with the then government to finally have that come to fruition in 2017. Then, to add insult to injury, what did they do? They kept away her powers until November last year. They would not even give her any powers to investigate until November last year.

I am not happy that at the time we had this comprehensive review, groundbreaking in the sense of dealing with child sexual abuse in institutional care, we had a 189-page report kept secret. In 2008, we had recommendations from Mr Mullighan about secure state care for children at large. He said this in his report, he said it to me and he said it to others: it is too dangerous to leave these children on the street—and nobody has listened. We even had the Nyland report years later say the same thing, and nobody has listened!

When I talk now about having mandatory treatment for children and giving them actual therapeutic treatment in relation to addiction for drug abuse, the opposition is still screaming. It is not acceptable to leave these children at large, vulnerable to predators and left in the ignorance of some parents who are unable or unwilling to properly care for their children. We then had a second report from Mr Mullighan telling us of the scandalous situation on the APY lands. He said child abuse was an epidemic up there, sexual abuse in particular.

The Debelle report: again, a whole shroud of secrecy over a child who had been abused in a canteen in a school by someone who worked for the government, and it was then kept secret from the parents. We went through another royal commission. Then we had the announcement, just after the 2014 election, that one of their very own, Shannon McCoole, was caught red-handed exploiting and abusing seven children and had an enormous amount of equipment in relation to child exploitation material. He was ultimately convicted, of course, but another royal commission was announced with more evidence received, thousands more pages written and millions of dollars spent.

Then we find there is a second person in the department of the then government, employed and abusing children, so we have the Hyde review, and guess what? A former commissioner of police conducts the Hyde review and it is still a secret. It is just utterly scandalous to me that we keep asking these people to conduct inquiries, identify deficiencies, say that the reporting system is inadequate, identify that the training is inferior, clearly identify that the mandatory processes of reporting are inadequate, and what do they do? They keep these reports secret. It is not acceptable that this continues.

We have been here for 16 years, and for 16 years we have had to fight to have a dedicated minister for child protection and an independent department. We have had to fight to have a commissioner with investigative powers. We have had to argue again to deal with protection in relation to children and whether to have a three-year limit on claiming for child protection. We had to fight and win an election to be able to get into the National Redress Scheme and go to the federal table and say, 'Yes, we are ready to line up again and make sure that these children at least have some redress.'

We are still fighting for these children who have been identified and who have cried out for help over the last 16 years. I find it unconscionable that we can sit here and envelop ourselves with some kind of accolade because we have made an apology. That is not enough. It is a very important thing to do and I said that 10 years ago, but it is not enough that we come back in here again and say, another 10 years later, 'Aren't we good because we gave an apology?' It is disgracefully inadequate and any member, new or old, sitting in this chamber ought to remember that and do something about it.

Ms HILDYARD (Reynell) (11:52): I rise to wholeheartedly support this motion and also to make some very brief remarks. In doing so, I want to acknowledge some remarkable women here today: Jeannie Davison and Josephine Littlehawk. I pay deep tribute to their outstanding courage, to their enduring resilience and to their enormous hearts and minds that they have so bravely turned to supporting and empowering others who have traversed a similar journey to their own. To Jeannie and Josephine and to others who so bravely speak up, thank you for your voice, and thank you for engendering the voice of so many others.

I pay tribute also to the fine advocates who are here with us today. Thank you for walking alongside those who have spent or do spend time in state care. Thank you also for empowering their voice and for lifting them up to live their best lives, sometimes in the most difficult of circumstances. It was really lovely to spend time with you this morning and I thank you for coming to be with us today. I also thank the member for Badcoe for bringing us together.

Ten years have now passed since former premier, the Hon. Mike Rann, stood up in this place, supported by the member for Cheltenham, and rightly and formally apologised on behalf of the government of South Australia to children who were abused in state care. On that day, he said:

> In moving this apology I acknowledge that nothing any of us say here today will take back the pain these children have carried into their adult lives. Nothing that we say will be able to change the past actions, the past abuse that was experienced by some of those who were placed in state care.

These words remain true today inasmuch as we can never take back the pain of what happened. It is so important to reflect on this moment and to remind ourselves that we must be relentlessly vigilant when it comes to keeping our most vulnerable children safe. It is also an important moment to reflect on the fact that together we can work to change the future.

I speak today with a commitment to doing that with all members of this house, I speak today pleased that the apology was made and pleased about some of the changes made to help in this area, but I also speak deeply knowing that there is more for all of us to do. I speak today with just the tiniest bit of knowledge about the pain that can be caused when children are not kept safe.

I speak today to thank all the people in this area for their hard work: again, to the brave women here today, and also to the staff at the Department for Child Protection, SAPOL, the DPP, in the justice system, advocates, community workers and all those who play a role in this area. I conclude with something the former commissioner for victims' rights wrote:

> All victims I have helped want vindication by acknowledgement of the crime committed against them and validation by acknowledgement of the harm done to them.

I am proud that we went some way to doing this through the apology. I want every survivor to know that we have never forgotten and will never forget their plight, and that we will walk with them in the journey, side by side, that we will keep listening and that we will keep acting until every child is safe and able to thrive in every aspect of their life.

Ms STINSON (Badcoe) (11:56): I would like to briefly follow on from my earlier remarks. It is not unreasonable, of course, for older care leavers to request greater support as they approach aged care, and I urge the Minister for Health, the Minister for Human Services and the Minister for Child Protection (I will let her know later) to thoroughly consult with older care leavers, investigate their concerns and devise practical solutions to these very real fears. They will enjoy the support of this side of the house in their genuine endeavours to address this issue.

I would like to thank all the speakers today: my opposite number, Rachel Sanderson, the member for Adelaide; Jay Weatherill, of course, who was instrumental in this apology in the first place; Stephen Mullighan, the member for Lee; the member for Reynell for her comments; Ms Luethen, the member for King; and the member for Bragg, Vickie Chapman, I appreciate the comments you made today.

I would also like to extend a bit of thanks to those across the chamber who made way for this motion to be heard first up today. To the member for Heysen, I thank you very much; to Troy Bell, the member for Mount Gambier, and to my colleague the member for Kaurna, Chris Picton, it is very generous of you to allow us to deal with this motion so that people were able to join us and hear the sentiments of all members of the house.

I would like to conclude by reiterating the apology made 10 years ago:

> …this parliament recognises the abuses of some of those who grew up in state care and the impact that this has had on their lives. Only those who have been subject to this kind of abuse or neglect will ever be able to fully understand what it means to have experienced these abhorrent acts. For many of these people, governments of any persuasion were not to be trusted. Yet many have overcome this mistrust.
>
> You have been listened to and believed and this parliament now commits itself to righting the wrongs of the past. We recognise that the majority of carers have been, and still are, decent honourable people who continue to open their hearts to care for vulnerable children. We thank those South Australians for their compassion and care.
>
> We also acknowledge that some have abused [that] trust placed in them as carers. They have preyed upon our children. We acknowledge those courageous people who opened up their own wounds to ensure that we as a state could know the extent of these abuses.
>
> We accept that some children who were placed in the care of government and church institutions suffered abuse. We accept these children were hurt. We accept they were hurt through no fault of their own. We acknowledge this truth. We acknowledge that in the past the state has not protected some of its most vulnerable. By this apology we express regret for the pain that has been suffered by so many.
>
> To all those who experienced abuse in state care, we are sorry. To those who witnessed these abuses, we are sorry. To those who were not believed when trying to report these abuses, we are sorry. For the pain shared by loved ones, husbands and wives, partners, brothers and sisters, parents and, importantly, their children, we are sorry.
>
> We commit this parliament to be ever vigilant in its pursuit of those who abuse children. And we commit this parliament to help people overcome this, until now, untold chapter in our state's history.

I commend the motion to the house.

Motion carried.

NATIONAL FARM SAFETY WEEK

Mr TEAGUE (Heysen) (12:00): I move:

That this house—

(a) notes that National Farm Safety Week was held from 16 to 22 July, raising awareness of farm safety issues across Australia, including South Australia;

(b) recognises this year's theme as being 'innovative, safe and healthy'; and

(c) acknowledges the united effort across the nation to reduce the deaths and injuries associated with health and safety risks on farms.

In its 20th year, National Farm Safety Week was held across the country last week, and this year's theme was 'innovative, safe and healthy'. Farm Safety Week is an important opportunity to raise awareness of farm safety issues. They are real, and the risks—indeed, the occurrence of accidents on farms—is a matter that we all ought to be aware of, and those affected ought to be provided with appropriate support to address that so that we can do better.

Farm safety is much more than just the physical risks, matters to do with the safe handling of chemicals or animals, or safety associated with the use of machinery, such as quad bikes or tractors that have recently been in focus. Importantly, it is also about knowing how to deal with stress, with mental health issues and with being able to have the right conversations and rules in place to ensure the safety of children and older generations who are on the farm.

I acknowledge that SafeWork SA and Primary Producers SA commodity groups, including Livestock SA, together have a *Farmers' Guidebook to work health and safety* that is available as a tool. The guidebook covers matters, including setting up a safe workplace, plant and equipment, farm hazards and solutions, industry-specific hazards and health and wellbeing.

I also wish to recognise and acknowledge the work of SA farm safety advocate, Alex Thomas, South Australia's rural woman of the year. Alex runs her own work health and safety consulting business and has helped launched the hashtag #PlantASeedForSafety social media campaign, and she is also encouraging the use of the hashtag #SaveALifeListenToYourWife. So I acknowledge the contribution of Ms Thomas.

To provide some recent context, there have been four recordable farm-related deaths in South Australia in the financial year 2017-18. To my knowledge, there have been five tractor accidents in South Australia in recent times. As I have just indicated, there have been four fatalities. The fifth of those unfortunate tragic incidents was the exception and involved a constituent and friend of mine, Kevin Watkins.

On 10 April this year, Kevin suffered an extensive and serious injury on his farm when he was injured in the course of attempting to start his bulldozer. Kevin is 83 years old. He and his wife, Rhonda, have lived at their farm at Yundi and have been pillars of the community for many decades now. Since that awful day on 10 April, Kevin has been through tremendous privation. It illustrates that, while we can talk about statistics and about dangers in the broad, sometimes we can best address these matters in recognising attempts to improve farm safety by reference to individual circumstances.

Kevin was severely injured when he was partially crushed by his bulldozer. Immediately following the accident he spent three weeks at Flinders Medical Centre, where he received urgent and critical care. He was then transferred to the Strathalbyn hospital, where he spent a further three weeks in the care of professionals. I wish to recognise all who cared for Kevin during those six weeks of hospitalisation.

When I spoke with Rhonda yesterday evening, as I have on a number of occasions since 10 April, I was delighted to hear a spark in her voice for the first time since that terrible day. She was quick to make the point that, of these five terrible incidents that have occurred in South Australia, Kevin is the only one to have survived. She was thrilled to talk to me not just about the recovery process but about what now looks to be his recovery to something approaching his condition before the accident.

Kevin was anxious to be at home and under his own speed, as it were, as soon as he possibly could. He had extensive trauma associated with a break to his left femur. He had wounds that persistently failed to heal, including a massive wound on the top of his left knee. He had trauma to his face and his wrist. In fact, he had stitches in his face that were recently removed, and so extensive was the trauma that, until they were removed, Rhonda had not realised they were there.

He has benefited from the assistance of nursing at home to assist with dressing, as well as physio to assist him getting back to being able to walk. I am told that he has expressed some impatience with the treatment but that he has been doing his best to be a good patient. He has progressed from walking with a frame to walking with a walking stick and, just recently, to walking with no assistance. I gather that he is still somewhat frustrated by those limitations, but we are all thankful that he is at least walking.

I have referred to the extent of the injuries that Kevin suffered. I am told that he is recovering from the wounds and his broken leg. He still has great difficulty putting his socks on, but it is a cause for reflection that he could have been much worse off. He is fortunate to be on the recovery path. Rhonda tells me that she has imposed some rules on Kevin for the first time. He, in principle, is not to be heading out on the bulldozer on his own in the future, although, speaking with Rhonda last night, she was not so sure that he was going to necessarily comply. She has already heard the chainsaw, circular saw and so on going again, so she is doing her best to keep a close eye on Kevin.

It is good to be a bit light-hearted about the situation as it stands now, months on from that particular accident. He is the fortunate one to have survived among those five major incidents that have occurred in South Australia in the first half of this year. We do well to reflect on the nature of the risks that are experienced on farms. It is fair to say that Kevin is one of the older generation. He is like many on farms who are dealing with bully calves, handling stock, dealing with machinery of various shapes and sizes and confronting the very real risk of physical injury on the farm on a daily basis. He is a man of very long experience.

When we come to reflect on the nature of the risks that farmers face in their homes and workplaces, it is important to note that these are real risks and that events occur on a regular basis. We are endeavouring to do what we can to look after the wellbeing of our friends and neighbours when we look to address safety issues on farms. I want to refer briefly to statistics that bring home the point and the nature of the risk.

It has been noted that a study of on-farm fatalities recently indicated that it is not only those who are older but also children who are affected and very much at risk. Farmsafe Australia tells us that around 20 children under 15 years are fatally injured on an Australian farm every year, and the major causes are associated with dams, vehicles, machinery and horses. A study of on-farm fatalities from 2001 to 2004 by the Australian Centre for Agricultural Health and Safety found that children under 14 years make up 15 to 20 per cent of farm injury deaths.

While I have in the time available to me focused on Kevin Watkins and his particular circumstances, and his accident and fortunate recovery as a member of the older generation of our farming community, it is clear that people of all ages must remain vigilant on farms. I commend the motion to the house.

Personal Explanation

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (12:15): I seek leave to make a personal explanation.

Leave granted.

The Hon. D.C. VAN HOLST PELLEKAAN: Yesterday, I stated in the house in answer to a question from the opposition regarding the review commissioned by the government into the selection process at the Australian Craniofacial Unit that, quote, 'they were told by the Premier two or three weeks ago very, very clearly that that review was being undertaken'. On 5 July, the Premier said in this place, quote:

> I am seeking an answer from the department and I will come back to you, but I was assured that a merit-based process was entered into for the head of that unit.

The Premier did not announce a review of the selection process for the Australian Craniofacial Unit at that time.

Motions

NATIONAL FARM SAFETY WEEK

Debate resumed.

Mr HUGHES (Giles) (12:16): I rise today to support this very commendable motion. I think it is an important motion. I think it is important that we acknowledge National Farm Safety Week, which has now been held for some 18 years or so. It does serve to concentrate our minds on the tragedy that often occurs on our farms—tragedy that involves not just those people directly working

on the farms but, on occasions, family members who might not necessarily be occupationally engaged but die from other causes.

As the member said, we can talk about the statistics—and it is important to reflect on and examine the statistics and the wide variety of causes leading to death and injury on farms—but, after doing all that, it is about the incredibly personal stories and the impact that a death has or the impact that an especially serious injury has on wives and husbands, and brothers and sisters. In the vast electorate of Giles, there are a number of farms and grain properties. There are extensive pastoral areas.

In another life, I was heavily involved in the whole area of occupational health and safety and rehabilitation. As part of that other life, I would go out and do worksite assessments when people were injured or when people were killed. It was often a very difficult thing to do. Most of that work involved heavy industry, whether it was manufacturing, such as in the steelworks, or mining in the Middleback Ranges, at Olympic Dam and at other places. You got to see firsthand the direct impact of different safety regimes.

Prior to doing that sort of work, I used to work in heavy industry myself. It was almost a matter of course that in a place like the steelworks somebody would die on a relatively regular basis. In fact, it was almost factored into the managerial regime that deaths were going to occur. Very fortunately, and with a lot of agitation, this brought about major cultural change, to the point where there has not been a death in the steel industry in South Australia for many years. That was a massive step forward.

Farming is clearly different from the sorts of practices that you see in heavy industry and the sorts of resources that can be brought to bear on addressing problems. We have 13,500 farms in South Australia, so that is 13,500 different workplaces. The variety amongst those workplaces is very significant. When it comes to deaths in South Australia, the data varies depending on which database you look at. One database states that in 2017 three people in South Australia died; another states that four people died. In relation to the number of children killed on farms, the national databases differ as well. It may be due to whether or not the child was seen as being actively involved in work on the farm. Irrespective of the data, any death is one death too many.

Nationally, some 68 deaths occurred in 2017. Once again, different databases will give you different figures. Of those, tractors contributed to 13 deaths. Quads have received a lot of publicity over recent years, and there has been some controversy around how to best address these issues. Quads have led to 12 deaths and a number of horrendous injuries. Anything we can do to assist the farming sector to address this heavy toll is to be welcomed.

When you look at farming in comparison to other industries, it is way up there when it comes to death and injury. If you break it down by industry sectors, deaths are most likely to occur in the transport, postal and warehousing sector—that is a bit of a variety. Coming a very close second is the agriculture, forestry and fishing sector. In fact, those two industry sectors, along with construction, which comes in at third place, are by far the biggest contributors to worker deaths and injuries. These areas all receive attention in a myriad of ways in order to address this tragic loss of life.

The member for Heysen focused on some of the people he knew and the impact that those accidents have had. In my working life, when I was working in heavy industry and then in the occupational health and safety and rehabilitation field, some of the injuries I would come across were particularly horrendous and the long-term impact they would have on families was particularly tragic. There is some reason for confidence that things will improve because there has been a marked reduction in deaths on farms, and that is as a result of education, awareness and changing practices.

There has been a range of different approaches. If we continue on that, if we redouble our efforts, it will improve still further. As I said, in the steel industry deaths used to be relatively common, and now they no longer are. It is interesting to listen to some of the people I know who think there has been overreach when it comes to safety. However, as somebody who was exposed to the regime as it used to be a couple of decades ago, I think I would rather have that overreach and everybody going home after work than what happened in the past.

It was major cultural change and leadership change that brought about those changes in that industry, taking some of the risks of engineering out of the workplace wherever possible. I

acknowledge that it is somewhat more complex when it comes to the farming community, given the sheer number of farms in South Australia and Australia and the demands that are placed on farmers and people who work in agricultural pursuits. The member for Heysen flagged a variety of activities that you have to engage in when you are working on a farm. Even though the work is not as hard and physical as it was once upon a time, that element is still there. Indeed, I was at the launch of what we hope is going to be a new port facility at Lucky Bay.

Time expired.

Mr BASHAM (Finniss) (12:26): I also rise to support this motion. As a farmer of many years, I certainly understand the risks and challenges that many farmers face with regard to farm safety, and it saddens me to see the statistics that we still have. Over 60 farmers around Australia die every year from farming accidents. There is good news, though, as we have seen significant downturns in the numbers from the 1990s. I think a lot of that can be attributed to solutions that have been found for some of the risks on farms.

Probably the greatest solution that has been found in my time of farming is the rollover protection systems that have been placed on tractors. Many accidents used to occur with tractors where, if a farmer was trying to pull something out and could not move it, the tractor would actually flip on itself and end up lying on its back, with the driver pinned underneath the tractor. The rollover protection systems that were implemented about 30 years ago have seen all that change. There is now protection around the farmers, either with a cab that is reinforced and does not collapse if the tractor rolls over, or with a bar, in particular, that stops the driver being crushed in the outcome of an accident like that.

I have been personally affected more than I would like by farmer deaths. While I was the chair of the South Australian Dairyfarmers' Association and the president of Australian Dairy Farmers, there were several incidents where dairy farmers were severely injured or killed. There are some very notable dairy farmers who, unfortunately, were killed, many of them in tractor accidents. Jeff Kernich is one that comes to mind. He started the business Jersey Fresh in the Barossa Valley. It is a great business that is a credit to him and his family. Unfortunately, Jeff was killed in August 2016.

It is a sad thing that this happens on farms, but it is something we have to address. We have to understand what is the leading problem here. Often, it is about communication. These people are often working alone, and either the job should not be done alone because it requires a second person to remove the danger but the farmer tries to compromise and do the job alone, or something unforeseen happens and the farmer is then trapped, most likely injured initially but not found for a significant time.

One of the key things that has also helped is access to mobile phones on farms. When they get into serious trouble, it allows people to make contact and seek help. It is not always available but it certainly helps. I know of one business near Mount Gambier that went to the extent of giving all their staff pagers, and if they do not respond to a page issued at a certain time, when they are out working alone, they go looking for them. There are things that can be done to help us in this space, and we may need to do more. We may need to establish some services where people can get themselves registered as working alone in vulnerable circumstances so that someone puts the phone call in to see whether or not they have been injured. There are many things we need to look at in this space.

I am also concerned about some of the other more recent injuries in the last few months. Back in April this year, there were two deaths 10 days apart. One of them was not far from my property at Mount Compass, at Yundi. The man who was killed there, Dominic Betschart, is the man who sold me my first piece of land. That is very close to home, when you have known the person for over 30 years. He was a retired farmer who was just doing someone a favour when something went wrong. Only 10 days later, there was another death, in the Barossa. All these deaths are very unfortunate and affect so many people. We need to make sure that we do everything we can to protect our workers.

The isolation and largeness of our properties makes this difficult and it is even more difficult in remote areas, where there is no coverage to make contact. I remember not long after leaving

school—and luckily there was no injury in this case—I was up on Commonwealth Hill Station, where my friend's father was the manager at the time. We spent the day mustering. We were not that good at it because we found only four sheep in a whole day, but that is another story. When we got home that night, one of the other jackaroos, who had also gone out mustering on a bike, had not returned home by 8 o'clock.

The manager went out at 8 o'clock at night looking for him. Luckily, in this case he had a flat tyre and was unable to fix it. He had been sitting on the road since 7 o'clock that morning and he was only about an hour's ride from the homestead. That was a lucky one. He actually sat there all day. In those circumstances, if he had come off his bike and injured himself, who knows what would have happened. That is what we are dealing with, that sort of uncertainty.

It is so important to have this issue highlighted during National Farm Safety Week. The theme for this year—'innovative, safe and healthy'—is very much the case. It is not just about the accidents that occur but also about the mental health of farmers who we need to look after in this space. When farmers are under stress and overworked other things start to go wrong as well, so we need to make sure that we look after their wellbeing and their businesses.

Farmers in Australia, and especially in our state, are innovative. They come up with new ideas and they look at ways to do things more safely. The work that is done on those farms is a credit to them. The regulators actually do not always get it right. One thing that is being talked about at the moment that we have to be very careful about is the protection that is being retrofitted to quad bikes, which is not necessarily the best outcome. They do not necessarily achieve what is desired. We have to be very careful we get these things right and we do not make things worse. I think very careful consideration is needed when making these applications to retrofit devices on vehicles. We need to make sure that they achieve their outcome.

In conclusion, I think it is very important that we continue to adapt and change and particularly improve our communication networks around the regional areas of South Australia. There are still significant blackspots across areas of the Fleurieu Peninsula and other areas where you would have to travel huge distances to get mobile phone coverage if you had an accident on your farm. I think we have to be very vigilant in trying to get those blackspots filled.

We need to look at what we can do in this space to give farmers working in isolation the protection they need to be able to make sure that they get home safely to their families every night. As we are seeing, it is not just the deaths but also the horrific injuries that can occur with large machinery and other things. I commend this motion.

Mr BELL (Mount Gambier) (12:36): I rise to commend the member for Heysen's motion to the house and offer recognition to the farmers of my community and the entire Limestone Coast. Our region is justifiably famous for its wine, forestry and seafood products, all of which are reliant on a vibrant farming community and culture. You cannot visit the Limestone Coast without hearing about the Wagyu cattle at Mayura Station, Coonawarra's famous red wines or those freshly caught southern rock lobsters from Port MacDonnell. To quote Adelaide and Flinders universities' Regional Development Australia Limestone Coast report, 'The region is an agricultural, forestry and fishing "food bowl", with an international reputation to match.'

Agricultural land occupies more than 70 per cent of our region. In Mount Gambier alone there are more than 300 businesses in the agriculture, forestry and fishing industries, which employ thousands of people. These industries are vitally important to the region's economy and also attract thousands of international visitors to our region each year, delivering a strong boost to tourism.

In particular, I would like to focus on the importance of paragraph (b) of this motion, recognising this year's theme as being 'innovative, safe and healthy'. Farmers often spend their days working alone and in hard to reach, remote areas. The lack of consistent mobile coverage is a big issue for those working in parts of regional South Australia where emergency services can be up to half an hour away.

I know farmers who use Twitter to communicate with each other but who cannot connect a phone call to the bloke who works down the road because of the lack of a reliable phone service. Like workers across all sectors, farmers should be able to have access to a safe workplace with strategies in place to assist should emergency situations occur. The basic fact is that farming is one

of the most dangerous occupations in the country. At the Gen Ag 2017 conference, National Centre for Farmer Health representative, Jody Morton, said that 27 per cent of all Australian workplace fatalities were in the farming industry, but the statistics do not give the full picture, considering many farmers choose not to report workplace injuries.

I commend the South Australian government for recognising National Farm Safety Week. However, I think it is time for the government to guarantee reliable phone coverage to the farmers of regional South Australia to ensure an extra level of security and safety.

I would also like to take this opportunity to recognise Farmsafe Australia, SafeWork SA, the National Centre for Farmer Health and the University of South Australia's ifarmwell for their work not only in raising awareness and running programs on farm safety and injury and death prevention but also for their work in the field of mental health. A free, five-part module is offered by ifarmwell, aiming to equip farmers with resilience tools to reduce the negative impact that stressful situations have on their overall lives so they have more time and energy to focus on the things that make them happy and enjoy life.

It must be remembered that the future security of the farms depends on the whim of the weather. One good season can be followed by four terrible seasons, which can affect profitability, the entire farming workforce and also flow on to the community at large. To quote from the 2017 Centre for Rural and Remote Mental Health Rural Suicide Prevention Forum report:

> Even when seasonal conditions suggest a hopeful future, their personal experience reminds them of the realistic risk of future adverse conditions, such as too much or insufficient rainfall, too high or too low temperature, hail, frost, fire etc.

National Farm Safety Week and the programs of the South Australian farm safety organisations recognise the stresses farmers endure. Furthermore, I commend the work of Farmsafe and wellbeing organisations for their imperative work in making the farmers' workplace a better environment. Farming industries provide so much economic benefit to the region and the state. I believe it is important to support and protect our farmers now and into the future.

Mr PEDERICK (Hammond) (12:41): I rise to support the motion by the member for Heysen:

That this house—

(a) notes that National Farm Safety Week was held from 16 to 22 July, raising awareness of farm safety issues across Australia, including South Australia;

(b) recognises this year's theme as being 'innovative, safe and healthy'; and

(c) acknowledges the united effort across the nation to reduce the deaths and injuries associated with health and safety risks on farms.

In its 20th year, National Farm Safety Week was held across the country last week. This year's theme was 'innovative, safe and healthy'. I certainly think that that is the key, as you, as a longstanding farmer on Eyre Peninsula in the seat of Flinders, would well understand, Mr Deputy Speaker.

Farm safety is a very significant matter. We have heard about the different statistics: 20 per cent or 27 per cent of deaths in industry are attributed to agriculture. We have today heard why some of those deaths happen. Sometimes it is just because you are a long way from help and are on your own.

You do not have to be on a far-flung station or property to have that happen. You could be on a property in any of our regional electorates and have just told your family, 'I am going down to do some sheep work,' out the back of the block or on another block, or you are going down to do some seeding or spraying. You could even be doing something with harvesting and operating on your own, although these days a lot of the time you are backed up with people operating chaser bins and have the freight people working around you as well.

I think in some of the accidents that have been highlighted and instances of what can happen, it is sometimes hard to get common sense regarding the regulation. I know we need it, but there are times when it does make it difficult just to operate machinery. I note the member for Finniss' comments about four-wheel quad bikes. I am the owner of a couple of those. I have a Yamaha 660

myself, and it weighs somewhere between 400 and 450 kilos, so it is substantially heavier than I am. It is a beast. and you need to understand how it operates.

Twice I have had to save myself with a motorbike coming over but aware of what could happen—just stick your right leg up and put it back on its wheels. It is a scary enough situation, but you have to be aware. Once I was trying to catch up with a stray dog that was not taking my commands too well and was heading towards the highway. I probably risked everything trying to pull him up and I fell off the motorbike. So, you do have to be aware, and that is one factor in what happens.

I note what the member for Finniss said. Many studies have been done with regard to quad bikes and trying to make them safer. There are far too many deaths: one death is too many, but too many deaths are attributed to quad bikes. They have looked at putting add-on technology like Lifebuoy and other rollover protection structures. I think the Lifebuoy is one that will flex, supposedly, if you go underneath it, but it can have adverse effects as well.

Two-wheel motorbikes also can be an issue on the land. Not so much these days, but in some of the pastoral country and inland country as well people still use horses. I remember my father, who was farming from 1933 onwards, could recount too many stories of people who came off horses and got hooked up in the stirrups and there was no way out—they just got dragged to their death.

With all machinery, and with operating any machinery, you have to be absolutely careful. I know that these days modern harvesters have a lot more tricks on them than when I was farming, but even with the old 1680 case rotary that I had when I was farming you could not put the machine into gear to operate it unless you were sitting on the seat. That certainly saved issues of putting it into gear and then, on your own, getting out the front watching the machine work, when you could get pulled into the front and into the machine and suffer terrible injuries or death.

Certainly power take-off shafts are another one. Sometimes people are weary—many people working for themselves or workers on the land working long hours—and forget, and power take-off shafts at the very least can possibly strip you naked if you get caught in one. They are operating, when going at full noise, at 540 to 1,000 revs per minute, and you are lucky if you get out with just having your clothes stripped off.

There have been too many times when people who, for whatever reason, have been caught up in these shafts; their clothes get caught in the elbow joints, they get flung around and have quite an horrendous death. I remember one harvest yelling out to a mate who did not seem to be aware of what was going on as we were unloading grain into a bin. I was on top of the bin and I was just screaming at him to get away from the power take-off shaft between the tractor and power take-off harvester that we had at the time.

Certainly with tractors and front-end loaders especially—and some of the deaths talked about today by other members involved front-end loaders—they are a machine, obviously, because they are a front-end loader, you can lift stuff up high, and your standard front-end loader you can still lift up stuff three or four metres, but then you get these high lift, manitose-style loaders where you can lift many metres into the air.

I have heard of some lucky escapes, but I am also aware of deaths, sadly too close to home, where people have been carting hay with even standard front-end loader tractors and loading the hay into a shed, on a truck or just coming across a paddock and not having the loader at the right height. For whatever reason, a round bale comes over the top of the loader, and guess where it goes next: it goes on to the person operating the tractor, and sometimes people have had very lucky escapes because they have had a roll-over protection structure on there, if it has been an open-air tractor, or they have a cab on there.

A good friend of mine from out in the Mallee had a very, very lucky escape but did suffer some ongoing injuries. The bale did not quite crush him on the tractor. There have been new regulations around rollover protection structures. I had to fit one to my tractor. There are different rules for whether you are an owner/operator or whether you have workmen or others operating your machines as well.

There are many ways you can get hurt. For instance, I have fallen in the box. I was not really operating my harvester, but I was changing the oils on it after I bought it and I fell in the box while I was showing my 18-month-old son—not that he remembers me showing him how the header operated. I sat on the edge of the box and forgot that the top few inches of the box was a loose flap that folded in and I tore my arm open and needed 22 stitches. I was lucky it was only my arm.

I want to talk about the innovations and what is helping as far as accidents go. It is about getting more mobile phone towers out, and I am certainly proud to say that on this side of the house, the Liberal Party is committed to getting more communication right across the country, with a $10 million policy as well as other regional policies, to make sure that we can make the regions a safer place to operate so that you have more of a chance, especially if you are on your own and you fall off that bike or roll that ute or whatever other issue happens, to seek help, as long as you can move your arm to reach into your pocket for your phone and ring 000.

The former Labor government failed at that, but we are certainly keen to promote that. I certainly support the motion of the member for Heysen. May we all keep working for better farm safety outcomes into the future.

Parliamentary Procedure

VISITORS

The DEPUTY SPEAKER: I would like to acknowledge the former member for Schubert in the Speaker's gallery, Mr Ivan Venning. Welcome.

Motions

NATIONAL FARM SAFETY WEEK

Debate resumed.

The Hon. T.J. WHETSTONE (Chaffey—Minister for Primary Industries and Regional Development) (12:51): I am pleased to rise and support this motion on the National Farm Safety Week. In its 20th year, the National Farm Safety Week was held across the country last week, and this year's theme was 'innovative, safe and healthy'. The agriculture industry, as we know—and I am sure as the previous member for Schubert would know, being a primary producer himself—is one of the state's largest employers, and ongoing safety continues to be fundamental in sustainability and in securing a future, particular for our generations.

I know only too well, as the member for Hammond and I am sure others on this side have experienced, seen or encountered, just how easily accidents happen on-farm when people are dealing with machinery and equipment that have a lot of moving parts. Rotary types of equipment that have drives and blades are particularly fraught with danger. I, too, have known that over time. The primary producer likes to be able to do things that normally two or three men should be doing, but they take it upon themselves to get the job done, and in some way, shape or form that does create a level of risk, and in some instances we have seen on-farm accidents.

It is also important to note that the primary industry sector is becoming more innovative. They are becoming more aware of the risk with on-farm practices. Sadly, we still see accidents happen and we still see some life lost on-farm, but it is important to note that farmers are self-regulating. I would like to pay homage to the South Australian farm safety advocate, Alex Thomas, South Australia's rural woman of the year. She runs her own work health and safety consulting business and has helped launch the 'Plant a seed for safety' social media campaign. She is also encouraging the use of the hashtag; it is not #RegionsMatter but #SaveALifeListenToYourWife. Ms Thomas is aiming to empower—

Mr Pederick: That's good advice on any day.

The Hon. T.J. WHETSTONE: Indeed. She is aiming to empower rural women to share their stories of success in safety, to increase their confidence and to make them more aware of their ability to influence change. Ms Thomas said, 'Many rural women are innately risk averse and are often in a position to influence change and improve safety.' No farmer or fisher wants to see someone get hurt while at work, and paperwork does not save lives. So we need to look beyond box-ticking policies

and procedures and we need to make sure that our equipment is safe, that it has the guards on. I, myself, am a culprit. I have had PTO shafts on equipment and removed guards to grease points, I have removed guards to make life a little easier, but then there is always that point of risk.

What I would say is the recognition of National Farm Safety Week cannot be understated, particularly on this side. I do not think anyone on the opposition has rural holdings or rural properties. Many on this side do, so we understand the risk and we understand what safety means on-farm. It is understanding how we can help. If we walk past equipment and see that the guards are missing or things are unsafe, we know just to have a quiet, subtle word to make sure that things are as they should be.

I would also like to acknowledge SafeWork SA. They are the body that looks after safe work here. The agriculture industry is one of the advocates that they put issues in front of. They put challenges up, but we have to make sure that our workplace is safe and, due to the combination of all those hazards, including the chemicals, noise, dust and sun that we work in a safe environment. I commend the motion to the house.

Debate adjourned.

Matter of Privilege

AUSTRALIAN CRANIOFACIAL UNIT

The SPEAKER (12:56): I rise regarding the matter of privilege in regard to the Australian Craniofacial Unit. I make the following statement in regard to the matter of privilege raised by the member for West Torrens in this place yesterday. However, before addressing that matter, I wish to outline the significance of privilege as it relates to the house and its members. Privilege is not a device by which members or any other person can seek to pursue matters that can be addressed by debate or settled by a vote of the house on a substantive motion.

As we have covered, McGee in *Parliamentary Practice in New Zealand*, in my view, makes the test for whether or not the matter is a matter of privilege by defining it as a matter that can be genuinely regarded as tending to impede or obstruct the house in the discharge of its duties. An essential aspect of privilege is to ensure that each member can speak without fear or favour but at the same time be able to rely on the accuracy of the statement made in the house by any member. It is not a protection from the consequences of misconduct, poor judgement or inaccurate information.

I refer to the matters raised by the member for West Torrens where he alleges that the Minister for Energy has deliberately and intentionally misled the house in respect of two matters concerning inconsistencies in the minister's answers to questions; firstly, where the minister acknowledges the existence of an independent review into the Australian Craniofacial Unit; and, secondly, that Professor David David was well aware of the review and had every opportunity to contribute to that review. On the first matter, the member for Kaurna asked the following question to the Minister for Energy:

> Why did the Premier give Professor David David assurances that these issues at the Craniofacial Unit would be addressed, including the removal of an oral surgeon, and in two or three weeks no action has been taken?

In response to this question the Minister for Energy answered by saying:

> This house will remember that the Premier answered several questions about the Australian craniofacial foundation two or three weeks ago in the parliament. He went through the entire list of issues. He answered every single question, but one of the most important things that clearly the opposition has forgotten is that we were going to undertake an independent review. I don't know why the opposition would pretend that that didn't happen as if it is completely irrelevant. The government has undertaken an independent review into the Australian craniofacial foundation. Dr David David, an esteemed South Australian, is well aware of it. He has every opportunity to contribute to that review, as have the people who still work at the Australian craniofacial foundation.

I have checked *Hansard*. I confirm that I cannot find any record regarding the commissioning or existence of an independent review into the unit or more specifically any reference in the Premier's answers to questions in the house on 5 July advising the house of a review.

The member for West Torrens advises the house that there is no record in *Hansard*, the government's media releases or the government's public statements regarding the commissioning

of an independent review into the Craniofacial Unit as described by the minister. While there appears to be nothing on the public record acknowledging the existence of an independent review into the unit, that is not to say an independent review did not exist or was undertaken without the knowledge of members of the House of Assembly or Professor David David.

However, it is implied in the minister's answer that the house, members of the opposition and Dr David were made fully aware of the independent review. As I cannot find anything to substantiate the minister's claims concerning the existence of the independent review, on the facts before me prima facie I believe that the matter touches on privilege.

As to the second matter, the member for Kaurna asked the following question to the Minister for Energy:

> My question is again to the minister representing the Minister for Health. Does the minister stand by his remarks earlier today that David David, South Australian of the Year, had every opportunity to contribute to the independent review into the Craniofacial Unit?

In responding to this question, the Minister for Energy answered by saying:

> Look, I don't know, but I'm sure he had the opportunity. I don't know if he did…what we are and are not allowed to say…
>
> Previously, I said that Dr David David had every opportunity to contribute to the independent review and that I didn't know whether he had actually done that or whether he had spoken to the health minister. But, as I was saying, in the spirit of transparency…I have sought and received some information since then…So on this occasion I can tell the shadow minister and the parliament that the Minister for Health met with Dr David David on 9 July face to face and they have spoken on the phone since…
>
> I assume that if Dr David David, the champion of the Australian craniofacial foundation, and the Hon. Stephen Wade in the other place, the Minister for Health, spoke to each other face to face and on the phone during the time that this independent review into the Australian craniofacial foundation was being undertaken, they would have been talking about that. I don't know that for sure, but I think it's…that it wasn't footy tips, it wasn't bakeries: it was the Australian craniofacial foundation that they would have been talking about.

The member for West Torrens contrasts the minister's answer with information provided to the opposition by Professor David David indicating that he was not aware of an independent review and had not been given the opportunity by the government to contribute to such an independent review.

In this instance, the inconsistencies referred to between the minister's account of Professor David David's involvement in the independent review and that of Professor David David's account is not one of simply differing recollections and understanding of details. Rather, differences between the two accounts of events are substantial and go to the core of the minister's understanding of Professor David David's knowledge and of involvement in the independent review, and for that reason, in my opinion, the matter touches on privilege.

Before concluding my remarks, I advise the house that I have had the opportunity to read the Minister for Energy's personal explanations made to the house yesterday and earlier today. In his personal explanations, the minister confirms the existence of an independent review of the visiting medical specialist selection process of the Australian Craniofacial Unit and, further, corrects the record by saying that the Premier did not announce a review. I also note that the minister in his personal explanation corrects the record by acknowledging that Professor David was not consulted as part of the review process.

If I were considering this matter prior to the minister's personal explanation, I would be of the view that prima facie the matters raised by the member for West Torrens touch on privilege and should therefore be accorded precedence for a motion which would enable the house to determine if there had been a breach of privilege.

However, having had the benefit of examining the minister's personal explanation, I am of the opinion that any potential misleading of the house by inaccuracies in the record, as alluded to by the member for West Torrens, have been corrected at the earliest opportunity and therefore I do not propose to give precedence to this matter as a matter of privilege. However, of course, this decision does not prevent the member for West Torrens or any other member from proceeding with a motion on the specific matter by giving notice in the normal way.

Sitting suspended from 13:02 to 14:00.

Petitions

ANGLE VALE ROAD

Mr GEE (Taylor): Presented a petition signed by 280 residents of South Australia requesting the house to urge the government to take immediate action to install stormwater, footpath and other associated infrastructure on Angle Vale Road between Heaslip Road and Short Road, Angle Vale.

Parliamentary Procedure

PAPERS

The following papers were laid on the table:

By the Attorney-General (Hon. V.A. Chapman)—

Summary Offences Act 1953—
- Dangerous Area Declarations Authorisations Report for Period 1 April 2018 to 30 June 2018
- Dangerous Area Declarations Authorisations Report for Period 1 January 2018 to 31 March 2018
- Dangerous Area Declarations Authorisations Report for Period 1 July 2017 to 30 September 2017
- Dangerous Area Declarations Authorisations Report for Period 1 October 2017 to 31 December 2017
- Road Blocks Authorisations Report for Period 1 April 2018 to 30 June 2018
- Road Blocks Authorisations Report for Period 1 January 2018 to 31 March 2018
- Road Blocks Authorisations Report for Period 1 July 2017 to 30 September 2017
- Road Blocks Authorisations Report for Period 1 October 2017 to 31 December 2017

By the Minister for Child Protection (Hon. R. Sanderson)—

Child Protection: A Fresh Start Progress Report—Report June 2018

Ministerial Statement

RENMARK HIGH SCHOOL

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (14:02): I seek leave to make a ministerial statement.

Leave granted.

The Hon. J.A.W. GARDNER: I would like to provide the house with an update on the situation that occurred at Renmark High School yesterday afternoon. An incident occurred where a 17-year-old student was seriously injured by another student. Our thoughts are, of course, with the injured student and her family as she continues to receive treatment at the Royal Adelaide Hospital, and I know that all members wish her a full and speedy recovery.

Student and staff safety should always be the first priority in situations like this. I wish to thank the school principal and staff for their courage in acting swiftly and decisively in such difficult circumstances. They alerted police, provided critical first aid to the injured student, and minimised risk to other students and staff. Schools have emergency procedures in place and undertake practice drills throughout the year, so staff and students are familiar with how to respond in the event of an emergency.

Emergency procedures may include enacting an evacuation, a 'shelter in place' or lockdown response. To ensure the safety of staff and students during yesterday's incident, a lockdown was enacted. I have been informed that the principal of Renmark High School communicated with parents at the earliest opportunity, after the safety of students was secured and the facts about the incident had been established.

Given the incident occurred during the last lesson of the school day, various communication channels were utilised to communicate with parents including SMS, Facebook and the school's Daymap system. Today, the department has provided Renmark High School and surrounding schools access to counselling and wellbeing support for staff and students. Schools have extensive interventions in place to support students' wellbeing and to manage bullying. The school will closely examine the events that took place as part of its ongoing management of the matter. It is important that we avoid speculating on the circumstances surrounding this incident and allow police to draw conclusions based on their investigation.

This morning, the member for Chaffey, as the local MP, and I spoke to the principal at Renmark High School to pass on our gratitude to him and his staff for the way they managed this serious incident yesterday. They provided critical first aid to the injured student and swiftly enacted their emergency procedures to ensure the safety and welfare of all the students at the school. I commend them for their professionalism, resilience and dedication to the safety and wellbeing of their students.

Parliamentary Committees

LEGISLATIVE REVIEW COMMITTEE

Mr TEAGUE (Heysen) (14:05): I bring up the fifth report of the committee, entitled Subordinate Legislation.

Report received.

Question Time

AUSTRALIAN CRANIOFACIAL UNIT

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:05): My question is to the minister representing the Minister for Health. On what advice did the minister rely to inform the house yesterday that the government had commissioned an independent review into the Craniofacial Unit. With your leave, Mr Speaker, and that of the house, I will explain.

Leave granted.

Mr MALINAUSKAS: On ABC radio this morning, Professor David said, and I quote:

> …Stephen Wade when he'd heard it rang me up straight away and said…he wanted to alter that, he knows full well and so do I that the so-called review was an internal HR review of their processes.

The SPEAKER: I am advised that question is in order. However, I would expect quite a broad answer, given the broad nature of the question. Minister.

Mr Koutsantonis interjecting:

The SPEAKER: The member for West Torrens is called to order—

Members interjecting:

The SPEAKER: —as is—

Members interjecting:

The SPEAKER: —the minister will be seated—

Members interjecting:

The SPEAKER: —as is the member for Hammond, the Minister for Transport and the Deputy Premier. Would anyone else like to have a go?. Minister, you have the call.

Members interjecting:

The SPEAKER: The minister has the call. Thank you, minister.

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:07): I'm not sure what sort of fishing expedition this is, but let me answer that question very, very directly. What advice did I rely on? I relied on the advice: 'The Minister for Health and Wellbeing has

advised that his office received a copy of the independent review today. The minister will consider the review. Following this consideration the Minister will make a statement.' That is the advice that I received, and that's the advice upon which I answered the question.

AUSTRALIAN CRANIOFACIAL UNIT

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:07): My question is to the minister representing the Minister for Health. On what advice did the minister rely on to inform the house yesterday that Professor David David AC had been given every opportunity to contribute to an independent review commissioned by the government into the Craniofacial Unit? With your leave, Mr Speaker, and that of the house, I will explain.

Leave granted.

Mr MALINAUSKAS: When asked on ABC radio this morning if he had every opportunity to contribute to a review of the unit, Professor David said, and I quote, 'No, [that's] all totally wrong and absurd.' Professor David then described the Minister for Energy as, and I quote, 'somebody who doesn't know what he's talking about'.

The SPEAKER: Minister.

Mr Koutsantonis: This is the South Australian of the Year.

The SPEAKER: The member for West Torrens is now warned.

The Hon. V.A. Chapman interjecting:

The SPEAKER: The Deputy Premier is warned. Minister.

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:08): Thank you, Mr Speaker. I answered that question yesterday. I think it was the very last question; it might have been the second last. I think it was the last question that the shadow minister for health asked, which was essentially the same question that you have just asked, and I answered it yesterday.

Members interjecting:

The Hon. D.C. VAN HOLST PELLEKAAN: I have also clarified my position in this house subsequently. So the answer is already on the record in this house.

The SPEAKER: Before I call the member for Kaurna, I call the following members to order: the member for Badcoe, the Premier, the member for Playford and the Leader of the Opposition. The member for Kaurna.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:09): Thank you, Mr Speaker. My question is to the minister representing the Minister for Health. Does the minister now accept that there was no independent review into the Craniofacial Unit and that Professor David was not consulted by the government as part of the internal review?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:09): Well, this does seem to be a bit of a replay of yesterday in the sense that the same questions get asked over and over again.

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! The minister has the call.

The Hon. A. Piccolo interjecting:

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

The Hon. D.C. VAN HOLST PELLEKAAN: I think it is highly unlikely that the shadow minister for health or the Leader of the Opposition are not aware of the comments that I have made in this house since question time yesterday. So I think, as I answered in the last question, that the information that the shadow minister is seeking is already well available for everybody in this chamber and others to see.

ENERGY PRICES

Mr BASHAM (Finniss) (14:10): My question is to the Minister for Energy and Mining. Can the minister update the house on energy market competition in South Australia and the opportunity it offers for consumers to get better deals?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:10): Yes, I can, and I thank the member for Finniss for his question—another Liberal member focused on what is most important for their electorates. Instead of chasing round and round in circles as the opposition does, the member for Finniss is focused on things that happen outside this chamber, and he wants—

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! The minister has the call.

The Hon. D.C. VAN HOLST PELLEKAAN: —more affordable, more reliable and as clean as possible electricity for his constituents, as do all of us on this side of the chamber.

Mr Speaker, you would know that in almost all markets greater competition leads to greater benefits for consumers, and we on this side of the chamber are very much on the side of consumers. We understand that service providers in the electricity market, whether they be gas pipeline owner/operators, whether they be generators, whether they be retailers, or transmission or distribution line owner and operators, need to make a dollar—we do understand, because if they don't make a dollar for their shareholders then they won't be there to provide the service.

However, we don't want them to make super profits. We don't want them to make unreasonably high profits, and that is why competition is very important. We went to the last election saying that we need more competition in this market. Primarily we are talking about the wholesale electricity market and the retail electricity market. We said that well before the election; in fact, we made some commitments with regard to pursuing more transparency on consumers' bills from retailers.

Everybody in this chamber knows that it is quite difficult to interrogate your entire electricity bill, quite similar to the way it is difficult to interrogate your mobile phone bill and to really compare bill against bill from various different providers. We also said that we want to remove the opportunity for any retailer to charge exit fees on standing offers. The reality is that that rarely happens, but we want to make sure that it cannot happen in the best interests of consumers being able to shop around.

The ACCC very recently also brought down a report which was focused on competition largely—not only but largely—in the wholesale and retailing side of businesses. They did look at the distribution as well, and in fact they found out, to SAPN's credit—while none of us want to pay any more than we have to—that distribution in South Australia is actually more efficient than in most other states.

However, they did say that greater competition in the wholesale market and the retail market would be beneficial for consumers in the NEM in general and certainly for South Australian electricity consumers as well. In fact, some of the recommendations which came from that report include abolishing the current retail standing offers and replacing them with a new default offer consistent across all retailers set at a price determined by the AER, requiring retailers to reference any discounts to the new default offer pricing determined by the AER making it easy for consumers to genuinely compare offers, a mandatory code—

Mr KOUTSANTONIS: Point of order, sir: the minister is quoting from a document he is reading off his iPhone. Could he please table it to the house.

The SPEAKER: Minister, is that document publicly available as a report?

The Hon. J.A.W. GARDNER: Point of order, sir.

The SPEAKER: I am just trying to clarify—a point of clarification?

The Hon. D.C. VAN HOLST PELLEKAAN: Mr Speaker, I understand that in ministerial statements it is inappropriate to read information that is publicly available. I think in answering a question in the house and sharing some of the key recommendations from a report, which is publicly available, it is quite acceptable.

The SPEAKER: I'm just trying to confirm whether that report is publicly available. Yes?

The Hon. D.C. VAN HOLST PELLEKAAN: Well, I just googled it, so—

The SPEAKER: Okay. If it is publicly available—

Members interjecting:

The SPEAKER: Order! The issue is that if it is publicly available, it has been asked that it be tabled. So I will respectfully ask the minister to please table the document since it is in the public forum.

The Hon. D.C. VAN HOLST PELLEKAAN: Sure. I'm happy to. And for clarification—

Members interjecting:

The SPEAKER: Thank you. Thank you, members. I will give the minister 15 seconds to wrap up since he was interrupted. Please, minister.

The Hon. D.C. VAN HOLST PELLEKAAN: I am happy to table it. The ACCC came up with a range of recommendations, which we are working through very thoroughly to focus on what's best for South Australians. We also believe, and it has been supported by other reports, that an interconnector between South Australia and New South Wales would offer greater opportunities for competition for South Australian electricity consumers.

The SPEAKER: Before I call the member for Kaurna, the member for West Torrens is warned. The Minister for Primary Industries is called to order, as is the member for Kaurna and the member for Lee. The member for Kaurna.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:15): My question is to the minister representing the Minister for Health. When did the Minister for Health or his staff inform the Minister for Energy that the information he provided to the house yesterday regarding the Australian Craniofacial Unit was wrong?

Members interjecting:

The SPEAKER: Order! Order, members on my right and left!

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:16): Everything I said in question time yesterday I said because I believed it to be true. I answered the questions directly, openly and to the very best of my ability. When—

Members interjecting:

The SPEAKER: Order, members on my left! Members on my left will not interject. The minister has the call.

The Hon. D.C. VAN HOLST PELLEKAAN: When it was suggested that I may have made a mistake, I sought further information and, as soon as I received it, I sought an opportunity to come into the house, or shortly before *Hansard* says I came into the house, and make a personal explanation.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:16): My question is again to the minister representing the Minister for Health. Has the minister now apologised to South Australian of the Year, Professor David David, for his inaccurate and offensive statements yesterday?

The SPEAKER: 'Inaccurate and offensive', member for Kaurna, would be seen to be slightly out of order. Would you like to rephrase the question, sir?

Mr PICTON: I will rephrase the question, Mr Speaker.

Members interjecting:

The SPEAKER: Order, members on my right! If that sort of thing happens again, I will move on to the government.

Mr PICTON: Yes. I will rephrase the question, Mr Speaker.

The SPEAKER: Thank you.

Mr PICTON: My question is to the minister representing the Minister for Health. Has the minister now apologised to South Australian of the Year, Professor David David, for his statements yesterday?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:17): Professor David David, who I referred to yesterday three or four times in this chamber as a great Australian and a great South Australian—that Professor David David—no, I haven't apologised to him because I did not reflect negatively on him—

Members interjecting:

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: —in any way whatsoever. In fact, as I said, three or four times I called him a great Australian and a great South Australian. There was nothing negative that I said about Professor David David, so I'm not sure what the shadow minister thinks I should be apologising for.

INFRASTRUCTURE PROJECTS

Dr HARVEY (Newland) (14:18): My question is to the minister—

Members interjecting:

The SPEAKER: Order! I can't hear the question.

The Hon. S.S. Marshall interjecting:

The SPEAKER: Order, Premier!

Dr HARVEY: My question is to the Minister for Transport, Infrastructure and Local Government. Can the minister update the house about how the state government's constructive relationship with the federal government is helping to deliver key infrastructure projects such as the Gawler rail line electrification?

Members interjecting:

The SPEAKER: Order! The Minister for Transport has the call.

Mr Mullighan: The missing $1.8 billion. Where is it?

The SPEAKER: The member for Lee is warned.

The Hon. S.K. KNOLL (Schubert—Minister for Transport, Infrastructure and Local Government, Minister for Planning) (14:18): Well, I would like to tell the member for Lee exactly where it is.

The Hon. S.S. Marshall interjecting:

The SPEAKER: The Premier will not interject.

The Hon. S.K. KNOLL: It's being spent exercising a contract with Lendlease, which is exactly what the Premier and I have been able to do in the past couple of weeks—actually clean up another one of Labor's messes. Here we have a project that has been on again, off again more than Brad and Angelina ever have been. This is a project that those opposite tried for a decade to deliver and failed to get it done. The member for Light and those members in the northern suburbs should hang their head in shame for the way that their government dealt with this project. This Gawler line is a hugely important and busy line with around five million passenger journeys per year.

The electrification of this line has been a project that has been needed and wanted for a decade, and finally it has taken a new Marshall Liberal government to deliver this project. The way that we have done it is by acting like a bunch of grown-ups, heading across to Canberra—

Members interjecting:

The SPEAKER: Order!

The Hon. S.K. KNOLL: Now, Mr Speaker—

The Hon. A. Piccolo interjecting:

The SPEAKER: Member for Light!

The Hon. S.K. KNOLL: —there have been some publicly who have tried to use the fact that I may look a little bit youthful against me in the last few days. I noticed that there are members in this chamber who have tried to shave up a little bit to look a little bit younger. What I don't apologise for—

Members interjecting:

The Hon. S.K. KNOLL: There may be some members in here who have had a 5 o'clock shadow at 9am since they were 13 years old—

The Hon. J.A.W. Gardner interjecting:

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

The Hon. S.K. KNOLL: I have had to deal with the genetics as I have been given—

The SPEAKER: Haven't we all.

The Hon. S.K. KNOLL: —and if those opposite want to blame anybody for the fact that I look young, they should blame my parents. Either way, regardless of these youthful looks, we have built a constructive relationship with the federal government, and it has delivered for South Australians. I was extremely excited, before 30 June, to be able to exercise the extension in Lendlease's contract so that they can get on and, instead of just delivering from Adelaide to Salisbury, be able to deliver the Adelaide to Gawler electrification of the line. This project, apart from—

The Hon. A. Piccolo: Gawler Central or Gawler?

The Hon. S.K. KNOLL: Sorry, Gawler Central. I have made that very clear to the member for Light on previous occasions. This project will support 135 jobs during construction and will also include the acquisition of 15 additional three-car electric trains to improve track safety. Members on both sides of the house may be asking, 'What is the utility of completing the line to Gawler Central?' It seems that those opposite were happy to have a line from Adelaide to Salisbury, which is really quite puzzling because you can't run electric trains on an electric line unless the entire line is electrified, unless of course you run the diesel trains between Salisbury and Gawler Central and then run the electric trains between Salisbury and Adelaide. The thing kind of doesn't work unless you electrify the entire line.

Upon coming to government, this was a fact—I suppose, a reality—that I came to after a good 15 or 20 seconds of having a look at this project. We went across to the federal government and they obliged with $220 million of taxpayer money so that we can complete this project. We have been able to exercise the extension in the contract to make sure that we lock in the existing price, thereby protecting taxpayers from any future potential price increase. More importantly, this is about keeping faith with the South Australian voter and the South Australian public.

I note that, even after this announcement and even after we signed off for this project to go ahead to Gawler Central, there are still those in the northern suburbs of Adelaide who do not believe it's going to happen. The reason they are conditioned that way is that those opposite conditioned them to believe that this project was never going to happen—never going to happen.

We need this line and we need this line to be electrified to deliver the increased capacity. Residents of the northern suburbs and the outer northern areas who will use this line on a daily basis will have the fact that there are now grown-ups at the table who have been able to deliver this project for South Australia.

Parliamentary Procedure

VISITORS

The SPEAKER: Before I call the member for Kaurna, I welcome to parliament today—no doubt proudly watching on—the lion of the Barossa, the former member for Schubert, Ivan Venning. Welcome to you, sir.

Question Time

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:23): Bring him back. My question is to the minister representing—

The SPEAKER: I didn't hear it. Order!

Mr PICTON: —the Minister for Health. Has the minister now read the health department's internal review of HR processes at the Craniofacial Unit?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:23): No, I have not read the review.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:23): Supplementary: will the minister table the report?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:23): That's the same question that was asked yesterday and the answer will be the same. The minister got it yesterday. It is now 24 hours. He is considering it, he will look at it and he will decide whether the report is tabled or not.

WILD DOGS

Mr TRELOAR (Flinders) (14:23): My question is to the Minister for Primary Industries and Regional Development. Will the minister update the house on the state government's—

Members interjecting:

The SPEAKER: Order!

Mr TRELOAR: Will the minister update the house on the state government's wild dog strategy and the baiting program currently underway?

The Hon. T.J. WHETSTONE (Chaffey—Minister for Primary Industries and Regional Development) (14:24): I thank the member for Flinders for his very important question and I note that—

Members interjecting:

The SPEAKER: I would appreciate it if members ceased interjecting.

The Hon. T.J. WHETSTONE: —I was in his fantastic electorate just recently and visited Minnipa, as I did with the Far North Dog Fence Board, and it was a very constructive meeting. It was constructive because this government has implemented a wild dog strategy as an election commitment to those pastoralists and to the primary industries of South Australia. We have done that through consultation and a commitment. I will be meeting again with the Dog Fence Board tomorrow with the member for Flinders.

The wild dogs are having a profound impact on a $4.7 billion industry here in South Australia. Yes, the state government has recognised the need to act quickly and implemented a $1.2 million program. It is a strategy that was not within the 100-day commitment; it was a strategy that was done on a needs basis. It was a strategy that I felt needed to be expedited because the reports I was getting from pastoralists and the primary sector were that we were seeing large numbers of sheep attacked by wild dogs. It was having a profound impact not only on sheep numbers but on the health of pastoralists and primary producers, who were lying awake at night wondering how many dogs were on their properties and how many sheep were going to be lost in that period. It does have a significant and compounding interest on those primary producers.

The update today is that this government has contracted seven trappers from 1 July. That is the equivalent of the two full-time equivalent wild trappers we committed to in our election commitment. As an update to the house, one of the wild trappers, who commenced on 2 July, has already completed a 16-day deployment in the Far North pastoral district and 28 dogs have been trapped across four properties. That is an outstanding achievement when you consider that some of those dogs can take multiple sheep every night.

Our strategy is to put particular focus on the Orroroo district, where it is believed that individual wild dogs have been tainted by baits and not been taken by them. It is important to note that the trappers will converge on that district and make sure that they deal with those dogs because those dogs are continuing to have a profound impact on sheep producers.

We are also receiving feedback from the aerial baiting program that many dog carcasses have been sighted through the aerial baiting program. Again, those trappers will be deployed where the aerial baiting program has been initiated so that we use the co-ordinated approach to deal with the ever-increasing number of wild dogs. Those trappers are only working on properties where appropriate baiting has occurred. What I will say is that the baiting program has provided landholders with more than 100,000 manufactured and fresh meat baits in pastoral areas, as well as the 25,000 baits that were made available from the 14 tonnes of kangaroo meat.

It is also important to note that 124,000 free manufactured baits were also made available to landowners through the NRM offices last month. This is a co-ordinated approach that only this government is taking seriously. For many seasons, we have seen pastoralists urging governments to step forward and deal with the ever-increasing number of wild dogs. This government is acting. A Marshall Liberal government is sticking up for the regions and is there to actually support that $4.7 billion red meat industry here in South Australia. Remember—hashtag #sheepmatter.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:28): My question is to the minister representing the Minister for Health. Why didn't the government consult Professor David David as part of the health department's internal review of HR processes at the Craniofacial Unit? With your leave, and that of the house, I will explain.

Leave granted.

Mr PICTON: Professor David David has said to the opposition and the government in a statement, and I quote, 'I cannot see how such a review could deal with the matter effectively without my input.'

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:28): Well, it's good of the shadow minister to share Professor David David's opinions with the house. I will go back to the Minister for Health and find out why Professor David David was not officially consulted with and/or whether his opinions and his views and his contribution were included in the gathering of information in some other, less formal way. I will go back to the Minister for Health, get an answer and bring it back for the shadow minister.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:29): My question is for the minister representing the Minister for Health. Why hasn't the government accepted Professor David David's recommendation to use Dr Ben Grave's existing clinical academic position, with patient treatment rights, to reinstate him in the unit?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:29): The report that came out yesterday, which is with the health minister, may or may not answer that question, but it would be completely inappropriate for me to say why that has happened, even if I knew the answer, without reference to that report. There is a report that has been undertaken to look into exactly the issue that the shadow minister has just asked about and others, so the shadow minister will have to wait until, and if, that report is made public.

HYBRID WORLD ADELAIDE

Ms LUETHEN (King) (14:30): My question is to the Minister for Industry and Skills. Can the minister update the house on Hybrid World Adelaide—

Members interjecting:

The SPEAKER: Order!

Ms LUETHEN: —an event showcasing the latest technologies, entrepreneurs and early-stage developers?

The Hon. D.G. PISONI (Unley—Minister for Industry and Skills) (14:30): I thank the member for King for her interest. I know she has a very vibrant cohort of young people, in particular, living in the seat of King, and she is very connected with her community, including those young people in the seat of King.

I was pleased to visit and speak with many innovators at Hybrid World, held at the Adelaide Convention Centre over the last five days. It was exciting to explore what's next in the tech world. The talent on show was of international standard and is evidence of the growing strength of the innovation and technology sector of this state.

On Monday night, I announced the joint winners of Hybrid World Adelaide's 2018 LAB start-up competition. Congratulations to verbalize.science and Athlete's AI. They were joint winners of the $85,000 state government grant to further progress business ideas. I look forward to seeing their further progress as their projects grow. Sunday, of course, was the open day, where I firsthand experienced the combat robots, where people would spend hours, weeks, days, even months building these robots and then smash them up within a matter of minutes—remotely controlled. There was drone racing. It was very interesting to watch drone racing, and I have to say I felt very safe. I didn't feel as though anybody would lose control of their drones.

Those who know me would know that I am not exactly a person you would describe as a sports fan; however, I was intoxicated by the e-sports that were being played by the students in the high school competition. It started with the heats, where the students were working individually on computers, to get the feel for the game. They would move through the heats, and then they would move to the actual game where you would have three students on one side of the stage, behind computers, and three students on another side of the stage, and on a very large screen they would play a game that looked a little bit like a cross between soccer and the Clipsal 500 where cars would be used to kick the ball or move the ball along into the goals. I am pleased to say that Unley High School were the winners.

Of course, Hybrid World complements the Marshall government's vision to create a state of innovation and start-ups here in South Australia. You would be aware, Mr Speaker, that we are building the largest start-up and innovation centre in Australia at the old Royal Adelaide Hospital site. By this time next year, 2,000 people will be working in amongst that site, and that will continue to grow as we utilise those existing buildings and we start our projects with the new buildings that are going in on that space.

I would like to finish off by saying that those who have an interest in my social media will notice that I am often bumping into tradespeople who have gone on to do tremendous things in their lives. On Monday morning, Mr Simon Brooks—you will see him on Twitter—my French polishing apprentice back nearly 15 to 16 years ago, now a technology teacher at Mitcham Girls High School, was there signing in his students at Hybrid World to take them on a new technology experience.

The SPEAKER: Before I call the member for Kaurna, I warn the member for Playford, who has been doing it all day. I warn the member for Hammond. The Leader of the Opposition is also

warned. I call to order the member for Reynell, and the member for Davenport has a very distinct voice and I call him to order. Member for Kaurna.

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (14:35): My question again is to the minister representing the Minister for Health. Will the government now establish a truly independent review into the removal of Dr Ben Grave from the Craniofacial Unit?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:35): Despite the fact that that question is against standing orders, includes argument, with the question saying: will the government—

An honourable member: Just answer the question.

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: —commission a 'truly independent'—of course, the shadow minister is reflecting upon the people who did the report and is essentially saying that they are not independent, despite the fact—

Members interjecting:

The SPEAKER: Order!

The Hon. D.C. VAN HOLST PELLEKAAN: —that that is the nature of the shadow minister's question. The answer is quite obvious. The Minister for Health and Wellbeing received the report yesterday. He's assessing it, he will look at it and he will decide whether any further report or further inquiry or further investigation is required.

AUSTRALIAN CRANIOFACIAL UNIT

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:36): My question is to the Premier. Given the Minister for Energy's inaccurate answers to the house on the Craniofacial Unit—

The Hon. S.K. Knoll: That question is out of order.

The SPEAKER: I will listen to the question in its entirety. Members will not interject, however—

Members interjecting:

The SPEAKER: Order! I remind the Leader of the Opposition that questions must not contain expression of opinion, continuing arguments—

Mr MALINAUSKAS: It was a statement of fact from yesterday.

The SPEAKER: —inferences or—

Members interjecting:

The SPEAKER: I will listen to the entire question.

Members interjecting:

The SPEAKER: Order!

Mr MALINAUSKAS: Mr Speaker, I would like to be able to ask a question.

The SPEAKER: Order! I will listen carefully to the entirety of the question.

Mr MALINAUSKAS: That would be good.

The SPEAKER: I just ask the leader to consider my remarks. Leader of the Opposition.

Mr MALINAUSKAS: I will gladly consider your remarks, Mr Speaker. Like I said, my question is to the Premier. Will the Premier reallocate the portfolio responsibilities regarding the Minister for Health's representation in this chamber, given yesterday's inaccurate remarks?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:37): No.

PEARSON, MR R.

Mr PICTON (Kaurna) (14:37): My question is to the Premier.

Members interjecting:

The SPEAKER: Order!

Mr PICTON: Was the Premier informed of allegations and investigations regarding Mr Ron Pearson's role in the New Zealand health services before he was appointed as the CEO of the Northern Adelaide Local Health Network?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:38): Well, nothing came to me personally, but that wasn't an appointment that I made.

ENCOUNTER BAY SHIPWRECK

Mr BASHAM (Finniss) (14:38): My question is to the Minister for Environment and Water. Will the minister update the house on the recent discovery of the shipwreck off the coast of Encounter Bay and the steps the government is taking to preserve its significant heritage value to the people in the electorate of Finniss and the entire state?

The Hon. D.J. SPEIRS (Black—Minister for Environment and Water) (14:38): It is great to stand up and talk about a shipwreck today. No, I am not talking about the performance of the South Australian Labor Party.

Members interjecting:

The SPEAKER: Please do not provoke the opposition.

The Hon. D.J. SPEIRS: Sorry, I couldn't help myself. You've got to take these opportunities when they come.

The SPEAKER: Order! The minister is under an obligation not to provoke the opposition. Minister.

The Hon. D.J. SPEIRS: Thank you—just some humour.

Members interjecting:

The SPEAKER: Order!

The Hon. D.J. SPEIRS: It is good to be able to update the house on this matter because it is a serious matter.

Members interjecting:

The SPEAKER: Order!

The Hon. D.J. SPEIRS: I am being heckled, Mr Speaker.

The SPEAKER: Minister, you deserve it. Minister, please continue.

The Hon. D.J. SPEIRS: This is a very interesting matter and something that many members will be interested in. In fact, many people are intrigued and captivated by the idea that a shipwreck has been found off the coast of South Australia, only 300 metres off the coast of Encounter Bay, in the member for Finniss' beautiful electorate.

This is a unique find. It is a ship called the *South Australian*. It is a barque, which was one of 16 such ships which were used to bring free immigrants to South Australia in 1836 and 1837 from Europe. It is the earliest recorded shipwreck ever to have occurred in South Australian waters, following the colonisation of the state, and it is believed to be one of only three known archaeological sites of this type of ship in the world.

One of the great things about this shipwreck is that it is in remarkably good condition. It has been great to hear the story of the find of this shipwreck unfold. The discovery and preservation of this site has been led by the Department for Environment and Water, but it has been a broader partnership with the South Australian Maritime Museum, along with the Silentworld Foundation and

Flinders University. Together, they identified this ship in April this year and they have worked to put appropriate protections in place to ensure that the archaeological value of the ship can be preserved, that the tourism potential can be unleashed in the future. But until that point the site is protected.

The site is protected under the Historic Shipwrecks Act 1981, and that is a blanket protection, but we have also worked with the local community and with the partners in this preservation project to create a 30-metre radius protection zone around that shipwreck. The size of that zone is quite small. It is small enough not to impinge on the activities of boaters and fishers but large enough, we believe, to be able to protect this site from potential activity that could damage the archaeological value. We have also installed interpretive signage along the foreshore at Encounter Bay to let local people know of the situation.

Over the coming months and potentially longer, an archaeological project will unfold finding out what this ship has to offer before we get the opportunity to provide wider tourism and economic development opportunities through this find. I look forward to being able to update the house in the future of this significant find. I commend this information to the house.

PEARSON, MR R.

Mr PICTON (Kaurna) (14:42): My question is to the Premier. Will the Premier commit to suspending Mr Ron Pearson's appointment as the CEO of NALHN, pending further consideration of the current investigations into his former role in New Zealand?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:42): No.

PEARSON, MR R.

Mr PICTON (Kaurna) (14:42): My question is to the Premier. Will the Premier ensure that Mr Ron Pearson speaks to New Zealand authorities, following New Zealand FOI documents showing that he did not make himself available to New Zealand investigators into breaches of financial control standards?

The SPEAKER: Would the Premier like to have a go at that?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:43): Well, it's not something that is actually a matter of concern to me.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: It's a question for the Minister for Health—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. S.S. MARSHALL: —if you wish to address that question.

STEM EXPLORER PROGRAM

Mr TEAGUE (Heysen) (14:43): My question is to the Minister for Education.

Members interjecting:

The SPEAKER: Order!

Mr TEAGUE: Can the minister update the house about activities of students engaging in STEM studies in the course of these school holidays?

The Hon. V.A. Chapman interjecting:

The SPEAKER: The Deputy Premier is warned. Minister for Education.

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (14:43): I am very pleased to have that question from the member for Heysen, who I know is greatly interested in his local schools and the activities of students. During the school holidays, I was very pleased to go to Mylor in the member for Heysen's electorate and spend some time with 108 students from around

South Australia who are engaged in the STEM Explorer Program, year 7 and 8 students, who enjoyed their—and can I say from experience—extremely cold day in Mylor, indeed a cold week in Mylor. We also visited some other facilities around the state as they learnt more about STEM careers and the opportunities available through science and mathematics studies, the opportunities available to them further in life.

One of the key roles of the National Youth Science Forum and their STEM Explorers Program was to grab these year 7 and year 8 students from around Australia, and in this instance 108 South Australian students, and give them ideas about what science can do for them at an age when they are still making decisions about what they might do further in their studies and what they might do further in life.

By years 7 and 8, students understand that science is not only test tubes and lab coats, as it was described to me on the day, but indeed something that is integral to our everyday life. It also gave them facilities to understand and to talk to their peers when they go back to school about how they might themselves benefit from more science learning.

I thank particularly the role of the National Youth Science Forum, represented on the day by Rowley Tompsett, the board member, and Professor Tanya Monro—of course, very well known to this house—the Deputy Vice Chancellor of the University of South Australia, who particularly described to students her journey as a young scientist and a young woman in primary school years and high school years interested in science, and how she wished such a program had been available for her so that she could help get more of her friends involved in science.

It was a good day in Mylor. I also appreciated the opportunity to go with the member for Heysen to the Mylor Primary School and the Bridgewater Primary School and talk with educators and principals who wanted to share some of their thoughts with us during their school holidays, and that was terrific. People from all around South Australia came, including teachers and volunteers, and I thank those teachers and volunteers who supported the forum.

I really enjoyed talking to the high school and primary school students, students from a diverse range of backgrounds. South Australia is the only state with year 7 still in a primary school setting and, of course, this is a program designed for year 7s and year 8s. In other states, year 7s and year 8s are naturally in that high school setting. Years 7 and 8 are, of course, a joint period in the Australian curriculum to which we signed up.

Students were represented from Burnside Primary School, from the Deputy Premier's electorate; Craigmore High School; Curramulka Primary School and, in your electorate, sir, East Marden Primary School had students in attendance; as well as Hallett Cove School and Henley High School from the south-west and west. Kangaroo Island Community Education, the member for Mawson's electorate, had students attending from Parndana and from Kingscote, the Deputy Premier's old campus; Loxton Primary School in the member for Chaffey's electorate; Mount Barker High School in the member for Kavel's electorate; Murray Bridge North School in the member for Hammond's electorate; and the Port Augusta Secondary School in the Minister for Energy's electorate all provided students.

Port Lincoln High School from the West Coast, the member for Flinders' electorate; Salisbury North R-7 Primary School; Tea Tree Gully Primary School in the north-east; Yorketown Area School in the member for Narungga's electorate—all of these areas sent students along. The ideas that were taken from Mylor, from the University of South Australia, from all the other site visits that were undertaken are being spread across the state as we speak, and it is tremendous to hear. I am particularly grateful to those adults, those volunteers and those teachers who took their own time in the school holidays, some of them paid, some of them not, to support the students on their STEM journey. I commend the activities of the National Youth Science Forum to the house.

PEARSON, MR R.

Mr PICTON (Kaurna) (14:47): My question is again to the Premier. Will the New South Wales-based Hardie Group's role in recruiting the new health board chairs now be reviewed following the allegations raised in regard to their recruitment of Mr Ron Pearson?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:47): That is a matter for the Chief Executive of the Department for Health and Wellbeing, Dr Chris McGowan. I have absolute confidence that Dr McGowan conducts recruitment exercises in accordance with best practice.

SA HEALTH

Mr PICTON (Kaurna) (14:48): My question is to the minister representing the Minister for Health. Did the research quoted by the Chief Executive of SA Health to support his claim that 30 to 40 per cent of patients of hospitals didn't need to be there come from a New South Wales costing study from 1993?

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (14:48): I just seek a bit of clarification. I don't believe that I have ever made that claim.

Mr Picton: No, I didn't say you.

The Hon. D.C. VAN HOLST PELLEKAAN: Well, reread the question.

The SPEAKER: Would you like to repeat the question please, member for Kaurna.

Mr PICTON: I'm happy to read the question again. Did the research quoted by the Chief Executive of SA Health to support his (being the chief executive) claim that 30 to 40 per cent of patients in hospitals didn't need to be there come from a New South Wales costing study from 1993?

The Hon. D.C. VAN HOLST PELLEKAAN: I will look into that, seek advice, go back to the Minister for Health, and bring an answer back.

Mr Malinauskas: If only you had done that yesterday.

The SPEAKER: The leader is called to order.

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order, members on my right! Please be seated.

The Hon. D.C. van Holst Pellekaan interjecting:

The SPEAKER: Order! The Minister for Energy is called to order. Members will not interject. The member for West Torrens and then the Member for Davenport.

KEOGH CASE

Mr KOUTSANTONIS (West Torrens) (14:49): My question is for the Attorney-General. Why didn't the Attorney-General delegate her decision-making powers in relation to the ex gratia payment to accused murderer Henry Keogh, given the Attorney-General has recused herself from the decision-making process in relation to other matters involving Keogh? With your leave and that of the house, I will explain.

Members interjecting:

The SPEAKER: Was that a no? There being a dissenting voice, leave is not given. However, the question can still stand. Member for West Torrens, would you like to reconsider?

Mr KOUTSANTONIS: The government have withdrawn leave, sir—

The SPEAKER: Yes.

Mr KOUTSANTONIS: —in an unprecedented way.

Members interjecting:

The SPEAKER: Order!

Members interjecting:

The SPEAKER: Order! Ministers will not interject. The question still stands without that last part. The Deputy Premier.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (14:50): The member for West Torrens asked in respect of a freedom of information application matter, of which I delegated authority.

Upon winning office, and I was very proud to be appointed the Attorney-General, one of the first things I did was to obtain advice from the Solicitor-General as to how I should be managing any matters in which I had had any involvement or given advice on in opposition in respect of a very long list of FOI applications. Some of them were still pending before SACAT, some of them had been completed, some of them were still being reviewed by the Attorney-General's office, or had been referred to the Attorney-General's office from myriads of other departments to which I had either sent FOI's whilst in opposition or to which some of my colleagues—some of them now in cabinet—had been party, and including a number of my own.

One of them was in respect of a freedom of information application by Channel 7 in respect of the matter referred to, but on all of them I was advised to delegate my authority to the chief executive, and that's exactly what I did.

CCTV CAMERAS

Mr MURRAY (Davenport) (14:51): My question is to the Attorney-General. Can the minister update the house on how the government is enhancing community safety through the use of CCTV?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (14:52): I am happy to do so, member for Davenport—who has taken a very active interest in the significance of CCTV and its impact, ensuring that it acts as a deterrent, of course, for offensive and criminal behaviour, but also, if it didn't deter them, be able to capture them and provide the evidence in due course to ensure that it is an effective mechanism.

To update the house in this important area of community safety, I am pleased to announce that I have approved grants funding for installation of CCTV cameras across the metropolitan area and in areas where issues of community safety have been paramount. Those grants are provided under the usual $500,000 budget to the Attorney-General's Department to improve community safety. As I have indicated, I consider this to be a worthy initiative, and I'm very pleased to be involved in and continue to roll out.

In May and June 2018, the City of Salisbury lodged two applications under the Attorney-General's Department CCTV Grants Program, seeking funding for the Salisbury Oval and the war memorial CCTV project, and the Pooraka Farm Community Centre CCTV project. These two projects, of course, have been considered and both applications have been successful. Their funding agreements were finalised on 27 June.

The City of Salisbury will be provided with a total of $75,500 towards the installation of four new CCTV cameras around Orange Avenue and the war memorial, and up to 24 CCTV cameras will be installed internally and externally at the Pooraka Farm Community Centre, Pine Lakes Community Centre and Salisbury West Library. The City of Salisbury, I am pleased to say, is working with us on this and will contribute $75,500 as well. I have recently written to the members of parliament covering this council area to advise them of the good news and thank them for their interest in the grant funding. The CCTV cameras are scheduled to be installed over the next six months and expected to be operational by mid-December.

It has been great to work with other agencies in this rollout, including the Police Security Services (who, members may be aware, are active already in monitoring CCTV) and SAPOL, of course, who are responding to the incidents. I will be returning to parliament in the next year, as the City of Salisbury will review available reported crime data over the next 12 months post implementation to measure the impacts of the projects, and for local members of parliament with coverage in this area such data will be made available. I am sure it will be useful to all members in that district to ensure that they can identify areas of antisocial behaviour and the like.

Beyond this grant provision, on Friday the member for Gibson and I will be visiting the Salvation Army at Marion to present it with grant funding for its own CCTV cameras. The work of the Salvation Army is integral for that local community and, clearly, the CCTV effectiveness is immeasurable. I thank the member for Gibson, Corey Wingard MP, Minister for Police, for writing to me on this issue and the need for such important grant funding.

Parliamentary Procedure

VISITORS

The SPEAKER: I welcome to parliament today the former deputy premier and member for Bragg, the Hon. Graham Ingerson, who is in the gallery today.

Question Time

KEOGH CASE

Mr KOUTSANTONIS (West Torrens) (14:55): Mr Speaker—

Members interjecting:

The SPEAKER: Order!

Mr KOUTSANTONIS: —my question is to the Attorney-General.

Members interjecting:

The SPEAKER: Order!

Mr KOUTSANTONIS: Was the Attorney-General advised to recuse herself from the decision-making process to grant an ex gratia payment of $2.57 million to accused murderer Henry Keogh by anyone in government or her department?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (14:56): No.

KEOGH CASE

Mr KOUTSANTONIS (West Torrens) (14:56): My question is to the Attorney-General. Why won't the Attorney-General release all the legal advice relating to the $2.57 million payment to Henry Keogh? With your leave, sir, and that of the house, I will explain my question.

Leave granted.

Mr KOUTSANTONIS: When the former attorney-general claimed legal privilege on advice in relation to the fairness clause, the current Attorney-General said, and I quote, 'Giving no-one in parliament the opportunity to investigate' that advice was, and I quote, 'unconscionable'.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (14:56): Firstly, in respect of the matter raised as to legal advice in respect of the Keogh payment, yes, I have viewed legal advice, and it is, of course, advice to government, as the member for West Torrens well knows, which obviously is privileged for good reason.

When the fairness clause was raised in the dying days of the last parliament last year on the last day, when the then government exercised an agreement with the Greens to remove the fairness clause, the member, who is now the Leader of the Opposition and who was managing this debate in the other place, referred in those debates to having been in possession of legal opinion identifying the legality of changing the constitution, that is, by removal of the fairness clause without a referendum and that indeed it was otherwise constitutional.

In the discussion in respect of the debate as to whether or not it was constitutional, it was reasonable actually to seek any advice or any stakeholders' contribution in respect of the reform. As a parliament, we were being asked to change the state constitution in respect of a clause that had gone to the people of South Australia in the 1980s to insert, to provide, a fairness clause in respect of electoral boundary redistributions, and it was—

Mr Malinauskas: That's actually not right.

The Hon. V.A. CHAPMAN: I beg your pardon?

Mr Malinauskas interjecting:

The Hon. V.A. CHAPMAN: The 1990s. Late 1989, we had the election campaign. You might not have been born then, so I'm not very interested in getting into that. So then we debated this for some time and had that referendum. In my view, and I remain of this view, it was unconscionable for the then Labor government to come to this parliament on the last day of the parliament and push through an amendment to change the constitution, demanding that change, using its power to do so, and then try to claim that it had had all this legal advice upon which it was going to ask us to do this. I consider that was unconscionable then and I still do.

KEOGH CASE

Mr KOUTSANTONIS (West Torrens) (14:59): My question is to the Attorney-General. Did the Attorney-General read and consider the findings of the extensive review into the Keogh case undertaken by the then solicitor-general and now Chief Justice, the Hon. Christopher Kourakis SC, and provided to the governor before making an ex gratia payment of $2.57 million to accused murderer Henry Keogh?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (14:59): Not that I'm aware of. I'm not exactly sure what document you're even talking about. Could you just reread the first part of the question?

Mr KOUTSANTONIS: Sure. Did the Attorney-General read and consider the findings of the extensive review into the Keogh case undertaken by the then solicitor-general and now Chief Justice, the Hon. Christopher Kourakis SC, provided to the then governor before making an ex gratia payment of $2.57 million to accused murderer Henry Keogh?

The Hon. V.A. CHAPMAN: No. I haven't read any advice that was presented to the former government, and—

Mr Koutsantonis: That's not what you've told the parliament.

The Hon. V.A. CHAPMAN: Legal advice.

Mr Koutsantonis interjecting:

The Hon. V.A. CHAPMAN: Legal advice.

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: No, no, sorry. I have not read advice to the previous government in respect of anything that prior solicitors-general have presented to the former governor. I'm assuming this was advice given 15 years ago, but if we're talking about the same document then, no, I haven't read it.

REGIONAL GROWTH FUND

Mr PEDERICK (Hammond) (15:00): My question is to the Minister for Primary Industries and Regional Development. Can the minister advise the house on how the state government is delivering on its commitment for the Regional Growth Fund?

The Hon. T.J. WHETSTONE (Chaffey—Minister for Primary Industries and Regional Development) (15:01): I certainly can. I thank the member for Hammond, a great champion of the Murraylands, one of the great regions of South Australia. As many members of this house are aware, the Regional Growth Fund was a 100-day commitment by the Marshall Liberal government. It was there to support regions to grow their economy and employ more people and to make sure that growth fund was launched in a way that was competitive, fair and didn't prioritise individuals as the previous government did.

We have opened up that $150 million Regional Growth Fund. It was recently launched with the $5 million competitive funding round, and it is currently open until 31 August. Funding is available from $50,000 to $2 million on a matched dollar-for-dollar basis. In addition, the $10 million strategic stream through the Regional Growth Fund is open for applicants all year round. I would encourage

members in this house to assess the guidelines as to whether there are opportunities for their constituents to apply. The fund will support projects that unlock new economic activity in our regions, creating jobs and building and strengthening regional communities.

It's also important to note that there has been extreme interest since it opened. In the first 17 days we had 130 views per day, and the guidelines in the frequently asked questions have been downloaded hundreds of times. As I travel across regional South Australia, this initiative is being applauded because it is there for the growth of regional communities, and it is there for regional industry and for commodities to advance their businesses to make sure that they can grow.

It's there for regional communities, for regional industries, so that they can work as a cluster. They can work as collaborators so that we can actually see regions grow, rather than individuals gaining a benefit over their neighbours or over their competitors. For too long, we have seen the previous government picking winners to the detriment of their neighbours. What I will say, travelling across the regions, is this fund has been opened. It was a 100-day commitment. It's supporting growing our economy and employment in our regional centres. We all know that the regions here in South Australia have been neglected for 16 long years.

Members interjecting:

The SPEAKER: Order!

The Hon. T.J. WHETSTONE: Those regions are now seeing the green shoots of support through a Liberal government. This government is essentially putting funds in place that will support communities, supporting those industries that are looking for that support. It's about helping growers, industry and regional communities to help themselves. It is not about individuals having a benefit or an individual competitive advantage when it comes to government taxpayers' money being issued. I want to encourage that clustering of businesses. I want to emphasise to every member in this house that clustering and collaboration of the communities and the businesses will be the way of this government's future in growing our economy and growing jobs.

It's also important to note that the regions are the backbone of our state's economy—$25 billion, which is supported by less than 30 per cent of the state's population. It's also important to note that a Marshall Liberal government recognises the need to support our regions to grow our economy and create jobs. We know that the regions are one of the great sustainable industries. They have been for over a century now and they will continue to be. With good governance and good support, the Regional Growth Fund will be a great asset to the regions of South Australia because remember that hashtag #RegionsMatter.

The SPEAKER: The opposition's 20th question for today. The member for West Torrens.

KEOGH CASE

Mr KOUTSANTONIS (West Torrens) (15:05): My question is to the Attorney-General. Did the Attorney-General make available all advice held by the Solicitor-General and Crown law to the Department of Treasury and Finance and SAicorp before making an ex gratia payment to accused murderer Henry Keogh?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (15:05): My understanding is that when cabinet had approved—

Mr Koutsantonis: So cabinet approved it?

The Hon. V.A. CHAPMAN: You can write that down—c-a-b-i-n-e-t—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: —approved it.

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: As I understand it, the cabinet office then forward the notifications of cabinet decisions and that then goes to the Treasury department.

Mr Koutsantonis: So you didn't have the advice before you made the decision?

The SPEAKER: Member for West Torrens, please stop interjecting. The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: Just as a refresher for the member for West Torrens, who has been a cabinet minister—a worrying thought, but anyway he was there—he would remember—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: —that cabinet process does require that material that is decided upon then is actioned through a cabinet office to the relevant departments. I would expect—I haven't had a report back, but I would expect—that notice has then gone to Treasury to confirm their attention to the payment of the funds.

Mr KOUTSANTONIS: Point of order: the question was whether the advice was given to those agencies before the decision was made, not after.

The SPEAKER: The point of order is for whether the Deputy Premier is answering the substance of the question. I will listen carefully. Deputy Premier.

The Hon. V.A. CHAPMAN: As I understand it, the question is: did I consult with the department of Treasury before presenting a recommendation to the cabinet in respect of the Keogh matter? If that is the question, the answer is no. I have assumed that Treasury have enough money to cover it.

Grievance Debate

AUSTRALIAN CRANIOFACIAL UNIT

Mr PICTON (Kaurna) (15:07): All South Australians are proud of the Australian Craniofacial Unit. All South Australians are proud of the landmark work that Professor David David, the South Australian of the Year, has done in this state for the past 44 years except, apparently, for those people opposite, who have not only failed to deal with the issues that have been raised about maintaining the unit and keeping the same level of high-quality care that we have had for those patients for the past 44 years but have also gone to the lengths of coming into this parliament and slighting the work of Professor David David. They have slighted the fact that he was not involved in a review that the government undertook and that the review was done without his knowledge and involvement or any discussions with him or the ability for him to provide input into that review.

We heard yesterday some of the most disgraceful comments I can imagine in this parliament. To think that these comments were directed at the South Australian of the Year is just absolutely staggering. This is a unit that has produced some of the most amazing work that we can all be so proud of. This is work where we have led the world. Not only have we provided for South Australians but we have also provided humanitarian assistance for people around the world, particularly to countries to our north where we have provided assistance that never would have been available in those countries. It is something that all South Australians are proud of.

But there are significant issues happening at the unit now. We know that there are significant concerns that Professor David David has raised about what is happening at the unit now. This includes Dr Ben Grave, who is one of the senior oral surgeons at the unit, who has been pushed out of the unit and was not offered an interview for his own position in very suspicious circumstances. Professor David has been trying to raise this issue with the Premier and the health minister for the past two months and has been unable to get anywhere in resolving these issues.

We then bring this matter to the parliament and ask the Premier and the minister to raise this, to identify this and to deal with it. This is something that I think all South Australians would expect to be dealt with promptly by a responsible government doing what they should in the best interests of the people of this state.

Unfortunately, we then had to come back here yesterday and take up the fact that nothing had happened and that there has not been any action on this front. Not only that, but we have now had legal action launched by Dr Grave against his removal from the unit under those suspicious circumstances. Professor David is very concerned about this removal damaging the multidisciplinary approach that has been the foundation of the unit from the beginning and has led to amazing outcomes for patients that far exceed what we see around the world.

Unfortunately, what we saw from the Minister for Energy, representing the Minister for Health, was a number of statements that completely misled the parliament, which is a very serious thing to do. It was absolutely appalling. The opposition has today had to go to the length of moving to set up a privileges committee to investigate this matter. We think that needs to be approved by the parliament promptly so that we can get to the bottom of this matter.

There were four main ways in which the minister raised issues that misled us yesterday. Firstly, he said that everybody was aware of this review happening. He said that everybody should have been aware of it happening. That is incorrect. He suggested that the Premier had even announced it. All of that is incorrect. There was never any announcement of this review. We have gone through *Hansard* and we have gone through all the media and no announcement was ever made.

Secondly, he said that this review was independent, which has been shown, within 24 hours, to be completely bogus. It was an internal review by a Department for Health officer looking into its own actions. That is not independent at all. Most importantly, he said that Professor David David knew about it and Professor David David had the opportunity to provide input into it. We note that that is absolutely false. The reason we know that is because Professor David told us of this fact immediately. He gave us a statement in which he said:

> I have read the Hansard transcript of today's questions. I am staggered that it can be said that I was aware of this review. I have not been approached by a reviewer or had any knowledge of a review other than that the Minister was looking into it and would keep me informed. I cannot see how such a review could deal with the matter effectively without my input. It is disturbing to see such inaccuracies in the transcript, [such as] the "Foundation" has nothing to do with the issue [as it] is an independent charitable organisation which raises funds for the craniofacially deformed!
>
> Yours sincerely, David David

These are serious allegations and they need a full investigation by this parliament.

WILD DOGS

Mr TRELOAR (Flinders) (15:12): I rise today to talk about a subject I have spoken about in this place before. It is on the back of a question I put to the Minister for Primary Industries in question time today in relation to this government's wild dog strategy.

I was pleased to hear from the Minister for Primary Industries that we now have in this state seven dog trappers filling two full-time equivalent positions and that those trappers have already trapped some 28 dogs over four properties in the North East Pastorial zone. Up until our commitment following the last election, there were no dog trappers working in this state. That is an absolute disgrace, given the extent of the fence—some 2,500 kilometres that winds its way across the pastoral zones and the north of South Australia—and the fact that there is continuing pressure on that fence.

These trappers are working in conjunction with aerial baiting. The aerial baiting continues inside the fence as a combined strategy with the dog trappers. All this will absolutely have an impact as, from what I have been hearing from some of my fellow pastoralists and graziers, the dog numbers are having a severe impact on not only their sheep numbers but also their businesses. The numbers that I have been quoted are horrendous in some cases.

I had a call from a fellow in the north-east pastoral zone the other day, who mustered—I assume it was for land marking—and was down, by his estimate, some 1,400 head of sheep. That is a lot of sheep. He was not putting it down entirely to dogs, as obviously, there are very dry conditions across the north of the state. There will be other reasons for some decline, but 1,400 is a lot. A near neighbour of his brought a mob of ewes in and marked just 1 per cent lambing. They are horrendous figures.

The dog numbers are high. Under the Natural Resources Management Act 2004, passed by this parliament, wild dogs are a declared pest, so they need to be destroyed inside the dog fence. That responsibility is not always felt. Many pastoralists—most pastoralists, all pastoralists—are doing a good job and recognise their responsibility. Unfortunately, some lease owners are not doing what they are required to do. With a broad brush I paint a picture: there are, I guess, some mining companies, some national parks, some Aboriginal lands and some tourism ventures that are not necessarily taking their responsibility to control dogs as they should.

The South Australian Wild Dog Strategic Plan articulates the goals. Goal 1 is to detect and eradicate wild dogs inside the dog fence. Goal 2 is to prevent incursions by wild dogs through the dog fence. Goal 3 is to protect the cattle industry, and I suspect the sheep industry as well. Goal 4 is to ensure good governance for the management of wild dogs across South Australia. That is articulated in the government's own plans, and we need to take those responsibilities very seriously. South Australia would not have a sheep industry without the dog fence. We have to ensure that all the armoury is in place and effective and that the dog fence is adequately maintained.

There has been repair and maintenance ongoing across the dog fence, but what I hear from pastoralists is that it is not keeping up with the pressure that is on the fence itself. The trouble is that when dog incursions occur in significant numbers, dogs can breed up inside the fence, and that makes it doubly difficult. Crossbreeding occurs: often in South Australia they are not necessarily pure-bred dingoes or wild dogs. They will crossbreed with domestic dogs, and the offspring of that coupling comes with an advantage. A dingo in the wild whelps only one pup for each pregnancy and once crossbreeding occurs that can go up to half a dozen pups or more, so numbers can increase significantly.

The Dog Fence Board ensures the fence is regularly patrolled and maintained with the funds received, and those funds are as a result of a levy paid by properties and matched on a dollar-for-dollar basis by the government. It is a critical industry. It is critically important that we maintain the fence and maintain an effective strategy to control dogs in this state.

TAYLOR ELECTORATE

Mr GEE (Taylor) (15:17): I rise today to speak about a couple of townships in the Taylor electorate: Angle Vale and Virginia. These towns sit on the edge of the metro area and have growing populations but are lacking basic services and facilities. There is a lack of footpaths, stormwater infrastructure, community facilities and open spaces. I know that you, Mr Speaker, are aware that there are also many road safety concerns associated with these two townships.

The Angle Vale and District Residents Association have been fighting to obtain footpaths and stormwater infrastructure on Angle Vale Road for many years now. This is one of the longest standing issues in Angle Vale; some residents have been waiting for 30 years. I congratulate the community on their fight so far, including the organisation of a public meeting, and on launching the petition containing 280 signatures that I was asked to table here in parliament today.

Playford Mayor Mr Glenn Docherty says that Playford council has previously indicated its desire to install a footpath along the road but will not do so until adequate stormwater infrastructure is installed by DPTI. Mr Docherty told the meeting:

> Council is prepared to complete the footpath work along this road...[however] there is no point in doing that, at this time, until the road edge is upgraded and there is no potential wash away or safety issue.

He further advised that the Playford council already had the money put away for the upgrade of footpaths on Angle Vale Road and was just waiting for the state government to do its part. The Hon. John Dawkins assured local residents that he would bring the stormwater issue to the attention of the Minister for Infrastructure, Stephan Knoll, adding that the Liberal government will do all it can to provide an outcome for the Angle Vale community. Angle Vale Road is one of the two main roads that runs through the town. It is an arterial freight route, with a mix of uses including B-double semitrailers, light and passenger vehicles and many pedestrians, including a high number of children. Currently, families walk on the combination of stones, dirt, mud and pooled water whenever it rains.

The Angle Vale residents association is an active group that has campaigned on a range of issues. I have been happy to support them with their activism over the last 12 months to ensure that

we can deliver much-needed improvement to Angle Vale. I have said in this place before that Angle Vale is the fastest growing suburb in South Australia and sits in the fastest growing council area in South Australia, with thousands of new residents predicted to move there in the near future. While I believe that the City of Playford should focus more of its funding on the growing areas, rather than on the Playford CBD, all levels of government need to do more to assist Angle Vale and other fast-growing communities.

After lobbying by the residents association, the City of Playford has agreed to fund the footpaths and associated infrastructure on Angle Vale Road. In addition, it has also agreed to upgrade the Virginia main street. Both projects need and should have assistance from the state government, as both are situated on state-maintained roads. I call upon the member for Schubert, the Minister for Transport, Infrastructure and Local Government, to fund the installation of stormwater infrastructure on Angle Vale Road, west of Heaslip Road, in the 2018-19 state budget. This project is long overdue and, with the council now on board, this should be done.

Another project that the state government can assist the City of Playford with is delivering more community and youth facilities in Angle Vale. The community currently has the sports clubrooms on Fradd Road that were funded by the federal Labor government, but this facility was not built to host large community gatherings or functions. It was expected that another community centre would be built.

The residents association held a rally last year to protest against Playford council's proposed rate rises. They had to use the Trinity College gymnasium. While it was generous of the school, it was barely large enough for the event. It is not viable going forward, as the school community is growing and demand for the use of their facilities will increase. The people of Angle Vale and Virginia have many other issues which the state and federal governments can and should assist with and which I will speak about in more detail in future contributions.

I call on the Minister for Local Government to shift his focus from being confrontational with councils to working alongside them to deliver more accountability, better services and better facilities. The Minister for Transport, Infrastructure and Local Government has agreed to meet with the community this Saturday, 28 July, at the Heaslip and Curtis roads intersection. I congratulate all of the Angle Vale community on making this happen and ask that they turn out with their neighbours and friends and tell the minister their stories in relation to this very dangerous intersection.

KADINA FOOTBALL CLUB

Mr ELLIS (Narungga) (15:22): I rise today to talk about the recent SANFL game held at the Kadina football oval as part of the Indigenous Round. It was played on Sunday 15 July in front of a crowd of about 2,000—over 2,000 people came through the gates at the Kadina Football Club. As members of this place would be aware, the Adelaide Crows SANFL team plays one game per year in the regions, as they do not have a home ground to host teams. Fortunately, this year, we were able to secure that game in Kadina. During my time on the Kadina Football Club committee, we were lobbying to host that game but, alas, the moons did not align and we had to wait until this year, a year after I left that committee.

I congratulate the president of the Kadina Football Club, Neville Hibbard; the secretary, Dean Flowers; and the entire committee on securing that game at the Kadina Football Club. They deserve many accolades for getting that game there, and they also deserve congratulations for the presentation of the oval and the clubrooms. Both came up a treat on the day, and there were many compliments from the visiting clubs about the quality of our facilities and the practicalities of our change rooms, which are relatively new as well.

I also say a special thankyou to the manager of the tinny bar on the hill at Kadina Football Club, Jack Campaign, who serviced what must have been one of the most significant crowds that has ever visited the Kadina Football Club. I made sure I popped up there to see how that service was tracking, and it was quite efficient and I was well serviced while up there. Well done to Jack looking after all those people.

At the game, we also had a wonderful lunch, which was organised by Mathew East and Tom Rosewarne from the footy club committee. Just over 130 people attended the lunch and enjoyed a

Q&A session with the coach of the Port Adelaide Magpies, Matthew Lokan, local lad and Crows ruckman Sam Jacobs and Crows coach, Don Pyke.

I offer my thanks to the two clubs for the access they provided those people at the lunch. It was a remarkable and earnest open dialogue between those three gentlemen who answered all questions honestly and openly to the people in attendance, with perhaps only one exception being the Crows' pre-season camp which they were still a bit guarded about. Don and Sam were a little bit guarded about that.

It was an extraordinary job by the volunteers of the Kadina Football Club who produced a number of breakfasts for the media staff and outside-of-town ground staff who got there in the morning, then 130 two-course lunches for the people who attended that lunch, and then they followed that up with lasagne for every player to eat after they finished playing and before they set off home. To Nat Bruce, Roylene Schild and everyone else who volunteered in that capacity, I say thank you.

It was fitting that the game was hosted in Kadina this year because the brand-new Copper Coast Sport and Leisure Centre has recently been completed and will be officially opened by the Deputy Prime Minister of Australia, Michael McCormack, tomorrow afternoon. I am very thankful that at this stage the member for Playford, the Opposition Whip, has granted me a pair to attend that important community event, so I say thank you to him.

I also think it is worth acknowledging the former minister for sport and recreation, the member for Mawson, and the former minister for education, the member for Port Adelaide, for the contributions that their respective departments made towards the cost of this project. It is just over a $10 million project to get this new facility up and running and the state government, through various outlets, contributed almost $3 million which the community is very thankful for. I am looking forward to getting to that important community event tomorrow and running through the opening with the Deputy Prime Minister of Australia.

The President of the Yorke Valley Basketball Association, Mike Newton, has had this vision for a while and got the ball rolling with a meeting some years ago with the Copper Coast Council. Mayor Paul Thomas has been providing wonderful support for the project ever since. Dean Angus, the former principal of Kadina Memorial High School, also got on board early and the Kadina Memorial High School ended up contributing half a million dollars towards the cost of the project. Thanks to the fine work of some of these local people, we now have an enviable facility which hosts a number of sports in our local community.

We have a state-of-the-art gym with a weight room, group exercise room and cardio room, which is well used by the local people who like to keep fit. We have a pool for fitness and hydrotherapy, newly sealed tennis courts and, in my opinion, the crown jewel of the facility, the new basketball stadium complete with four well-lit spring-loaded basketball courts, which I can personally attest to being of a wonderful standard after having played basketball this past winter and intermittently this summer. I am looking forward to getting to the event tomorrow night. I want to congratulate everyone involved in the new $10 million facility at the Copper Coast, as well as the people involved in the SANFL game held during the Indigenous Round at Kadina Oval a few weekends ago.

ROYAL SOCIETY FOR THE BLIND

Ms COOK (Hurtle Vale) (15:27): Hashtag #nothappydan. Since 1884, the Royal Society for the Blind (RSB) has been the primary source of assistance for people with blindness or vision impairment. It provides services to people of all ages and improves the quality and independence of their lives. Because of the success of intervention, client assistance is not all the time but episodic. Service is needed when something changes or when a client becomes aware of new technologies that may assist them. If their ability to engage useful strategies to manage vision loss and changes when they notice further reductions in their sight, they seek help.

The crux of the matter is that if assistance is needed, it is needed. If it is not provided then, independence is lost and life quality is reduced with often disastrous consequences. During the transition of under 65s to the NDIS, we are seeing some disastrous consequences due to the withdrawal of state block funding. Under the bilateral agreement, the state government is obligated

to ensure that the transition of people with disability in SA to the scheme occurs as smoothly and effectively as possible, with minimal service gaps or disruptions.

Block funding was approved to a snapshot of clients who are under 65 and accessed one of any number of services from the RSB in the preceding year, 331 of them. The data only reflects the last service provided by the RSB to each individual. These clients are now named in service orders attached to block funding and only those clients can seek support. Episodic services are now needed by 854 clients under 65, with 500 unnamed clients. They cannot access the service and they are waiting for NDIS.

Ironically, there are 331 clients who are covered by block funding and they do not need service at the moment but can access it. Some common sense has to take over in this regard. The delays in rollout are making this even worse in terms of NDIS. Some people who have new diagnoses are not able to access critical services, and there are waits of up to nine months for assessment and even then there is about a 40 per cent rejection rate for applicants.

Some issues causing rejection include the burden of proof. With blindness rarely curable, clients do not have recent specialist assessments and reports and there are huge waits to get them. There is only a 28-day grace period for further information granted by the assessment team, and it is impossible to meet this with the wait times the way they are. There is a lack of materials in accessible format for blind or low-vision clients. Once approved, there is funding to access this, so it is pretty counterproductive to request it when they are not approved for funding yet. Imagine working for years to be independent then suffering the humiliation of rejection because your disability just is not severe enough.

Even if clients do get onto a plan, then there are also problems. The fierce independence of RSB clients masks the degree of their need, and changing plans are just not agile enough for them. Assessors who lack the understanding of specialised visual support needs are doing assessments, and practical, individualised services such as guide dogs are not even funded. Clients need funded support for support coordination to access information so that they can activate and fully use the services approved in their plan. It goes on.

If all of that is not enough, RSB has recently lost federal funding to provide South Australians who are blind and vision impaired with a translation service. This means changing documents and texts to large print, Braille, e-text and audio. Minister Dan Tehan's decision to consolidate suppliers to two suppliers rather than four has left South Australia with a large population of isolated people with visual impairment. They have no access to local service and are having to send documents, etc. interstate to be translated for them. It is just not practical.

With these challenges, the RSB still provides incredible support with the assistance of donations and fundraising. I will put some questions in writing to minister Lensink asking what she will do to ensure that all people with identified needs can access state funding until they enter the NDIS; how the minister will ensure that people who are blind or have vision impairment are not unjustly rejected by the NDIS, and ensure they have access to critical services now and into the future; and what the minister will do to assist South Australian agencies such as the RSB to survive these transitions into the NDIS.

What will minister Lensink do to ensure South Australians have equal access to the essential services? If federal funding cannot be reinstated for these translation services, I call on the minister to seek the $250,000 per year required. Hashtag #nothappyDan—feel free to join the RSB campaign.

ST PATRICK'S TECHNICAL COLLEGE

Ms LUETHEN (King) (15:32): Hashtag #jobsmatter. Our Marshall Liberal government has committed $100 million to create an additional 20,815 apprenticeships and traineeships in South Australia. We are committed to creating jobs and a future for our young people in South Australia. I am committed to working with the minister, the community, businesses, schools, councils and community leaders across the north to ensure that we can create many of these new job opportunities in northern and north-eastern Adelaide.

In June, as part of Catholic Education Week, I had the pleasure of attending a tour of the purpose-built facilities at St Patrick's Technical College on Hooke Road, Edinburgh North. Thank you

to the many students and staff from the college for showing me around. Thank you to Hayley Odgers, the marketing and communications coordinator at the college, for providing me with some excellent in-depth information about the college.

St Patrick's Technical College is focused on vocational education and training at a high school level. The college strongly believes in the talent and value of all students, not just the students who choose a university pathway, and they want to get the message out there that taking up a trade should not be viewed as a 'less than' choice. Leaders across the north have been asking me for help to encourage all families, school leaders and students to recognise the value of our young people undertaking an apprenticeship or traineeship.

All too often students not on the university pathway are left behind as traditional schools focus on ATAR and university entrance scores as a measure of success. St Patrick's Technical College told me that they measure their success by job outcomes for all students. They told me they have families who come to their college feeling stressed about their child's future because they might not have been a high academic achiever, but once that student has started at the college, with their innovative hands-on practical learning, completely focused on their trade program, the pathway to a successful career via an apprenticeship or traineeship becomes really clear. This has an amazing effect on that young person's self-esteem and self-confidence and affects the rest of their lives.

St Patrick's Technical College celebrated 10 years of excellence in vocational education last year, in 2017. Today, there are over 220 students enrolled in apprenticeships at year 11 and year 12 level at the college. The college has over 800 student alumni who have completed apprenticeships in many different industries in South Australia. St Patrick's Technical College offers seven programs across the subschool areas, in the School of Building and Construction, the School of Community Services, Hospitality and Lifestyle, and the School of Engineering and Transport.

In terms of data provided by the college, the college has a 94 per cent apprenticeship completion rate, and 98 per cent of past students are in paid employment in South Australia. Each program at St Patrick's Technical College combines a certificate II qualification with a fully trades and technical contextualised SACE curriculum. Every student's course includes a focus on employability skills, significant work experience opportunities and the flexibility to engage in a school-based apprenticeship as a core component of SACE.

In partnership with the Skilling Australia Foundation and the Defence Teaming Centre, St Patrick's Technical College is a participant in the Australian government's P-TECH pilot program, which is one of 14 pilot programs across Australia and the only one in South Australia. The partners in the program include St Patrick's Technical College, Skilling Australia Foundation, TAFE SA, Defence Teaming Centre, Saab, Century Engineering and PMB Defence.

I finish with some great news: the Northern Adelaide P-TECH Partnership has been named as a finalist in the Industry Collaboration Award at the 2018 SA Training Awards, being held on 7 September. Well done St Pat's Technical College.

Bills

NATIONAL REDRESS SCHEME FOR INSTITUTIONAL CHILD SEXUAL ABUSE (COMMONWEALTH POWERS) BILL

Introduction and First Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (15:38): Obtained leave and introduced a bill for an act to adopt the National Redress Act, and to refer certain matters relating to the National Redress Scheme for Institutional Child Sexual Abuse to the Parliament of the Commonwealth, for the purposes of section 51(xxxvii) of the Commonwealth Constitution, and to provide for related matters. Read a first time.

Second Reading

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General) (15:38): I move:

That this bill be now read a second time.

The government is pleased to introduce the National Redress Scheme for Institutional Child Sexual Abuse (Commonwealth Powers) Bill 2018. This bill reflects the commitment made by the South Australian government in May this year to participate in the National Redress Scheme for Survivors of Institutional Child Sexual Abuse. Its passage will enable and support the full implementation of the National Redress Scheme in South Australia, and the consistent operation of that scheme around the country.

Before I deal with details of the bill, it is important for me to remind the house of the work of the Royal Commission into Institutional Responses to Child Sexual Abuse (hereinafter referred to as 'the commission'). The commission heard from thousands of survivors across Australia. Their stories opened our eyes to the prevalence of institutional child sexual abuse, the failure of institutions to respond and the lifelong impact it brings to bear.

The findings and recommendations of the commission are powerful and far-reaching. The South Australian government has recently responded formally to the recommendations in the commission's final report. Joining the National Redress Scheme is one of a number of significant steps our government is already taking to protect children from institutional sexual abuse, to hold perpetrators to account and to provide support and justice for survivors.

In the course of its inquiry, the commission found that for many survivors existing civil litigation systems and past and current redress processes have not provided justice. It heard that the very nature and impact of institutional child sexual abuse can work against survivors' ability to seek damages under existing avenues. The long-term impacts of child sexual abuse make it difficult for survivors to hold institutions to account through the legal system, and many are at risk of being retraumatised when they attempt to do so.

Another issue that arose in the private sessions before the commission was the time it can take for survivors to disclose child sexual abuse. On average, the commission found that it took survivors 23.9 years to disclose the abuse they suffered. This government's recent reforms to the Limitation of Actions Act to remove the existing limitation periods for initiating claims for child sexual abuse will assist those who disclose their abuse many years after it occurred. However, the commission also found that civil litigation is not an effective means for all survivors to obtain adequate redress for the abuse they have suffered.

Society's failure to protect children across a number of generations created a clear need to establish ways survivors could access appropriate redress for past abuse. To this end, one of the commission's key recommendations was that the commonwealth government establish a single national redress scheme for survivors of institutional child sexual abuse. The South Australian government has been working closely with the commonwealth and other state and territory governments to develop a scheme as recommended by the commission.

The National Redress Scheme will operate for 10 years. The purpose of the scheme is to recognise and alleviate the impact of past institutional child sexual abuse and related abuse. The scheme will be operated by the commonwealth government. All other states and territories have indicated their commitment to join the scheme, as have the majority of the large faith-based institutions along with other large non-government institutions involved in providing services for children such as the Scouts and the YMCA. It is estimated that over 90 per cent of the survivors of institutional child sexual abuse will be covered by the scheme.

Redress under the scheme includes three core elements, as recommended by the commission. The first element is a monetary payment, which will be up to $150,000. A monetary payment is a tangible means of recognising the wrongs that survivors have suffered. The second element is access to counselling and psychological support. The commission heard a great deal about the long-term psychological and mental health effects of child sexual abuse. There was no doubt that many survivors will need counselling and psychological care from time to time throughout their lives.

The third element is a direct personal response from the participating institution or institutions responsible. Many survivors who gave evidence before the commission described the importance of receiving an apology from the institution responsible for their abuse. An apology includes

acknowledgement of the abuse, its impacts and the steps taken to prevent it from happening again. Of course, some survivors may not want further contact or engagement with the institution.

For this reason, the principles guiding the provision of direct personal responses state that engagement between a survivor and a participating institution should occur only if the survivor wishes it. An intergovernmental agreement has been drafted to be signed by states and territories participating in the scheme, as well as by the commonwealth. I am proud to say that the South Australian Premier signed the intergovernmental agreement on 6 June 2018. I now turn to the detail of the bill.

To be clear, the bill does not establish the National Redress Scheme. That has already occurred with the enactment by the commonwealth parliament of the National Redress Scheme for Institutional Child Sexual Abuse Act 2018. This bill provides the necessary legislative support from the South Australian parliament to secure the comprehensive application of the scheme in this state.

This is not something that the commonwealth can achieve acting alone given the limits on its legislative powers under the Commonwealth Constitution. This bill tops up those powers to the extent necessary using the mechanism provided for in section 51(xxxvii) of the Commonwealth Constitution. Clause 4 of the bill adopts the text of the commonwealth's National Redress Act and is an acknowledgment from the state parliament that it supports the application of the act. Later, I will briefly explain the content and operation of the National Redress Act.

Clause 5 of the bill also includes an amendment reference to enable the commonwealth to amend the National Redress Act, subject to some limitations. The first limitation, set out in clause 7, is to ensure that the commonwealth cannot make any amendments to the National Redress Act that would prevent or limit the establishment or operation of a state redress mechanism. The term 'state redress mechanism' includes a scheme established by a government or non-government entity for or in respect of individuals who have suffered institutional child sexual abuse.

The purpose of this limitation is to ensure that state mechanisms, such as the South Australian victims of crime scheme, are not inadvertently affected by any changes made to the National Redress Act. 'State redress mechanism' also includes the jurisdiction of a court to grant compensation or support to victims of crime, including crime relating to institutional child sexual abuse. This limitation prevents any changes to the National Redress Act that would impinge on the jurisdiction of the courts in this regard.

Clause 7(3) of the bill identifies certain matters where the limitation does not apply. This is to protect the provisions of the National Redress Act that address court proceedings that relate to the scheme. This includes the release of civil liability of institutions or officials in connection with the operation of the scheme, the disclosure or use of evidence or other information provided or obtained in connection with the scheme, and the making, enforcement or protection of payments in connection with the operation of the scheme.

The second limitation, in clause 8 of the bill, is to prevent the commonwealth from making any amendments to the Redress Scheme that would remove or override a provision that requires the agreement of the state. This includes the requirement that a state agree to a state institution being declared by the commonwealth minister to be a participating institution in the National Redress Scheme. States must also agree to assuming responsibility for a defunct institution or to two or more state institutions forming a participating group for the purpose of the scheme.

Clause 11 of the bill provides that either regulations or ministerial directions may determine how the agreement of the state is to be given, withdrawn or evidenced. In addition to the limitations applied to the amendments reference, the intergovernmental agreement includes important safeguards to ensure that participating states and territories are consulted on and have voting powers to approve or oppose proposed changes to the National Redress Scheme. The ability to terminate the text and/or the amendment referred to is provided in clause 9 of the bill. A reference can be terminated on a day fixed by the Governor by proclamation.

Returning to the commonwealth legislation adopted by this bill, the National Redress Act provides the legislative basis for entitlement, participation, offers and acceptance, provision of redress, funding liability, funder of last resort and other administrative matters. The commonwealth

government has undertaken significant consultation and negotiation with stakeholders to develop the National Redress Scheme, and it is reflected in this legislation. The National Redress Act was explained in detail when it was introduced in the commonwealth parliament, and it has been the subject of scrutiny and report by two Senate committee processes. I will therefore be somewhat brief in my account of the key elements.

The National Redress Act provides that abuse within the scope of the scheme is sexual and related non-sexual abuse that occurred before the start of the scheme when the person was a child and in a participating state or territory. A person is eligible for redress if they have been sexually abused as a child within the scope of the scheme; the abuse is of a kind for which the redress payment, worked out, would be more than nil; one or more participating institutions is responsible for the abuse; and, at the time of the application, the person is an Australian citizen or a permanent resident.

For the purposes of the scheme, a participating institution is deemed to be responsible for the abuse of the child if the abuse occurred in circumstances where the participating institution is primarily or equally responsible for the abuser having contact with the child. Various circumstances are relevant to determining that question—for example, whether the institution was responsible for the day-to-day care of the child when the abuse occurred or whether the abuser was an official of the institution when the abuse occurred.

Participating institutions that are determined to be responsible for the abuse are liable for the costs of providing redress. Those institutions are also liable for contributing to the administration of the scheme. If an application for redress identifies a participating institution as being involved in the abuse, or if the scheme operator has reasonable grounds to believe that a participating institution may be responsible, they must request that the institution provide any information that may be relevant. If the operator considers there is a reasonable likelihood, as defined in the National Redress Act, that the person is eligible for redress, they must approve the application.

After approving an application, the scheme operator must determine the amount of the redress amount and the share of costs attributable to each liable institution. The process for working out the amounts, including the application of an assessment framework, is prescribed. This includes deducting any relevant prior payments, for example, one that may have been received through the South Australian ex gratia scheme established following our children in state care inquiry, which of course has been the subject of discussion this morning. A determination made by the Redress Scheme is an administrative decision, not a finding of law or fact.

A person who has applied for redress may apply for internal review of a determination. The original determination must be reviewed in those circumstances by an independent decision-maker. If a person is entitled to redress and wishes to access the counselling and psychological component, they will be referred to the participating jurisdiction where they live. In South Australia, counselling and psychological services will be enabled by the provision of an additional payment to the applicant to support their access to services of their choosing.

If a person wishes to be given a direct personal response, the participating institution must take reasonable steps to give one. Guiding principles are included in the National Redress Act, and a direct personal response framework sets out the arrangements under which institutions will provide direct personal responses. If a person accepts the offer of redress, they must release particular institutions from any civil liability for the abuse. The abuser is not released from liability. This is consistent with the royal commission's recommendations.

All commonwealth institutions are automatically participating in the National Redress Scheme. State, territory and non-government institutions must agree to participate. States and territories must also agree to state or territory institutions participating in the scheme. A state institution includes state departments and other bodies established under state law. Once this bill commences, non-government institutions in our state, including churches, charities, independent schools and other organisations, are able to participate in the National Redress Scheme. I strongly encourage these institutions to join so that survivors have access to redress.

Some institutions where child sexual abuse has occurred may no longer exist. To ensure that survivors are not deprived of access to the scheme simply for that reason, the National Redress

Act provides that a 'defunct' institution can participate in the scheme if it has a representative that acts on its behalf and assumes its obligations and liabilities under the scheme. Participating government institutions may be the funder of last resort for a non-government institution that no longer exists and is not participating in the scheme. This applies only where the government institution is equally responsible for the abuse and has agreed to be the funder of last resort.

While the introduction and passage of this bill is an important step in making the National Redress Scheme available to all South Australian survivors, there is still work to be done to prepare the administrative facilities and services necessary to ensure the efficient processing of applications and facilitation of redress in all its forms for eligible applicants. We are getting on with this task and expect that the scheme will be fully operational in South Australia, in the sense of redress payments being able to be made, in early 2019.

Applicants are able to apply from now, and at any time within the 10-year life of the scheme, and will be supported in completing their applications, including with legal advice, by independent redress support services. I would encourage all potential applicants to keep an eye on the National Redress Scheme website hosted by the federal Department of Social Services to keep fully informed about the scheme as it rolls out around the country.

This is an important moment. I take this opportunity to acknowledge the survivors of institutional child sexual abuse, their families and the organisations that represent them. Whether as children or adults, the reality is that for many years survivors were not listened to, were not believed or were not acknowledged. I thank them for their resilience and their determination to ensure that we all learn from the mistakes of the past and acknowledge the harm and suffering experienced by the many thousands of children who have been sexually abused and exploited in institutions where they should have been safe. I commend the bill to members and I seek leave to insert the explanation of clauses in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

These clauses are formal.

3—Interpretation

This clause defines terms used in the measure.

Part 2—Adoption and referral

4—Adoption of the relevant version of the National Redress Act

This clause provides that the National Redress Act is adopted within the meaning of section 51(xxxvii) of the Constitution of the Commonwealth (the *adoption*).

5—Amendment reference

This clause refers to the Commonwealth Parliament a power to make laws with respect to a redress scheme for institutional child sexual abuse by the making of express amendments to the National Redress Act (except as provided by clauses 7 and 8) (the *amendment reference*).

6—Amendment of National Redress Act

This clause makes it clear that the National Redress Act may also be expressly amended, or have its operation otherwise affected, by provisions of Commonwealth Acts made pursuant to other powers of the Commonwealth or by instruments made or issued under such other Commonwealth Acts or under the National Redress Act.

7—State redress mechanisms

This clause defines a State redress mechanism and provides that the amendment reference does not include the matter of making a law to the extent that that law would operate to prevent or limit the power to establish, or to prevent or limit the operation of, any State redress mechanism.

8—Requirements for agreement of the State

The amendment reference does not include the matter of making a law to the extent that that law would substantively remove or override a provision of the National Redress Act that requires the agreement of the State.

9—Termination of adoption or amendment reference

A proclamation may fix a day on which the adoption and the amendment reference are to terminate or on which the amendment reference is to terminate or, if the amendment reference has already terminated, on which the adoption is to terminate. Such a proclamation may be revoked (before the day so fixed) by further proclamation.

10—Effect of termination of amendment reference before adoption

This provision clarifies which laws continue to have effect in a case where the amendment reference terminates before the adoption does.

Part 3—Miscellaneous

11—How agreement of the State is given, withdrawn and evidenced

The regulations, or Ministerial directions, may make provision in relation to the manner in which the agreement of the State is to be given or withdrawn and may be evidenced for the purposes of the measure and the National Redress Scheme.

12—Information sharing

This clause provides for the giving of information by a participating State institution to the Operator, or for the giving of information by a State agency to another State agency so that it can assist a participating State institution to comply with a request for information from the Operator, for the purposes of the National Redress Scheme. Information may be provided under the provision despite other laws of the State, however regulations (and the rules under the Commonwealth Act) may preserve the operation of confidentiality provisions in other laws where appropriate.

13—Regulations

This clause is a regulation making power.

Debate adjourned on motion of Mr Picton.

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Second Reading

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (15:55): I move:

That this bill be now read a second time.

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

Leave granted.

Today I rise to introduce the Health Care (Governance) Amendment Bill 2018 into Parliament.

This Bill is the first part of the government delivering on its election commitment to establish a new governance and accountability framework for the public health system. These changes will devolve decision making in the public health system through the establishment of metropolitan and regional governing boards; put responsibility and accountability at the local level, with strengthened oversight; and improve patient safety and hold governing boards accountable for delivering real progress.

This framework will provide a greater focus on accountability and transparency within the public health system. The Minister in the other place outlined that the public health system, with an expenditure budget of more than $6 billion in 2017-18, approximately 38,600 employees (as at June 2017) and around 77 hospitals and health services in a large and diverse state, is too large and complex for it to operate optimally with all authority and accountability resting on one person—the Chief Executive of the Department for Health and Wellbeing. But that is the situation since the former Labor Government abolished the boards with the introduction of the Health Care Act in 2008.

In opposition we were approached by communities and clinicians who repeatedly told us how disengaged from decisions about their local services they feel. It is therefore of no surprise that when this Government introduced legislation to establish boards of management for hospitals that local communities and clinicians welcomed this change. If I may quote some of the headlines from regional papers following the introduction of the Bill into Parliament:

the *Border Watch*: Regional board management reform welcomed

the *Port Lincoln Times*: Boards to give locals more input into health

the *Penola Pennant*: Health reform welcomed

the *Loxton News*: State's new health boards welcomed.

Devolving decision making in the public health system recognises that health care needs and challenges vary between areas within metropolitan Adelaide and across regional South Australia. Decisions made as close as possible to the area and people affected, and with the full and effective involvement of local health professionals, will be better decisions.

The election commitment will be implemented in two stages. The first stage is this Amendment Bill which will establish governing boards and allow board chairs to be appointed early in the process. It is intended that the boards will be fully operational by 1 July 2019.

The second stage is to establish a new governance and accountability framework for the public health system which will be reflected in new legislation to be introduced into Parliament later this year or early next year.

This Bill will allow for incorporated hospitals, known as Local Health Networks, to be established under the *Health Care Act 2008* and to be governed by a board.

To summarise, the governing boards will be responsible for the delivery of their local health services within their geographic area. The governing boards will consult with local service providers and the community to ensure that the services provided are reflective of local needs and priorities and are able to be provided within the resources available. Governing boards will be required to operate within a clinical governance framework to ensure that these services are safe, high quality and accessible.

The governing boards will also be responsible for the oversight of Local Health Network budgets. The governing boards will appoint their Chief Executive Officer, who will be responsible for managing the operations and affairs of the Local Health Network health services and will be accountable to, and subject to direction of, the governing board.

The governing board will be accountable to the Minister for Health and Wellbeing for the oversight of the delivery of health services in accordance with a service level agreement negotiated between the Local Health Network and the Department for Health and Wellbeing. The governing boards will also be required to comply with any policy frameworks issued by the Department and any directions given by the Minister for Health and Wellbeing.

The governing boards, through the annual report for the Local Health Network, will demonstrate their progress against the key performance indicators outlined in the service level agreement and what measures they have instituted to ensure the engagement of communities and health professionals in service delivery.

Governing boards will be established for each of the Local Health Networks as they are currently constituted, except for Country Health SA:

Central Adelaide Local Health Network,

Northern Adelaide Local Health Network,

Southern Adelaide Local Health Network, and the

Women's and Children's Health Network.

In country SA, six new regional incorporated hospitals will be established, based on the current regional boundaries operated by the Country Health SA Local Health Network being the:

Barossa Hills Fleurieu Local Health Network,

Eyre and Far North Local Health Network,

Flinders and Upper North Local Health Network,

Riverland Mallee Coorong Local Health Network,

South East Local Health Network, and

Yorke and Northern Local Health Network.

They will take over the functions of providing health services for their particular areas from Country Health SA Local Health Network from 1 July 2019.

The governing boards will be small in number, consisting of between six and eight members, chosen through a merit based process. Governing board members will be positions of significant leadership and responsibility in the health system and between them will have knowledge, experience and expertise across health management, commercial management, financial management, the practice of law, the provision of health services, clinical governance, Aboriginal health and any other experience or expertise that will enable their effective performance.

At least two members of each governing board will be clinicians to ensure clinical input into health service decisions. In order to maintain independence, a Local Health Network employee can not apply for that Network's governing board. Employees of the Department will not be eligible.

Governing boards will be able to establish committees to assist them in performing functions such as engagement with local clinicians and the community to ensure inclusive and representative advice to the governing boards. They will be required to provide clinical and community engagement strategies.

Should there be issues with a governing board's performance or Local Health Network under the control of the governing board the Minister will have the ability to appoint an adviser for a period of time. The role of the adviser is to work with the governing board to improve its performance or that of the Local Health Network.

The Minister for Health and Wellbeing may also appoint an inspector to inspect, investigate and assess the administration, operation and governance of Local Health Networks. Similar to provisions in other jurisdictions where boards operate, this is a reserve power or power of last resort, and it is envisaged that this power would only ever be used where it is demonstrated for some reason that the relationship between the Minister and the governing board has broken down completely, and the board or Local Health Network has failed to cooperate with a direction given by the Minister or the Chief Executive of the Department.

In the event that a governing board has failed to perform its functions effectively or comply with a direction given by the Minister or the Chief Executive of the Department, the Minister has the ability to dismiss the governing board and appoint an administrator. Where the governing board is dismissed this action must be tabled before both Houses of Parliament within 12 sitting days of the dismissal. It is hoped that the appointment of an administrator would only be used as a last resort, and that measures such as appointing an adviser to assist the governing board would be able to turn things around before this action was necessary.

This Bill is the first of two pieces of legislation to be brought before Parliament in relation to governance of the public health system.

Another Bill will be introduced to replace the *Health Care Act 2008* to ensure that the governance and accountability framework for the public health system is relevant for today. That Bill will ensure that the provisions governing the public health system acknowledge appropriate frameworks for such matters as risk management, clinical safety and quality, and policy and legislative governance. This will require a thorough review of the roles and functions of all aspects of the public health system within the context of the introduction of governing boards.

This is expected to include consideration of the role of the Department as a system manager of the South Australian public health system; devolution of functions and resources to Local Health Networks to support local decision making and service delivery; reviews of services provided statewide; regional support services across the new regional Local Health Networks; and consideration of how the current 39 country Health Advisory Councils can best operate in the new governance framework. There will also be consideration of the need for statewide performance monitoring, which currently occurs through the Health Performance Council, established when the previous boards were abolished.

The framework will ensure that the roles of the Minister, the Chief Executive of the Department and the governing boards are clear, and it is expected to inform the service level agreements for the governing boards under which they will operate from 1 July 2019.

The system changes in governance are wide ranging and of such significance that an oversight committee will be established, chaired by the Chief Executive of the Department for Health and Wellbeing, and include independent advisers with experience in health reform in interstate jurisdictions.

An expression of interest process including a public advertising strategy and executive search was commenced concurrent with the introduction of this Bill into Parliament. The advertising for suitable candidates to the position of Board Chairpersons prior to the passage of the legislation was to ensure that candidates could be appointed to this very important role as soon as practicable following the passage of the legislation. This would allow these Board Chairpersons to be involved in activities, including the appointment of Board members, to ensure a smooth transition to the new governance arrangements from 1 July 2019.

The appointment process for the appointment of Board members will be undertaken by the end of the year or early next in the lead up to the commencement of governing boards by 1 July 2019.

This Bill introduced today is the first step to reform the governance of the public health system. The introduction of governing boards is to ensure that services provided by Local Health Networks better meet the health service needs of the population within their geographic area. This does not mean that boards have to provide all services to serve their population – in fact it would not be sustainable for health services to do so. However, the devolution of decision-making in relation to health services will provide opportunities for governing boards to work cooperatively with governing boards of other Local Health Networks on local and statewide initiatives for the provision of services.

The Government will introduce a further eight amendments to the legislation in the House.

I will detail the Government's view at the relevant clause.

One amendment seeks to remove the requirement introduced by an amendment in the Legislative Council that at least one Board Member have expertise, knowledge or experience in Aboriginal Health. It is the view of the Government that it is not appropriate to mandate one skill.

The third amendment represents a substantial modification of an amendment in the Council which required the disclosure of interests for Board Members. The Government considers that the level of disclosure is not consistent with the risk and will act as a disincentive for potential Board Members.

The Government's amendment provides the highest probity standards of any health board in Australia.

The fourth amendment clarifies that the review will be commissioned three years after 1 July 2019, the date that the boards will become operational.

The fifth amendment clarifies that expenses should be declared 60 days after the payment or reimbursement of the expense.

The seventh amendment clarifies that the Annual General Meeting (AGM) should be public.

This Bill is the fulfilment of a clear commitment of the Marshall Liberal government. We look forward to working with communities, clinicians and stakeholders to deliver strengthened governance and better health services for all South Australians.

I commend the Bill to members and look forward to discussing it in the Committee stage.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

3—Amendment provisions

These clauses are formal.

Part 2—Amendment of *Health Care Act 2008*

4—Amendment of section 3—Interpretation

This clause provides a definition of *governing board* to insert for the purposes of the measure. The definition of *Department* is also updated.

5—Amendment of section 4—Objects of Act

This clause proposes to amend section 4 of the Act by adding an object of the Act to facilitate the efficient and effective governance and oversight of incorporated hospitals through the establishment of governing boards.

6—Amendment of section 5—Principles

This clause proposes to amend section 5 of the Act to provide that health services should be provided as part of an integrated system that achieves an effective balance between local decision-making in relation to incorporated hospitals and health system planning, integration and management.

7—Amendment of section 7—Chief Executive

This clause proposes to amend the functions of the Chief Executive of the Department in section 7 of the Act consequentially on the transfer of direct responsibility for the administration of incorporated hospitals from the Chief Executive to the governing boards and hospital chief executive officers. This amendment removes reference to the Chief Executive being directly responsible for the administration of incorporated hospitals. This clause also then inserts an additional function of the Chief Executive to contribute to and implement statewide service plans that apply to incorporated hospitals.

8—Amendment of section 11—Functions of HPC

This clause proposes to amend the functions of the Health Performance Council (*HPC*) in section 11 of the Act to include reference to governing boards of incorporated hospitals such that the HPC should, in the performance of its functions, seek to obtain, to such extent as is reasonable and relevant in the circumstances, the views of governing boards. The amendment also proposes to include governing boards in the group of entities that cannot be directed by the HPC.

9—Amendment of section 18—Functions

This clause proposes to amend the functions of a Health Advisory Council in section 18 of the Act such that those functions may include the provision of advice to the governing board of an incorporated hospital about any matter referred to it by the board.

10—Amendment of section 30—Hospital to serve the community

This clause proposes to amend section 30 of the Act to include the governing board for an incorporated hospital among the entities that may determine that an incorporated hospital, in addressing the health needs of the community by providing health services, may focus on 1 or more areas or sections of the community.

11—Substitution of section 33

This clause proposes to replace section 33 of the Act to make provision for each incorporated hospital to be governed by a board (a *governing board*). Proposed new section 33 specifies that an incorporated hospital is to be governed by a governing board and outlines a number of specified functions of governing boards. A governing board for an incorporated hospital must comply with any directions of the Minister and any directions of the Chief Executive in governing the incorporated hospital.

Proposed section 33A requires the governing board for an incorporated hospital to develop and publish a *clinician engagement strategy* to promote consultation with health professionals working in the incorporated hospital and also a *consumer and community engagement strategy* to promote consultation with health consumers and members of the community about the provision of health services by the incorporated hospital.

Proposed section 33B provides for the composition of the members of governing boards (appointed by the Minister) to be 6-8 persons who collectively have, in the opinion of the Minister, knowledge, skills and experience necessary to enable the board to carry out its functions effectively. Proposed section 33B(2) specifies relevant types of experience that should be included in board appointments while proposed section 33B(3) requires that at least 2 members of a governing board must be health professionals (as defined in section 33B(9)). Proposed section 33B(4) requires that at least 1 member of a governing board has expertise, knowledge or experience in relation to Aboriginal health. Further, proposed section 33B(5) provides that a person is not eligible for appointment to a governing board of an incorporated hospital if the person is employed to work at the incorporated hospital, provides a service to the incorporated hospital or is an employee of the Department responsible for the administration of the Act.

Proposed section 33C provides that a member of a governing board for an incorporated hospital is to act impartially and in the public interest in performing the member's duties.

Proposed section 33D provides that a member of a governing board must disclose their interests in accordance with Schedule 3A (as inserted by clause 15).

Proposed section 33E provides for the appointment of a chief executive officer for each incorporated hospital by the governing board of the hospital after consultation with the Chief Executive of the Department. The chief executive officer of an incorporated hospital is responsible for managing the operations and affairs of the hospital and is accountable to, and subject to the direction of, the governing board for the hospital.

Schedule 3 also makes provision in relation to governing boards under proposed section 33F.

12—Insertion of Part 5 Division 10

This clause proposes to insert a new Division 10 into Part 5 of the Act. This Division will make provision for inspectors for the purposes of inspecting, investigating and assessing the administration, operations and governance of incorporated hospitals. The clause provides that inspectors may, at any reasonable time, enter the premises of an incorporated hospital (including the premises of the governing board of an incorporated hospital) and, while on the premises, may—

(a) inspect the premises or any equipment or other thing on the premises; and

(b) require any person to answer any questions, orally or in writing; and

(c) require any person to produce any documents or records; and

(d) examine any documents or records and take extracts from, or make copies of, any of them; and

(e) seize any documents or records that, in the opinion of the inspector, constitute evidence of a breach of a provision of the Act.

The clause provides offences for a refusal or failure to comply with a requirement of an inspector and also for hindering or obstructing an inspector, or a person assisting an inspector, in the exercise of the powers conferred by this section.

13—Amendment of section 93—Confidentiality

This clause proposes to amend section 93 of the Act so that the confidentiality requirements of that section apply in respect of a member of a governing board.

14—Insertion of section 102

This clause proposes to insert new section 102 providing for review of the operation and effect of the amendments made to the *Health Care Act 2008* by the measure to be undertaken within a reasonable time after the third anniversary of the commencement of clause 11.

15—Substitution of Schedule 3

This clause proposes to substitute Schedule 3 of the Act with a new Schedule 3 and a new Schedule 3A.

New Schedule 3 will make a number of provisions in respect of governing boards for incorporated hospitals.

Clause 1 provides for the appointments of the Chairperson and Deputy Chairperson of each governing board by the Minister.

Clause 2 provides that a term of office of a member of a governing board will be fixed in the instrument of appointment up to a maximum of 3 years. A member may be reappointed for additional terms but may not hold office for more than 9 consecutive years.

Clause 3 provides that a member of a governing board is entitled to remuneration, allowances and expenses determined by the Minister and these must be published by the Minister on a website available to the public at no charge. This clause also requires that the Chairperson of a governing board must ensure that travel or entertainment expenses incurred by the board in respect of the performance by a member of the member's functions and duties are disclosed on a website accessible to the public at no charge not more than 60 days after the day on which they are incurred.

Clause 4 provides that the Minister may remove a member of a governing board from office—

(a) for breach of, or non-compliance with, a condition of appointment; or

(b) for misconduct; or

(c) for failure or incapacity to carry out official duties satisfactorily.

Clause 5 provides that the office of a member of a governing board becomes vacant if the member—

(a) dies; or

(b) completes a term of office and is not reappointed; or

(c) resigns by written notice to the Minister; or

(d) becomes an insolvent under administration within the meaning of the *Corporations Act 2001* of the Commonwealth; or

(e) is convicted in South Australia of an offence that is punishable by imprisonment for a term of 12 months or more, or is convicted elsewhere than in South Australia of an offence that, if committed in South Australia, would be an offence so punishable; or

(f) is removed from office under Schedule 3 clause 4.

Clause 6 provides that an act or proceeding of a governing board is not invalid by reason only of a vacancy in its membership or a defect in the appointment of a member.

Clause 7 provides that a member of a governing board will not be taken to have a direct or indirect interest in a matter for the purposes of the *Public Sector (Honesty and Accountability) Act 1995* by reason only of the fact that the member has an interest in a matter that is shared in common with health practitioners generally or those engaged in or associated with the provision of health services generally, or a substantial section of health practitioners or those engaged in or associated with the provision of health services.

Clause 8 provides that a governing board for an incorporated hospital must hold a meeting between 1 October and 31 December in each year at which the annual report of the incorporated hospital for the previous financial year is presented to members of the public and any member of the public in attendance at the meeting is entitled to address the meeting. This meeting must be advertised in advance of the meeting in accordance with the clause.

Clause 9 makes provision in relation to the procedures of a governing board.

Clause 10 provides that a governing board may establish committees or subcommittees as the board thinks fit to advise the board on any aspect of its functions, or to assist the board in the performance of its functions.

Clause 11 provides that the Minister may appoint a person to be an adviser to a governing board if the Minister considers that the adviser may assist the board to improve the performance of the board or the incorporated hospital governed by the board.

Clause 12 provides that an adviser appointed to a governing board is to provide advice to, and otherwise assist, the board in the performance of its functions. An advisor is entitled to receive notice of board meetings and copies of the papers of the board and may also attend and participate in any meeting of the board (without entitlement to vote or be present at the time that a vote is taken).

Clause 13 provides that the Minister may, at any time, dismiss all the members of a governing board if satisfied that—

(a) the board has failed to perform its functions effectively; or

(b) the board has failed to comply with a provision of the Act; or

(c) the board has failed to comply with a direction of the Minister or the Chief Executive of the Department.

Clause 14 provides that, if the members of a governing board are dismissed under clause 13 or for some other reason there are no members of a governing board at any time, the Minister may appoint the Chief Executive or other qualified person to administer and perform the functions of the board subject to any conditions specified in the instrument of appointment.

Clause 15 provides that a governing board may, with the approval of the responsible Minister or, if relevant, a responsible public sector instrumentality, make use of the staff, services or facilities of an administrative unit or another public sector instrumentality.

Proposed new Schedule 3A provides for the members of the governing board for an incorporated hospital to declare certain specified interests at the time of their appointment (in an initial return) and at each financial year (in an ordinary return). The Minister must maintain a register of interests containing the information provided by members and the register is to be able to inspected and copied by members of the public. The Schedule also limits the publication of information sourced from the register of interests.

Mr PICTON (Kaurna) (15:55): I rise today to speak on the Health Care (Governance) Amendment Bill 2018 and indicate that the opposition will be opposing this bill. It will be opposing it for a number of reasons, most particularly because this bill is not going to do anything to help patients in South Australia.

The bill is not going to do anything to improve our hospitals and it is not going to do anything to improve our healthcare services provided to people. In actual fact, it is going to harm those services and it is going to lead to more costs and more fragmentation—problems which are going to be seen again in our South Australian healthcare system and which we have seen time and time again when we previously had health boards in this state.

Members may remember that we used to have boards similar to what is being proposed in the legislation here, and we did have significant problems. There were problems with accountability, there were problems with duplication, there were problems with costs and there were problems with silos between the health boards and their structures. There was no ability for the health minister, who is responsible to the parliament and responsible for improving our system, to be in control of what was going on in our healthcare system. That is what the new government want to seek to return to.

Unfortunately, we heard some very sad tales when we previously had health boards. For those members who may not recall, essentially the structure we had in place in South Australia prior to the passage of the Health Care Act 2008 was that we had three levels. There were local hospital boards across country South Australia; we then had regional health boards, particularly in country areas, so we had two levels of boards looking after the same hospitals; and then we had central control through the minister and the department and obviously through funding sources, such as the Treasury.

It really was a very complex system that was in place, and there were blurred lines of accountability in the country, for instance, between the local health boards, the regional health boards and the central office. There were constant battles between health boards in terms of wanting to make sure that they had the best and brightest services at their particular health board, without taking a helicopter view of making sure that the best services were in place and that the best allocation of those resources was in place across the state to make sure that we had the most sensibly laid out health system possible.

Unfortunately, this is one of those matters where it is easy for the opposition to say, 'There are issues in the health system. We'll just bring back those boards and suddenly all the problems will be fixed. This is one of the first things they have done, and it's obviously in their 100-day plan that they were going to introduce this legislation.' Apparently, there is no reason why that is the case at all, because the government has signalled its intention that this legislation is not going to be enacted until July 2019.

While there is this desire to rush this legislation through the other place, and now this place today, there are not going to be health boards in this state for another 11 months. There is not going to be one health board in place for 11 months, so there is absolutely no reason why this legislation needs to be in place now. In fact, the government itself has acknowledged that there are significant problems with this legislation. There are significant issues that have not been remedied, thought through or resolved in terms of how they are going to deal with them.

Because of that, the minister has said that he is basically going to bring back another act to get rid of this proposed act that we are rushing through the parliament now before any of this takes place. So this bill—this whole legislation—is going to be completely rewritten, according to the minister, before any of it is enacted. Really, the actual point of this legislation is highly questionable. According to the minister's own words, there is still so much more work to do in what he calls stage 2. This rushed bill, this rushed piece of legislation they are bringing to the house today, is stage 1. Stage 2 is working out how on earth they are going to make this work, because they do not know.

We had a long briefing with the minister and his officials on this bill, and there was point after point after point, question after question after question, where the minister did not know the answer to how things were going to work under this legislation. The officers had no idea how particular things were going to happen. It is all deferred off with, 'Well, that's a stage 2 matter.' This is going to be all worked out in stage 2, where we replace in its entirety this legislation that we are debating here today.

So the idea that the government has a plan, the idea that the government knows what it is doing in terms of how this is going to be implemented, is highly, highly questionable. What we do know is that this is going to be incredibly costly. It is going to cost taxpayers a significant amount of money to put in place this legislation: to put in place all these officers in these boards across the state and not only that but to duplicate all the behind-the-scenes bureaucracy that is going to be needed to run 10 different health boards across the state that, according to the legislation, will all have their own ability to set their budgets and determine their service mix, etc.

All of that is going to need to be replicated because so much of that is centralised at the moment to reduce that bureaucracy, to reduce that duplication and waste. We are now turning the clock back and sending all of that back out to the regions, and there is going to be significant cost with regard to that.

This was borne out just this week in the hearing of the Budget and Finance Committee of the other place when the Chief Executive of the Department for Health and Wellbeing was asked about what the cost of this legislation is likely to be. He said that the cost, at a very minimum, is going to be $3 million a year. We know that because that is what the board members are going to be paid under this legislation: $3 million not to open anymore hospital beds, not to improve any out-of-hospital services, not to have any more doctors or nurses but just to pay board sitting fees—$3 million a year or $12 million over the forward estimates.

But he said that that is just a minimum. The maximum that he estimates at this point in time that this could cost would be in the order of $20 million a year, once you add in all those functions that would have to be devolved out to the regions. So this could be up to $20 million a year of additional cost that would not deliver any extra service to the people of South Australia. That would work out to be $80 million over the forward estimates, spent just on this shuffling of the bureaucratic deck chairs.

Unfortunately, there is not going to be any benefit to any patient from that expenditure. We have asked the government repeatedly: is there a provision of extra funding that is going to go to the Department for Health to ensure that this funding does not have to come out of the expenditure that would go to our hospital system? The government have said, 'We are not sure; that's going to be up to the budget to determine.' They have no idea whether or not they are going to get extra money from Treasury to pay for these board fees and all these extra bureaucrats they are going to have around the state, or are going to have to be cutting services, putting additional savings measures in place that will impact upon front-line health services, just to pay for this extra bureaucracy of up to $20 million a year.

It is a significant worry for the people of South Australia, and a significant worry for this parliament in considering this legislation, that we are essentially signing this cheque for up to $20 million a year for extra bureaucracy and we do not know whether the government is going to chip in for that from general consolidated revenue or whether the health department is going to have to carry the can for that extra bureaucracy.

That extra money could be providing a whole lot of things out in the community, and I am sure that all members in this house would want to see additional health services provided in their particular communities. The minister is going to be in a real bind now because there is a significant

likelihood that he is going to have to chip in for all this extra bureaucracy from his existing budget. That is going to cost people in the long term.

I mentioned that previously we did have health boards in place and that there were a number of issues around those. I was involved in the drafting and the passage of the original legislation in 2008. It came after some very frustrating and very worrying trends that we saw across our public hospital system, particularly in country areas, where our system was not working as one. We were not getting appropriate safety and quality standards applied across our hospital system. We were not seeing appropriate contracting being put in place and we were not seeing the appropriate deployment of capital works being undertaken.

For instance, I strongly recall that we had a very significant issue in regard to colonoscopy machines. There was a very serious safety and quality lapse by one of our country hospitals in terms of the cleaning, safety and quality management of those colonoscopy machines to the point where hundreds of people had to be tested for HIV and other diseases because we were not sure whether they had been contaminated by previous patients.

That was a scary proposition that those people had to face. It became more and more evident that the safety and quality procedures in place at that hospital and under that health board were lax, and were not in place to the required standards, and that we did not have a consistent approach to managing these safety and quality issues across our country healthcare services. That was one of the first issues that popped up that caused the government to consider changing along these lines. One of the other issues that was identified was in regard to contracting.

We had another country hospital that was involved in some, let's say, very shady contracting arrangements that were putting taxpayers at risk because those boards had the ability to contract with whomever they liked about the provision of services. That was a very significant issue that the state had to confront. They were not contracts that had gone through all the appropriate Public Service standards and Treasurer's Instructions that we would want to see. That was another reason why the government took the approach that it did at the time to bring in a more centralised, less bureaucratic approach, but also one that maintained a standard of those financial controls, safety and quality controls and capital works controls, across the whole state. That will not be in place upon the return to health boards.

It is also going to be inevitable that we are going to see increased competition between health services to the point where we are going to see every health service wanting to do every single thing. That sounds great on the face of it and sounds great in terms of everybody wants to have every whizzbang thing at their local hospital, whether it is in the city or the country, but it does not make sense from the perspective of a sensible and effective allocation of funds, which are always more limited than you would like, across the state. It does not make sense in relation to making sure that we are getting patients treated in the most logical places across the state.

That is inevitably what is going to happen. We are inevitably going to see each of those boards moving in a different direction, each of those boards designing their own protocols, their own ways of managing patients, their own determinations as to what the best management of patients is, and we are going to see a very fragmented system. We are going to see normal people as they are going about their business, passing through artificial lines that the health minister has drawn on a map between where local health boards are, and when they cross over those lines, they are going to see varying services.

They are going to see varying service standards, varying service approaches and also not a consistent and high-level quality service that would be sensible if we were planning things across the whole state. If we were saying that this particular hospital is going to be a centre of excellence in one service and another hospital is going to be a centre of excellence in another service, rather than every hospital trying to do everything and none of them doing it very well, we would see a significant level of fragmentation.

I think that is particularly going to be an issue in the country. One of the things that worries me about this legislation is that we are splitting up Country Health SA into six parts. Currently, there is one organisation, Country Health SA. It is managed centrally so that there is a consistent level of

safety, quality, financial control, capital works and all sorts of different controls that people would want to make sure are in place in their hospitals and consistent across the state.

That is now going to be split up across the whole state. We are going to have these six organisations. They are going to have their six back offices, they are going to have their six boards with their different decision-making, they are going to have their six sets of clinical leadership, they are going to have their six sets of contracting that they are going to be putting in place and their six sets of capital works plans and service level plans that they are going to be doing. What we are going to see is fragmentation across that. What we are unfortunately going to see is people not being able to be guaranteed a consistent level of approach across that.

A number of doctors I have spoken to have seen the benefit of having a country health service combined and they have said that they are concerned about it, particularly when we have a lot of doctors who do outreach in different country communities. They are able to contract together now. For instance, if you are providing a service in the Riverland and a service at Port Lincoln, you are dealing with Country Health SA. You know what the standards are. In the future, you may well have to contract with different health boards to provide the services and they could be completely different arrangements in place. That is a concern, particularly in the country.

I think the government has tried to spin this legislation to say that it is going to be great because you are going to have your local health boards back and everyone is going to get a say and so on. Unfortunately, they are not bringing back the health boards. They are not bringing back the local boards that were in place so, for those people who think that is happening, I hate to tell them that is not happening. They are bringing in regional boards. A number of people have also raised concerns with me that, if you live in an area with one significant hospital and a number of minor hospitals, this board is going to be dominated by that larger hospital.

All the focus, all the representation, is going to be on that larger hospital and not on what is going on in your smaller hospital. In actual fact, the idea that this is going to somehow provide those smaller communities with representation may well in fact be the reverse and it may well end up centralising more services in that larger hospital that will be more dominant in that particular health region. That is something I know a number of people have been concerned about. I think we will see that play out as this legislation is implemented.

They are a number of the central concerns that we have about this. Essentially, we believe that patients are best served by a system that is going to work together, and this is not going to be a system that is going to work together in any rational way. It is going to be split up and fragmented. The government is going to be focusing a significant amount of energy on setting up these bureaucratic structures over the next year or two rather than focusing on improving those health services. You only have to look at some of the distraction we have already seen in the government.

We have seen the revelations around what has happened in the Northern Adelaide Local Health Network with the appointment of the CEO there, where clearly the new government have not had their finger on the pulse in terms of being able to manage some of the risks in appointments. The person who has been appointed to the Northern Adelaide Local Health Network has significant questions to answer about his involvement in a health service in New Zealand, a health service where he has been asked to appear before internal investigations, a health service where the problems in the hospital stretched to having now to go and remediate $30 million worth of mould damage in the hospital, which has been singled out for criticism by the New Zealand Prime Minister.

We have hired that person to work in northern Adelaide on the recommendation of a New South Wales-based recruitment company alone, without any independent verification from this government or by the minister or his chief executive. Those risks are only going to increase now that they are going to health boards. We are going to see less accountability centrally as more and more of these appointments are made hands-off from what is going on centrally, and we are not going to see accountability in what is going on.

As I said, there is a self-imposed deadline in this legislation, and we know this because the government have said that they are going to completely repeal this legislation before it even comes into effect. The health minister is on record stating that everything being discussed and debated in

this house now is up for debate again when an entirely new bill is introduced in just a couple of months' time. He said:

> Parliament will have an opportunity to revisit all the issues in this bill later in the year. Of course, I would want parliament to be comfortable with this bill, but members can be assured that they will have the opportunity to revisit the issues in this bill when the second bill is presented.

My question to him is: why are we doing this? Why are we rushing in this bill just because someone plonked it in your 100-day plan? It is clearly underdone. You clearly have not thought through a lot of the issues.

There were some very sensible debates and some very sensible amendments put forward by Kyam Maher in the other place trying to improve what has been a very poor piece of legislation from the government and trying to seek to implement what they have sought to hold out as a standard of accountability and transparency that they want to see as part of this. A number of those were opposed by the government, and I note that the Minister for Energy is seeking to repeal here in this house a number of those amendments that were supported by the government.

Clearly, this work has been underdone. Clearly, it does not meet the transparency and accountability standards that the government set and made clear at the election, and this is just the latest example of the government rushing to meet a deadline without doing the background work, as well as without properly consulting—and that is a very important point. When this legislation was first introduced as the Health Care Act in 2008, there was about 12 months of consultation leading up to that event. There were exposure drafts that were put out to every health organisation in the state seeking their views.

It was able to be debated at the AMA council, at ANMF board meetings and at a whole range of different places around the state, where people were able to put their input into them. Country communities were able to have their input into this before it was even introduced into the parliament. Unfortunately, we have seen almost no consultation whatsoever with this. We saw the legislation introduced before any consultation whatsoever had happened, and since then we have just seen a number of rushed meetings where none of the issues identified has been addressed in the bill and where there has been no true involvement of those organisations in drafting this bill.

I think in a very disturbing way we saw a breach of an election promise in the drafting of this bill. When the government were in opposition, they released their policy on bringing back health boards, and in black and white one of the commitments that they made in that policy said very clearly, 'We will be consulting people on what the boundaries of the six country health boards and local health networks will be.' They said in black and white that they will be consulting, but there has been no consultation since the election with anybody about what those boundaries are going to be.

They have basically just adopted the boundaries that were in place already as an internal mechanism in Country Health SA for their own management of things, and they have not done any consultation. As far as I am aware, we have not had any council being consulted about this. We have not had any RDAs consulted about this. We have not had a broad public opportunity for feedback into what those boundaries are going to be. That is basically entirely because they have rushed this legislation. They have not done the consultation they promised to do.

The only consultation it seems that they did was the minister claims that before the election, back when he was in opposition, he sent a letter to the health advisory councils saying, 'We are planning on having six boundaries along the lines of what Country Health SA already has. Let me know of any issues.' That is the only consultation that has apparently been done in this regard. That is clearly a breach of their election policy to do that consultation on the health boards. I would say to them that I do not think it is too late to do that now. It is appropriate that in the 11 months we have until any of this comes into effect that they should do that consultation.

Since these boards are not coming in anytime soon, there is no reason why they cannot start that consultation and talk to regional communities about whether these boundaries are the correct ones, or about whether people have any differing views. I am sure that there would be issues with those boundaries. I am sure that any number of councils or RDAs across the state would have a number of views they would like to put forward, but they have not been given that opportunity by this government.

In fact, so many of the stakeholders we have spoken to in our preparation of this debate and the debate in the other place said that the first they heard of the bill was from the opposition, and that is an indictment. As members would know, we have almost no resources in opposition, yet we have been able to consult with people across the state about this legislation. The government, with the massive resources they now have, did not consult with any of these people. They did not send an email out to organisations such as the AMA. Talk to the AMA and they will definitely tell you what they think of that lack of consultation. In fact, the AMA said to us:

> In considering our response to this new Bill, the AMA(SA) has consulted its records on the Health Care Act 2008. The draft bill for this Act was released for public consultation on 2 July 2007. The then the Minister for Health, John Hill, presented to the AMA(SA) Executive Committee on the Bill on 14 August 2007 in advance of its introduction in Parliament on 27 September 2007…
>
> The AMA(SA) will be strongly urging an improved consultation process for this latter Bill, and for substantially improved engagement on the current Bill, and any subsequent implementation.

Clearly, the AMA is saying, 'Look at what happened under the Labor government: we were properly consulted. The minister came and presented to us. We had the opportunity to have feedback before it was presented.'

In relation to this bill, you just lob it into the parliament and we hear about it from the opposition. That is the way that this government is operating. That is an example of the lack of consultation. This is not some minor organisation. This is the Australian Medical Association: you would think that they would be at the top of the list of people you would want to consult about this bill, and they heard about it from us. We talked to another organisation, the Australian Psychological Society. They said to us:

> The APS is concerned about the absence of stakeholder consultation for the proposed Health Care (Governance) Amendment Bill…for South Australia. In particular there has been an insufficient amount of time provided for stakeholders to consider and comment on the broader impacts for health consumers in SA.
>
> This is especially fraught due to the absence of information detailing the issues or an analysis, including an economic analysis, comparing the new model with the current system of governance.

Here you have an organisation saying, 'Not only did you not consult us but actually there is nothing that sits underneath this. There's no economic analysis, and there's no detail as to why these particular things that you put in this bill are there.' As I understand, people who have raised these issues with the minister have basically been told, 'Don't worry. It's all in stage 2. You don't need to worry about these issues,' all these really important issues about how on earth this is going to work, 'because we'll think about all of that in stage 2'.

The government tries to claim that it wants to be open and accountable, but we saw direct contradiction to those claims when the government rejected amendments in the bill in the other place aiming to increase transparency and accountability. The government is claiming that this bill is about local input and local representation, but that is not what is really happening here: the government is trying to distance ultimate responsibility away from the minister, very unfortunately.

We also saw in the other place a clear attempt at evading discussions on the costings for the so-called 'stage 2' of reforming the government's framework. In answer to any question of substance on what the government was planning to do with the governance restructure, the answer was always, 'That's a stage 2 consideration. We haven't even turned our mind to that yet.' These were very fundamental questions. I hope that when we get to the committee stage the minister representing the Minister for Health in this place will be able to give us more information on what the government's actual plans are, whether it has actually thought these issues through, rather than just trying to rush something through.

It took us a while to get the health minister to eventually admit that there are indicative costings for this planned reform, but he was not planning on revealing them to anyone. However, luckily, the chief executive essentially did that in the Budget and Finance Committee this week, and we know that up to $20 million a year is going to bureaucracy. It is ludicrous that the government thinks that it can ask parliament to vote on the process of completely transforming the governance of our health system but hide the figures on what this is going to cost the taxpayer.

It is only reasonable to ask ahead of voting on this legislation exactly how many resources are being directed away from more important work in our health system to make this restructure happen. The opposition asked this question, as I said, on Monday, and we did find out that $80 million would be the top of the range estimate over the forward estimates of what this could cost, but we do not know whether that is going to come from consolidated revenue or whether that is going to have to be found from cuts within the health system itself.

There are so many answers we are still waiting to hear from the committee stage in the other place regarding how these boards are going to work in practice, and we are going to tease out all those issues in this place. We do not know how the government plans to manage the formation of service level agreements, and in particular what happens if there is a dispute between SA Health and the boards on the content of their service level agreement. This is a key function of what the government is proposing in this bill.

You are going to have these boards, you are going to have SA Health and the minister, and what they do, what the boards do and what they deliver, is essentially worked out in a service level agreement. At the moment, that is straightforward because you have a centralised, streamlined, governance model where the minister is accountable for everything that is going on. But what happens in the future if a board does not want to meet the requirements of the department or the minister in what its service level agreement is? What happens if the board says, 'Well, we can't deliver these services for the amount of money you are giving us'? What is the ability to resolve that difference and who has the ultimate say? None of that has been worked out by the government in this.

Ultimately, a good board will be constantly advocating for more funding and resources towards its local health network, and it is yet to be revealed how these competing interests will be managed. Similarly, we still are not clear on whether boards must have the approval of the SA Health chief executive when hiring a local health network chief executive. The government claimed during the committee stage that this was not the case and that boards would have the ultimate decision, but we want to confirm that the government has received independent advice on this point.

In fact, this was one of the issues I raised with the chief executive when I met with him recently, and even he was not sure what the arrangement was going to be in terms of who had the ultimate say in this regard. We are particularly concerned about this, given the significant amount of stakeholder feedback we received on this very point, and I will repeat some of the submissions that were read out in the other place for the benefit of members here. The Australian Nursing and Midwifery Foundation said, and I quote:

> The chief executive officer for a hospital board is then in an invidious position that they are appointed by the board only after approval by the CE of the department and they are then subject to direction of the CE but accountable to the board and also subject to their direction. This conflicted position should, in our view, be clarified with single stream accountability.

Essentially, what they are saying is that these CEs are now going to be working for two masters. On the one hand, they have to report to the CE of the department. It appears from the legislation that their ultimate hiring has to be signed off by the CE of the department and they are also subject to their direction, but the recommendation for appointment comes from the board and any directions can also come from the board.

How on earth are they going to manage that? Who are they ultimately responsible to? One thing we know is that there will be disputes about funding and services in the health system in the future—that is a given. What the government is setting up here is a process whereby we do not know how they are going to be resolved, how they are going to be managed or who is ultimately in charge of those hospital services. The Australian Medical Association said:

> The function of the boards is of interest, including expected governance and strategy functions, as well as compliance with directions from the minister and CE of the Department for Health.
>
> Would this structure mean 'all care and not enough responsibility' for the Chief Executive of SA Health? Does it provide too much distance of the minister from the activities at a hospital level?
>
> Does the minister's power to appoint/dismiss the chairs and members harm the independence of the board?

Here we have the AMA, who of course were not consulted by the government in the lead-up to this, raising fundamental questions about how this arrangement is going to work between the boards, between the chief executives, between the health ministers and between the local health board chief executives. These are fundamental issues that in a year's time, in two years' time or in five years' time there will be disputes about. In my belief, they will have to be resolved before this bill passes this house or, at the very least, when this replacement bill comes in sometime in the future.

Also unclear is to what extent financial management will be devolved to these boards and what oversight over any devolution of financial responsibilities will be put in place. We are still uncertain about the impacts these governance rearrangements will have on our health advisory councils. This is something we will be addressing and putting amendments to in the committee stage.

Let me just make something clear about this at this stage: the current Deputy Premier, when she was the shadow health minister, brought to this parliament legislation to increase the powers of the health advisory councils to give them a greater say in terms of health delivery. None of that appears anywhere in this legislation. Communities across the state who believe that this is in some way giving any more power to their health advisory council, their local health representatives, are completely wrong. There is none of that in here whatsoever.

The government has the opportunity to do what they had previously wanted to do when they were in opposition, which is to do that. They could put that in the legislation. They could do what the Deputy Premier herself had called on parliament to do, and we are going to give them the opportunity. We are going to give them the opportunity to vote on exactly the same wording, almost to the exact letter, proposed by the now Deputy Premier about those health advisory councils back when she was sitting on this side of the house.

Let's see what all those country MPs have to say on that and whether they will back the increased powers for health advisory councils that the Liberal Party were so keen on when they were in opposition. They have an opportunity to vote for that and put that in the legislation. If they do not, they then have to explain that to their local health advisory councils. They have to explain it to their local communities, who are expecting the Liberal Party to do that, who are expecting the Liberal Party to stand up for those health advisory councils and give them greater power. That will be a significant test for those country members in this house.

There is a very significant issue when it comes to the country. We still have no clarity around what will happen in terms of statewide functions under the governance restructure. This is something that stakeholders have raised with us as a significant concern. For instance, the AMA raised concerns about rural workforce management under these reforms, and stated that it 'favours certain functions of statewide significance to remain centrally managed'.

We have had other stakeholders raise significant concerns that the devolution of power will ultimately result in less focus on broader policy issues, such as mental health, which will transcend local health network boundaries. Of course, mental health is another issue where there is no clarity from the government as to how it is going to be managed under this new system. It is another one of those, 'Let's push them onto stage 2. We are going to try to work that out later. Let's just rush through this legislation first' issues.

We on this side maintain our concerns regarding the bill. It is going to lead to the fragmentation and division of our health system. There were significant reasons why health boards were abolished. We saw that they were lowering standards of quality and safety, along with lessening the ability to control financial decisions. There will inevitably be a lack of focus on broader policy considerations of our health system and less coordination across key statewide services.

The government should be focusing their resources on reforms that will genuinely make things better for patients, rather than spending money adding unnecessary bureaucracy to the system—unnecessary finance officers, unnecessary HR people, unnecessary back of house operations and unnecessary governance officials—none of which need to be in place.

We are starting to see a pattern. Just like the bill, the government keeps trying to look like they have a plan for the health system, but really it is just empty promises, and we have seen that with what they have promised to do so far with a number of their election promises. They promised

they were going to bring back the high dependency unit at Modbury Hospital. They have no idea how they are going to do that because that promise was fundamentally flawed. We know it is fundamentally flawed because the minister had to reveal the advice that he received pointing out all the very serious safety and quality risks with that happening. It looks like they are on track to break that promise.

We have had promises in regard to The QEH, where they promised to put $6.5 million into the cardiac labs. We are hearing that they are only going to put $4 million into that—another area where they are on track for a broken promise. We have had the Repat, where they promised to bring back elective surgery. We are hearing that they have no idea how they are going to do that. It is going to prove to be enormously expensive and there is a lot of local opposition to it from the clinical staff. They have no idea how they are going to do that, and they are on track to break their promise in that regard.

Time after time, we are seeing that this government have no plan for health and no idea how they are going to deliver their election promises. They brought out their winter management plan a month into winter. They were only ready for winter a month into winter. After we already saw significant ramping happening, they decided to release their plan for winter. We know that they are having to revise that significantly because it was not up to scratch to manage this year's winter.

They made a promise in regard to Noarlunga Hospital. We are hearing significant concerns that that is not going to be delivered as the government promised. We are not going to see overnight beds there at all. These beds are going to be shutting at 8pm. Time after time after time, the rhetoric and the promises from the government were not borne out. We are seeing again in this bill that there is no plan. There was no consultation. There is no idea about how this is going to work. There are going to be significant costs, and we do not know where the money is going to come from. We do not know what stage 2 is going to be. We do not even know why this legislation needs to pass now because they are not proposing to bring it in for 11 months.

We are seeing some of the sensible amendments that were moved in the other place trying to be walked back by the government now in their amendments that they have filed here. It will be interesting to see whether they support what they did in opposition as to whether they are going to support health advisory councils and the powers that were proposed by the Deputy Premier when she was the health spokesperson. There are a number of very significant flaws with the bill. It is going to increase waste, increase duplication and increase fragmentation, and for all of those reasons and more, the opposition will be opposing the bill.

Mr DULUK (Waite) (16:38): I also rise to make a contribution to the Health Care (Governance) Amendment Bill. With the introduction of the bill in this house, I suppose the government is taking another step to do our bit to improve the state health system that we inherited after 16 years of Labor. It is going to take a long time because the mess and the morale within public hospitals are so horrific because of the decisions of the former Labor government. In my own community, wonderful staff who used to work at the Repat are suffering from low morale, as the former government shunted staff all across SALHN.

We once again listened to the dulcet tones of the member for Kaurna in his contribution, which seemed to completely wash over his time and involvement with the health portfolio. The member for Kaurna was an adviser to the former health minister, the Hon. John Hill, and to the former federal health minister, the Hon. Nicola Roxon. He was, in his time in this house as well, intimately involved with the health policy of the former government. You would not know it from his contribution today. There was only criticism of our desire to improve a pretty broken health system.

In his contribution, the member for Kaurna said that health boards do not work. I do not know if they do or do not work, but what I do know is that what has been in place for the last 16 years certainly does not work and that it is incumbent on any government to do their bit to try to improve the lot of South Australians. I would love, for one moment, for those opposite to come on board with some of our plans—across any portfolio area, but today we are talking about heath—to support us, to give us a go, to get on board with this idea and to actually make a positive contribution to this health board.

Look at people who you think may be eminent people to serve on these boards and recommend that they serve. I think that is really important. A key part of this legislation is going to be to give a voice to regional and rural communities. I am sure the member for Giles knows some eminent people who can sit on the boards in his community. I say to the member for Giles, who is also a very decent man, to get on board and make a positive contribution to the debate here and what we are looking to do on this side of the house.

As I have said, the health system has been through a pretty difficult period. We had 'Trashing Health', which was introduced a couple of years ago and it literally trashed the SA health system. We are doing our bit to fix Transforming Health, as it was. We have had broken promises and incompetence from the former government and, once again, we are here to fix Labor's mess. Of course, one of the key objectives for us and one of our key election promises was around health boards.

One of the biggest issues that people come to see me about in my constituency is the current healthcare situation and their hospitals. It is incumbent on us to put in as much effort as we can to increase access to safe and timely care for all South Australians. People are expecting more from this government and we will certainly be delivering for them.

I applaud the introduction of this bill into this house, which of course is part of our reforms. The bill in front of us looks at changes that will result in 10 local health networks, each with their own governing board. I know that many of my constituents will be especially pleased with the introduction of a Southern Adelaide Local Health Network governing board. Local communities will once again come first and patient safety will be improved through this system.

Currently, SA Health is managed centrally. This means that it can be hard to manage the many different communities throughout South Australia. Once again, we on this side of the house know that local communities know best. As someone who lives in my electorate of Waite, through Mitcham and the Mitcham Hills, I do not know what is best for the people of Port Augusta in the member for Stuart's electorate, but they certainly know what is good for them and for those who live in that community. By people in his community directly having a say in the running of their healthcare system—experienced practitioners and people who are skilled in governance—we are giving them the opportunity to have a say in the decisions of the government that affect their daily life.

Health is a large and complex system and cannot operate optimally under centralised control. Many communities, whether regional or city, have strongly supported the re-establishment of local health boards. Healthcare needs and challenges vary between areas within metropolitan Adelaide and across regional South Australia. These changes will deliver better outcomes for patients and that is, ultimately, the first priority. The health needs of communities will be understood, with local boards overseeing the decision-making. Of course, we are seeing the reversal of minister Hill's decision back in 2008 to abolish our local healthcare boards.

In my wonderful part of the world of Adelaide, you really cannot go about your business without bumping into someone you know, a bit like it is in Port Lincoln. Indeed, in southern Adelaide we have an ageing population and a lot of retirees, and this was really brought home to me on a recent tour of the Flinders Medical Centre that I undertook with the member for Elder and the member for Davenport. During the tour they talked about the need in southern Adelaide for additional older persons healthcare services and the real strain that has been put on SALHN and southern Adelaide residents with the closure of the Repat and with facilities such as Flinders Medical Centre and Noarlunga Hospital not being able to cope with the service demand or need.

One good example is the ED at Flinders Medical Centre, which was designed, I think, to take about 60,000 to 70,000 patients through the door every year. It was explained to us on our recent visit that right now Flinders Medical Centre is seeing about 90,000 patients through that ED. The largest metropolitan hospital in Adelaide is meeting a demand that it is not and was not built to cope with. That has just been exacerbated with the closure of the Repat.

One can only assume that a decision taken by government to close the Repat would never, ever have been able to occur in a system where you had community health boards and localised health boards, because there would be people—for example people on the SALHN health board, people from the community, people with skill sets that complemented healthcare decision-making;

and of course there are opportunities for community representation—who would not allow such a bad decision of government—

Mr Picton interjecting:

Mr DULUK: —because they knew the importance of community-based health care. The Repat was such a wonderful community asset. As the member for Kaurna himself is a southern suburbs MP, I have no doubt that he would have known of the importance of the Repat to SALHN health care. It is a real shame that he served in a government that did not stand up for the people of the southern suburbs.

At the March 2018 election, the Marshall Liberal Party made a commitment to establish a new governance and accountability framework for the public health system. A promise was made to delegate decision-making in the public health system through the establishment of metropolitan and regional governing boards. Once again, in this debate through the house we are delivering on these promises. The governing boards will put responsibility and accountability at a local level. Governing boards will be held accountable and must deliver real progress.

I will come back to the Repat, which is so important in this debate. From where we sit, we cannot talk about health without talking about that decision and the consequences closing it had, especially throughout the whole metropolitan health system. The former government did not listen to the community, but we are. It is great to be working with the minister in a productive way and, in particular with the members for Elder and Davenport, in listening to the community about what is needed. I know that the minister is out there at the moment with a ranging consultation, one with clinicians and service providers; at a community level, my neighbouring state colleagues and I are doing exactly the same thing.

We are listening, and I suppose that is an important part of this debate at the moment. We are not just taking selected advice or selective advice, as the former government did for their political agenda: we are being quite genuine about this. For as long as I am a member here, I will fight for my community. I know that the government will be listening to the community all the way, which is so important. I repeat that the closure of the Repat was such a detrimental decision, and I do not believe that it would have happened if we had had the board governance in place.

It is important that we keep reminding the people of South Australia about Transforming Health and why we are making the decisions that we are. We are asking the public of South Australia to be patient as we fix the issues because they are going to take time; none of them is easy. For example, one recent fix was the Chest Clinic back into the NRAH. When the NRAH was being designed, it was missed out from the old RAH. These decisions take time and finding space. I know that the member for Florey is proposing and has on the *Notice Paper* an inquiry into Transforming Health.

We know what a lot of the issues and problems are with Transforming Health. We urge the general public to bear with us as we go on this long and difficult journey to get our state and our health system back on track. The Transforming Health agenda was driven by health bureaucracy and did not put people first. The final report of the Select Committee on Transforming Health, which was tabled in November 2017 and chaired by the Hon. Stephen Wade in the other place, expressed concerns about Transforming Health. In June 2017, the previous government announced that the Transforming Health program was completed, having achieved significant reforms. However, the November report states:

> Transforming Health is not completed in the sense that of the 52 Clinical Standards it was designed to achieve, only 10 have been achieved thus far and there is no clarity as to whether the remaining standards will be achieved in the foreseeable future.

The report goes on to state:

> There is also no evidence that Transforming Health is completed in terms of dealing with the 500 avoidable deaths that the Government asserted was the key reason for Transforming Health.

That is avoidable deaths within the public hospital system. Transforming Health did not deliver any cost-saving measures despite needing to reduce the expenditure of health care. The former

government obviously closed the Repat, and this decision was made under the disastrous Transforming Health.

The report also raised the concerns of clinicians about increased demand on outpatient departments with the closure of the Repatriation General Hospital and the relocation of rehabilitation services from Hampstead to The QEH. The report states:

> Evidence suggests that inadequate planning—described as a 'scramble'—of outpatient facilities at the NRAH has further compounded the problem.

This policy has left a gaping hole in southern health care and, indeed, in statewide services. As far as I am concerned, patient care was not the top priority of Transforming Health, and this contributed to patients' experiences of appalling failures of quality of care. For examples of that one has to look no further than the disastrous Oakden scandal, the chemotherapy dosing saga and, of course, the prostate cancer bungle as well.

It is our desire to re-engage with the South Australian public, to re-engage with clinicians—the many good clinicians who were pushed aside by the bullying of the former Labor government and the upper echelons of SA Health bureaucracy—and of course to re-engage locally and across the state with South Australians to restore confidence in public health, which is a vital and important community asset. That is why the South Australian Liberal Party will put a greater focus on the quality and the value of care.

I commend the hard work of minister Wade in the other house, especially in opposition. I had the pleasure of working closely with him on several projects, and he diligently and assiduously went about mounting the case for why Transforming Health was such a shambles. He did not stop at saying why it was a shambles; he came with reasons and solutions for what needed to be done to unscramble the eggs and to fix some of the issues, and putting health board governance into production is a way of doing that. That is so important.

One thing that I hope we will see with health boards coming into play is a more efficient health sector, which is so important, so that we can see a bit of competition between the different health regions and look at a new way that health does procurement, the way services are provided and the manner they are provided as well. I think it is really important that we take a holistic approach to healthcare provision, the way we provide it, and look at what best practice is from interstate and overseas jurisdictions as well because we can do a lot better.

With a centralised bureaucracy, you get very up-and-down decision-making. You do not get that competition that a more decentralised system brings. I think in the case of health care and the provision of healthcare services and the mixture that we provide to the general public, there is a great opportunity for there to be a greater and more robust provision of healthcare services. What we want, and this is a good way of beginning that, is to see an improvement on waiting list time, to see more staff on wards and to see a change in attitude. I suppose this is why the minister has the word 'wellbeing' in the title of his portfolio because a focus on wellness is important.

What we can do at a primary healthcare level is avoid having people go into acute care in the first place in hospitals, putting strain on the system. I think there will be a big focus on community health boards and how they promote wellness within the community at an absolute grassroots local level. I think this is a very good bit of legislation and proposed policy change. I commend this bill to the house.

Mr ELLIS (Narungga) (16:56): I rise to wholeheartedly support the Health Care (Governance) Amendment Bill 2018. I believe it is vital in order to make any inroads into the mess that is our health system that has been left to us from the previous government. I want to remind those opposite of the current state of health within this state because it sounded as though, when the shadow minister was talking, he had completely forgotten about the current situation. People in this state are shocked, disillusioned and angry at the continuing reports of failings in our system, particularly in a $2.3 billion new hospital that has ambulances ramping outside of it for lack of beds.

It has an electronic patient record system that is hindering instead of helping health professionals, and has inedible food for patients, inappropriate and insufficient facilities to properly and timely treat mental health patients and a design so precarious that archived patient records

cannot be shifted where they can be accessed by clinicians because the building has been deemed not to be able to handle the weight. Have you ever heard of such a thing? Stressed staff are dealing daily with overcapacity emergency areas.

Expensive renovations have had to be carried out to fix ill-conceived design flaws, chemotherapy treatment mistakes, and waiting lists hit record lengths last year, years in some instances. Only last week we had the call to place patients across the road in motel rooms to free up beds. Management and service delivery must improve for patient safety and also for staff health and morale. It is unbelievable that we, South Australia, spent $2.3 billion, and one could mount a strong argument that we are in a worse position now than we were before. Not many bodies could manage that.

It is a fairly impressive feat to spend that much money and make the situation worse; indeed, the South Australian Labor Party might be one of the few that can manage such a feat. We are in this position for a few reasons, one being that the advice of people in the know, the advice of clinicians who work at the coal face, the nursing staff, the specialists, the very people who see firsthand the issues, service gaps and impacts on patients and their care, were not heard either through wilful ignorance or a complete failure to engage them. The advice of medical professionals was not sufficiently valued. Improvements to policy and governance must be led by doctors and medical leaders. It is not just the new RAH. That is just one hospital in the state.

There are needs in every hospital and health service across metropolitan and rural South Australia. As important as this legislation will prove to the city, it will be equally important in the country where so often in the past smaller regional health services have been treated as a secondary tier concern. For country health services, this Health Care (Governance) Amendment Bill is going to prove vital because when the system is in as deep as it is, with so many issues facing it, there is surely no such thing as having too many heads working on a solution.

The Health Care (Governance) Amendment Bill backs the message from this government on this side that decentralisation is needed and that emphasis must be placed on local input in decision-making. Local clinicians and communities who work inside our regional hospitals and health systems deserve to have a strong say in the future direction of the state's health system, and the bill ensures local boards will be accountable for the delivery of health services within their area of responsibility, including appointing and managing chief executives, controlling budgets, and actively engaging with their communities and front-line professionals.

Our doctors, nurses, and allied health staff work under great pressure, and the bill will mean that they will not have more pressure imposed by a remote head office, out of touch with local needs and challenges specific to regional areas. The bill establishes governing boards for three metropolitan health networks and six regional health networks, and legislates new governance and accountability frameworks, including boards having the power to appoint a CEO and manage their own budgets.

It has been well documented that in the past 10 years Labor doubled SA Health's head office staff. It grew four times faster than our nursing workforce, and still excessive bureaucracy resulted in budget blowouts and poor project management. Putting real responsibility and accountability back onto these boards at a local level will provide strength and oversight and improve patient safety. Health professionals and people at the coalface will be listened to and will be heard when urgent, high-risk repairs and maintenance are needed.

Being a member of the Wallaroo Health Service Planning Steering Group, I am well aware of the value of local knowledge, which is proving pivotal to responsible future planning for Wallaroo hospital, viewed as a major facility within the electorate of Narungga. This legislation will ensure that all money raised in local communities is spent in local communities, that local bequests and private donations go to where they have been pledged and, in doing so, restore faith and connection between communities and governance. The bill will see resources go where the need is greatest and not wasted. Health is too large and complex for it to be operated efficiently under a centralised system. Under the previous government, that is what increasingly what we got.

The former government, in their eternal wisdom when it came to health, abolished local health boards with the introduction of the Health Care Act in 2008, which left health, worth $6 billion

annually with almost 39,000 employees and 77 hospitals and health services, under centralised control. It went about as well as anyone could have predicted it would. The city-centric approach does not serve rural areas well. Health care varies wildly across the state and decisions are best made by those close to the area that the decision concerns, by people who know what the local community expects and, especially importantly, with input from local health professionals.

These people have been frozen out of the decision-making process since Labor removed the local health boards and, as a direct result, the maintenance and capital works backlog in neglected country hospitals are reported to be in the order of $150 million. The bill will safeguard against more rural hospitals losing services and being downgraded. Yorketown Hospital surgical services were quietly downgraded in February last year. The hospital lost its general surgery, gynaecology and urology services, and I say 'quietly' because the local health advisory council was told not to talk publicly about the imminent loss of services prior to the announcement. Let me say that included, explicitly, being advised from above not to let the local member at the time, Steven Griffiths, know of the plans.

That is incredible, but it is the sort of thing those opposite tried to impose on the people of regional South Australia and hoped they would not notice. In absolute frustration over the last 10 years, communities are becoming increasingly despondent about having no voice. It is believed that local communities lost decision-making authority over the 42 country hospitals across South Australia when the previous government removed their management boards. In their stead, HACs were designed to be the local voice for the minister, but they have been described as toothless tigers without directives on how to act, without clear lines of communication, and with no say on how funds they raise are allocated.

Locals wanting to donate to their hospital have not been sure of where their money would go. In the media late last year, Dr Max Van Dissel of the Kapunda Health Advisory Council lamented that two applications were made to use its fundraising to purchase a steriliser and an operating microscope that the local clinicians deemed essential, but both were not backed by the minister. In November last year, a doctor from the Nuriootpa Medical Centre, Dr Michael Hoopman, despaired publicly of the many battles faced by local doctors. His list included outdated facilities, the winding down of services such as obstetrics and the lack of support for patients who are experiencing mental illness. He said that he had been in the Barossa for 25 years and that numbers at the hospital had halved.

At a public meeting in Quorn in March 2017, local doctor Tony Lian-Lloyd addressed the packed town hall, describing the loss of the lifeblood of many small townships. The local hospital, diminished by stealth, was threatening the economic viability of rural doctors and, by extension, service delivery to patients. Of note were the supporting medical professionals who travelled from all over the state that night to attend from Mount Gambier, Robe, Kimba, the Barossa, Burra, Cleve, Port Broughton, Bute, Maitland, Kadina, along with local mayors and members of the Rural Doctors Association and the nursing and midwifery association.

The bill will ensure that all money raised in local communities is spent in local communities. This was part of the 49 recommendations in the final report tabled from the Social Development Committee's Inquiry into Regional Health Services in September 2017. It recognised that country people were crying out for community-raised money to go towards resourcing buildings, equipment and research in regional areas. It was recognised that country people who have been so committed and involved in the building, development and provision of country health services in their townships feel that the government had abandoned them.

The bill reconnects those local and knowledgeable people who are valuable state assets. This government has also pledged to invest $20 million to assist country communities to fill skill gaps, attract specialists and double the number of medical interns in regional SA. We are committed to fixing a broken health system. Patients in the Narungga electorate are often disadvantaged by distance and challenges in accessing doctor and specialist attraction and retention, but, just like their city cousins, they are entitled to fair access to health services. Regional areas cannot afford to lose any more services. Retaining health services is top of the list of concerns for locals, and is what I hear most about. Our increasing and ageing population creates the need for state government investment to be made.

At a health forum I ran in Wallaroo last October, then shadow minister and now Minister for Health and Wellbeing, Stephen Wade MLC in the other place, heard firsthand the local issues: the Wallaroo Hospital needing expansion to cope with demand, increased out of hours X-ray services, ramped up chemotherapy services, and help for stretched accident emergency and ambulance services, and there is much more to be done.

I urge those opposite to get on board. Support this legislation and help fix your mess, although it is not the Labor way to clean up after themselves. Just as the federal member for Lindsay, Emma Husar, makes someone else clean up her dog's mess, we have been left with a huge steaming pile of a health system to clean up, and we will get stuck into doing just that. This bill today is the start of many actions planned by this new government to improve our health system for all South Australians wherever they live. I am honoured to commend it to the house.

Dr HARVEY (Newland) (17:08): I am delighted to have the opportunity to speak in support of this bill, which is yet another example of where the Marshall Liberal government is delivering on a commitment that we took to the last election. I must say, though, that being lectured by those on the other side on health, given their track record, is really quite incredible.

When you look at some of the disasters and problems around the new RAH, Transforming Health, blowouts in EPAS and the lack of consultation with health professionals, we are really in quite an incredible almost twilight zone. In fact, I think if health was not such an important issue, the lack of shame on this issue from the Labor Party is almost awe inspiring. I think that any other reasonable person, with a record like those opposite on health, would probably rather hide under a rock whenever the issue comes up than show their face, but this is where we are.

In stark contrast, the new government is working hard to fix the mess left to us by the Labor Party in health. In fact, a very important first step in improving the health system was to get rid of the previous government. What is quite concerning, though, is that, despite the claim from those opposite that they are on a listening tour and that they have now discovered the benefits and importance of listening to the community (clearly this was not happening in government), they are clearly still not listening to what the community wants on health.

As members are aware, this bill will establish governing boards for local health networks, which will begin to decentralise the important decision-making that occurs in our public health system. The simple reality is that our state's health system, which has a $6 billion budget, nearly 40,000 employees and 77 hospitals and health services, is simply too large and diverse for centralised decision-making.

This is certainly not a reflection on the skills and knowledge of our healthcare professionals, but a recognition that decisions made as close as possible to the coalface of health care in the community will be better decisions. Unfortunately, the previous government, driven by ideology and arrogance, sought to centralise decision-making into a castle in the CBD many, many miles away from the community where the services were actually being provided.

In fact, further than simply decision-making, Transforming Health sought to centralise services much to the dismay of the local communities, such as my own that saw services stripped away from our local hospital. This bill will begin the process of reversing the centralisation. It will strengthen oversight, improve patient safety and deliver better health care for all South Australians. Specifically, the bill concerns the establishment of metropolitan and regional governing boards and establishes new governance and an accountability framework for the public health system.

The bill fulfils part 1 of our two-part commitment and will allow board chairs to be appointed shortly in the lead-up to boards being operational by 1 July 2019. Part 2 of our commitment will establish a new governance and accountability framework for the public health system, and this element of our commitment is likely to conclude late this year or early next year.

In addition to the delivery of local health services, the governing boards will be responsible for the control of the health budget for the local health network, the appointment of their chief executive officer and the active engagement with their communities and front-line health professionals. Governing boards will be established for each of the local health networks as they are currently constituted, with the exception of the Country Health SA Local Health Network.

In country South Australia governing boards will be established for six new local health networks that will be established by proclamation in line with the current regional boundaries. These governing boards will be accountable to the Minister for Health and Wellbeing for the oversight of the delivery of health services in accordance with the service level agreement negotiated between the local health network and the Department for Health and Wellbeing.

Each board will consist of between six and eight members appointed by the minister, and importantly at least two of these members will be health professionals. This will ensure that decisions made by each governing board are made with important clinical input, an important point given that insufficient consultation with health professionals was a key failure of the previous Labor government in health policy. Appointments to board positions will, of course, be undertaken through a skills-based process. In addition to at least two health professionals, boards may also include members with expertise in health, commercial or financial management, the practice of law, clinical governance and Aboriginal health.

A significant focus of the bill is to ensure that regional South Australians have access to high-quality health care and to ensure that their needs and opinions are taken into account. Whilst this is something that regional South Australia has been crying out for for some time, it is, of course, not just regional South Australians whose needs and views were ignored by the previous government. As my friend the member for King and I know all too well, the people of the north-eastern suburbs were ignored and, in fact, betrayed by the former Labor government.

The shameful decision to cut services at Modbury Hospital, which members opposite were complicit in, was symptomatic of a party that simply did not seem to care about what was happening outside the CBD. Thankfully, the Marshall Liberal government's $110 million upgrade of Modbury Hospital will restore vital services to the hospital and ensure that my community has access to the high-quality health care that the north-east deserves.

I am pleased to be a member of a government that values all South Australians. By establishing governing boards for local health networks, the Marshall Liberal government is recognising that the delivery of local health services is safest and of the highest quality when the needs, values and priorities of the local community—in fact, the community that will actually use these services—are considered and valued rather than derided and dismissed.

This is what the South Australian people wanted. It is a commitment we took to the election earlier this year and yet another commitment we are delivering on. The new government is working hard to fix the mess left by Labor in health. On this side of the house, we have a government that listens to South Australians, that is strengthening our public health system and that is delivering on its promises. I commend the Minister for Health and Wellbeing, the Hon. Stephen Wade in the other place, for his diligence and efforts in fixing our health system, and I commend the bill to the house.

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining) (17:16): I do not have anything else to say, but I will close the debate, and we will go into committee.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

Mr PICTON: I will start with questions regarding cost. Can the minister outline for us the expected cost in terms of the board appointments, the cost in terms of the behind-the-scenes bureaucracy that will need to be in place and the cost in terms of transition and change management? What are the estimates in place at the moment, and where will the money come from? Will additional money be provided to the department, or will they have to cut other services to meet this new cost?

The Hon. D.C. VAN HOLST PELLEKAAN: Mr Chair, could the shadow minister explain how that question relates to the title of the bill?

Mr PICTON: I think there is a long convention in this place that general questions about the entire bill can be asked at clause 1. It is entirely reasonable that a general question about the cost of

the bill, covering the entire act of parliament, should be asked in this spot. I think we could go back through the last 16 years and find many occasions when that has happened.

The CHAIR: I am advised by the Clerk that it is not general practice, but it can be practised. Perhaps repeat the question for my benefit and the minister's benefit, member for Kaurna.

Mr PICTON: Thank you. Can the government outline the cost of implementing this legislation and also where the funding will come from?

The CHAIR: That is a very broad question. Honestly, member for Kaurna, I suspect that question is too broad to relate to clause 1. The cost—

Mr PICTON: Sorry, Mr Chair. I think it is absolutely imperative that this parliament should be able to ask what the cost to the state of bringing in legislation is going to be. If there is another appropriate place to ask this, then I am happy to do so, but I think it is imperative that the parliament should be able to question what the expenditure is going to be for bringing in this legislation.

The CHAIR: Is the minister happy to answer?

The Hon. D.C. VAN HOLST PELLEKAAN: I am happy to make a contribution. I agree with the principle that cost is an important thing to discuss. Whether or not asking that question in the context of the title of the bill in clause 1 is the right place we will put aside for a minute.

The shadow minister would know that there have been some estimates on cost because he in fact talked about them in his second reading speech, so he is very well aware of the answer to his question. He knows that the cost estimates were from a low of $3.6 million per year to a high estimate of $20 million per year. The Minister for Health has made it very clear that those cost estimates were ascertained before the last election, so they relate to the election commitment and not to the finetuning the government has done since coming into office that relates directly to the bill.

The shadow minister also asked where the money is going to come from. He alluded to that in his second reading speech, and the very obvious answer is that it is going to come from the budget. The reality is that the actual cost I expect will be somewhere in between the high estimate and the low estimate that was done before the last election.

Mr PICTON: Is the minister saying that there will be additional funding provided or that the health services will have to find the funding from within their own resources, within their own budgets, to meet this additional cost?

The Hon. D.C. VAN HOLST PELLEKAAN: That is a question that will be answered on 4 September when the budget is released.

Mr PICTON: What consultation did the government undertake on the bill before it was introduced to parliament?

The Hon. D.C. VAN HOLST PELLEKAAN: Again, I am not sure how this relates to the title of the bill, but if the shadow minister wants to get his questions out of the way and not come back to them later that is something I am happy to help him with. The bill before parliament is quite limited, as its purpose is solely to allow for incorporated hospitals to be governed by a board. As such, no consultation was undertaken prior to the introduction of the bill into parliament. However, offers of briefings on the bill were made to professional bodies and other stakeholders after the bill was introduced into parliament. This is not an unusual practice.

In attendance at this briefing were the Health Services Union, Ambulance Employees Association of SA, Professionals Australia, Public Service Association of SA, SA Salaried Medical Officers Association, Australian Nursing and Midwifery Federation (SA Branch) and the Australian Medical Association. The Minister for Health and Wellbeing also had a subsequent discussion on the bill with the Health Consumers Alliance of South Australia.

In general terms, most of the concerns raised related to broader changes foreshadowed as part of the review of the government's accountability framework for the public health system. As these changes are more widespread than the establishment of boards, there will be broader consultation on the amendments prior to their being introduced into parliament. The Minister for Health and

Wellbeing also met with the health advisory councils and the Country Health SA Governing Council chair and presiding member groups.

Mr PICTON: What consultation has occurred in relation to the boundaries for the Country Health regions?

The Hon. D.C. VAN HOLST PELLEKAAN: Of course, the answer to that question is incorporated in the last answer that I gave. As the shadow minister said in his speech, the now Minister for Health actually engaged with the health advisory councils on exactly that issue before bringing this to parliament. The shadow minister has asked a question that he gave the answer to in his second reading speech.

Clause passed.

Clause 2.

Mr PICTON: There is an essential issue here, in relation to this bill, about stage 1 and stage 2. This is apparently is stage 1 and apparently a stage 2 is coming. I am wondering if the minister can outline when stage 2 is coming and what the process is behind it. Why have this stage at all when this is going to be replaced by another bill?

The Hon. D.C. VAN HOLST PELLEKAAN: Broadly, among other things, this bill is about enabling the government to appoint the chairs for the boards and the board districts. One of the reasons that the government wants to get that done but not move on to some of the other work immediately as part of this bill, is that we want these boards to have some genuine decision-making authority and some planning authority in their own areas.

It would be inappropriate for the government to say that we want to devolve local decision-making to boards so that they can decide what their priorities are and how they believe it best to operate in their regions, the six country regions and the three metro regions. It would be inappropriate to say that we want them to have that sort of responsibility and authority and simultaneously say, 'Here's how you're going to do it.' That is not our way in government.

We honestly want the chairs and their fellow board members to have that sort of authority, but we want to appoint the chairs now and we want to work with those chairs and potential board members to develop the ways that they believe will work best in their regions. The development of that work is, among other things, then what will come in what you call the second stage.

Mr PICTON: Is it the government's intention that we will not actually see all sections of this act commencing in the future because stage 2 is going to replace this act before all these sections are turned on?

The Hon. D.C. VAN HOLST PELLEKAAN: What number question is this?

The CHAIR: This is the second one.

Mr PICTON: I know it feels tough.

The Hon. D.C. VAN HOLST PELLEKAAN: No, this is not tough, shadow minister. This is more about principle than you will ever understand.

Mr PICTON: Sorry, but that is a personal reflection, Mr Chair.

The CHAIR: Are you raising a point of order?

Mr PICTON: Absolutely, yes.

The CHAIR: A point of order has been raised. Does the shadow minister feel offended?

Mr PICTON: He has essentially said that I would never understand a matter of principle. I think he should withdraw and apologise.

The Hon. D.C. VAN HOLST PELLEKAAN: To clarify, what I meant was that this is more about principle with regard to devolution of decision-making in health than you will ever understand.

The CHAIR: That is not exactly what you said, minister.

Mr PICTON: Are you going to withdraw and apologise?

The CHAIR: The shadow minister feels aggrieved by your comments. Will you withdraw and apologise?

The Hon. D.C. VAN HOLST PELLEKAAN: Yes, if he is aggrieved, then I withdraw and apologise.

The CHAIR: Thank you. Minister, question 2.

The Hon. D.C. VAN HOLST PELLEKAAN: Following the passage of this bill, a proclamation will be issued to bring the act into operation on 1 July 2019. The act cannot be brought in earlier than this date, as it amends section 33 of the Health Care Act 2008, thereby transferring responsibility for the administration of the local health networks from the Chief Executive of the Department for Health and Wellbeing to the governing boards.

There is still work that needs to occur in relation to the governance and accountability framework for the public health systems as well as the transfer of functions from the department to the boards before they become operational. This work is likely to lead to further amendments to the Health Care Act 2008 that will be introduced into parliament early next year.

Clause passed.

Clauses 3 and 4 passed.

Clause 5.

Mr PICTON: In this section, essentially the objects are changing so that one of the objects is going to be the 'efficient and effective governance and oversight of incorporated hospitals through the establishment of governing boards'. I think that raises the question of how they are going to be efficient and effective in the delivery of these services.

I think that goes to one of our strong concerns—that we are going to see significant fragmentation of services across the state, and there is not going to be ability to centrally plan or deliver services that are more appropriate to be delivered across the state rather than in particular local areas. I am wondering if the minister can outline how the objects of this section will be met to avoid that fragmentation and also ensure that those statewide services can be delivered.

The Hon. D.C. VAN HOLST PELLEKAAN: There will be service level agreements, as is clearly set out, between the boards and the minister essentially, and those service level agreements will be entered into with a very clear understanding of statewide services that need to be delivered versus local services that need to be delivered. Local will mean not only for that board area but also, perhaps, different services within board areas as well.

Clause passed.

Clause 6.

Mr PICTON: Essentially, this is saying that you are going to try to have an effective balance between local and statewide planning. I am wondering if there have been any decisions made yet or even any planning yet done on what the statewide services that are not going to sit in local health networks under local boards will be. There are a number of statewide services already; what is going to be the management of them? How will they be governed? Will they have a separate board, or will they essentially report to the chief executive?

The Hon. D.C. VAN HOLST PELLEKAAN: That work has started, but of course that work cannot be completed until the board chairs and the board colleagues are in place, so I am not in a position to outline for you in detail what you would really like to know. But that will be made available when it is available. Suffice to say that the work has started but cannot be completed until this bill has passed through parliament.

Mr PICTON: Specifically, one of the issues that has been raised is in terms of mental health services. There are a number of them that at the moment clearly cross region boundaries in how they are delivered. What can the minister provide to us in terms of how mental health services are going to be managed under this new framework?

The Hon. D.C. VAN HOLST PELLEKAAN: The answer is the same as to the last question; that is, it is a very, very important service, as you say, but there is nothing more to share with you at the moment. It is not being withheld: it is one of the things that is being worked on.

Mr PICTON: Another very significant service that we have in South Australia is the ambulance service. There was previously, until the passage of the Health Care Act 2008, an ambulance board that covered that. Is it the government's intention to have an ambulance board, or is it the government's intention to attach that to one of the local health networks or to keep it reporting centrally?

The Hon. D.C. VAN HOLST PELLEKAAN: Same answer again.

Clause passed.

Clause 7.

Mr PICTON: This section relates to the powers and responsibilities of the chief executive. This goes central to a number of concerns that have been raised particularly by the Australian Nursing and Midwifery Federation in terms of what the power balance between the chief executive, the chief executive of the hospital and the local health board is going to be. Who is ultimately in charge of the system? My question is: who is going to be in charge of the management of the local health CEO, or are they going to be effectively reporting to two masters: the health CEO centrally and their local health board?

The Hon. D.C. VAN HOLST PELLEKAAN: The chief executive of the department would only be able to direct the board, but the CEO of the board is responsible directly to the board. The CEO of the department would not be able to direct the CEO of the hospital.

Mr PICTON: Can you say that again?

The Hon. D.C. VAN HOLST PELLEKAAN: Just to make that clear, the CE of Health can direct the board, but not the CEO of the hospitals. The board directs the hospitals, Health directs the board and the board directs the hospitals. Is that clear?

Mr PICTON: Sort of. Essentially, my question is: say I am the CEO of an incorporated hospital, say Central Adelaide Local Health Network. You are the Chief Executive of SA Health and the Deputy Speaker is the chair of my local board. Am I responsible to both of you? Who has ultimate management of my position and my running of the hospital? Am I effectively reporting to two masters?

The Hon. D.C. VAN HOLST PELLEKAAN: As I thought I said, no, you are not reporting to two masters. You would report to the board.

Mr PICTON: Is there not a conflict with that in that the chief executive centrally of SA Health can direct the hospital and also has the ultimate sign off in terms of the CEO of local health network positions? Ultimately, even though day-to-day management might be to the board, that person would still have some responsibility centrally, under this proposed legislation, to the CEO of SA Health?

The Hon. D.C. VAN HOLST PELLEKAAN: Shadow minister, I am advised that there is no harm in consultation across these borders, but at the end of the day the CEO of the hospital officially reports to the board and the board only. That does not stop the CEO of Health or anybody in the system having consultation, discussing issues, but when it comes to actually who is in charge and where the lines of authority are, the answer is the same as the last one I gave. The example that you raised if hypothetically you were the CEO of the hospital, you are directed by the board and the board chair.

Clause passed.

Clause 8 passed.

Clause 9.

Mr PICTON: I move:

Amendment No 1 [Picton–1]—

Page 4, after line 9—After the present contents of clause 9 (now to be designated as subclause (1)) insert:

(2) Section 18—after subsection (3) insert:

(4) Without limiting subsection (1)(b) or (ha) and despite subsection (2), an incorporated HAC established in relation to the provision of health services at a particular site of a hospital is entitled, without limitation, to provide advice to the Minister, the Department or the governing board for the hospital about the provision of health services at that site.

(5) Where an incorporated HAC has been established in relation to the provision of health services at a particular site of a hospital, steps must not be taken to give effect to a significant change in the level of health services provided at that site in 1 or more areas of health care unless the HAC has given its consent for the steps being taken.

(6) Where an incorporated HAC has been established in relation to a designated entity, the HAC is entitled to receive monthly financial statements for the designated entity within 21 days after the end of each month.

(7) In subsection (6)—

designated entity means—

(a) a hospital or, in a case involving a HAC established in relation to the provision of health services at a particular site of a hospital, the undertaking at that site; or

(b) SAAS; or

(c) any other body involved in the delivery of health services in connection with this Act.

As I outlined in my second reading speech, this amendment comes directly from the Health Care (Health Advisory Councils) Amendment Bill 2008 that was moved by the member for Bragg who, of course, now is the Deputy Premier.

The Liberal Party, when in opposition, was very clear that they wanted to see the health advisory councils have more power. They wanted them to have more say over local health services. I believe that is consistent with a lot of the rhetoric that we have heard in the lead-up to the election and a lot of the beliefs that people have had about what the policies of the Liberal Party would be. We have not seen that reflected in this legislation. It does not appear in this legislation. There are no increased responsibilities or powers for health advisory councils, so the idea that the boards are being brought back at a local level is entirely false because the previous boards are now the health advisory councils and they stay the same powers as they did previously.

I am sure that this was just an oversight by the current government. I am sure they had intended to bring this legislation that they had previously brought to the parliament and I am sure that all of the country MPs would be very keen to see this in their communities. I have helpfully brought back this legislation that was supported by so many members of the current government and brought it back for your consideration for adoption as part of this legislation, consistent with your previous policy to bring these health advisory councils and increase their power.

The Hon. D.C. VAN HOLST PELLEKAAN: Let me say that it was not an oversight to leave this out, and we do not accept this amendment. The reality is that for the shadow minister to try to pretend that when one of our colleagues put a particular amendment in this place 10 years ago in a totally different context that it should still automatically apply today is ridiculous. The reality is that the current Deputy Premier, then shadow minister for health, member for Bragg, put that amendment forward at the same time that the then government was removing hospital boards. The member for Bragg wanted HACs to have more powers because the then government was watering down the authority of local people with regard to contribution to the direction of local health services. To pretend that it still applies now is ridiculous, so why would the shadow minister think it would apply now?

Mr PICTON: Thank you very much to the minister. As a mere mortal, I can only go to the words of the Deputy Premier herself when she said to the parliament introducing this legislation:

> These three initiatives which the opposition—

now the government—

presents not only reflect many voices in country communities, but also we suggest they are modest in the area of reform that could occur in relation to governance...if it is genuine in its commitment to consult with the people of South Australia in the regional communities, to carefully consider and accept these modest areas of reform as some recognition of the concern of these communities.

I am sure that the Deputy Premier is solid in her commitment to her previous commitments to this house and I am sure that will be reflected when we vote on the matter.

The committee divided on the amendment:

Ayes................18
Noes 24
Majority 6

AYES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Boyer, B.I.	Brown, M.E. (teller)	Cook, N.F.
Hildyard, K.A.	Hughes, E.J.	Koutsantonis, A.
Malinauskas, P.	Mullighan, S.C.	Odenwalder, L.K.
Piccolo, A.	Picton, C.J.	Rau, J.R.
Stinson, J.M.	Weatherill, J.W.	Wortley, D.

NOES

Basham, D.K.B.	Bell, T.S.	Brock, G.G.
Chapman, V.A.	Cowdrey, M.J.	Cregan, D.
Duluk, S.	Ellis, F.J.	Gardner, J.A.W.
Habib, C.	Harvey, R.M. (teller)	Knoll, S.K.
Luethen, P.	Marshall, S.S.	McBride, N.
Murray, S.	Patterson, S.J.R.	Pederick, A.S.
Pisoni, D.G.	Speirs, D.J.	Tarzia, V.A.
Teague, J.B.	van Holst Pellekaan, D.C.	Whetstone, T.J.

PAIRS

Close, S.E.	Wingard, C.L.	Gee, J.P.
Sanderson, R.		

Amendment thus negatived.

The CHAIR: Member for Kaurna, do you wish to speak further to clause 9?

Mr PICTON: I just have one question for the minister. Does the minister see any increased role for health advisory councils whatsoever?

The Hon. D.C. VAN HOLST PELLEKAAN: Potentially, but not necessarily. One of the foundation principles is that we are not trying to set up the opportunity for these boards to have these responsibilities in their area and simultaneously tell them what they have to do in their area. We made it very clear going to the election that we would not be disbanding HACs.

As a very broad statement, there are some good things about HACs and there are some bad things about HACs. We want the boards to be able to make the decisions about whether they want to keep HACs in their area or not, or whether they want HACs to have more responsibility or less. It would have been completely wrong of us to say, 'We want to set up the system with greater responsibility for local governance in local areas and, by the way, this is how we expect you to govern.' Of course, there need to be some overarching principles with regard to statewide services with regard to interaction with SA Health. To answer your question, the local board will decide if they want local HACs to have greater authority, greater responsibility or less.

Mr PICTON: What will be the process by which those boards will be able to decide, as you have said, whether to abolish HACs or give HACs more power or less power under this legislation?

The Hon. D.C. VAN HOLST PELLEKAAN: That is one of the things still to be resolved, but the proposal is that the minister could not abolish HACs without significant consultation. Again, what this is really about is wanting the boards to have the authority to make those sorts of decisions in their areas, rather than us at this point in time saying to every board that will come, 'This is exactly how we expect you to govern,' because clearly that would be totally against the spirit of what we aim to achieve.

Clause passed.

Sitting extended beyond 18:00 on motion of Hon. D.C. van Holst Pellekaan.

Clause 10 passed.

Clause 11.

The CHAIR: Minister, you have three amendments. Do you wish to move them en bloc or individually?

The Hon. D.C. VAN HOLST PELLEKAAN: I move amendments Nos 1 and 2:

Amendment No 1 [EnergyMin–1]—

Page 6, lines 36 to 38 [clause 11, inserted section 33B(2)(g)]—Delete inserted paragraph (g) and substitute:

(g) Aboriginal health or other fields that, in the opinion of the Minister, will enable the effective performance of the board's functions.

Amendment No 2 [EnergyMin–1]—

Page 7 lines 1 to 2 [clause 11, inserted section 33B(4)]—Delete inserted subsection (4)

Amendment No. 1 specifies that persons with knowledge, experience and expertise in Aboriginal health will be considered for appointment to the governing board. Amendment No. 2 is consequential to amendment No. 1 and deletes clause 11(4) requiring that one person with knowledge, experience and expertise in Aboriginal health must be appointed to the governing board.

The intent is not that the governing boards are to be representative boards. The role of the boards will be to ensure the strategic oversight of an incorporated hospital and monitor its financial and operational performance. This will include ensuring that the hospital has effective clinical and corporate governance frameworks in place and that its resources are applied equitably to meet the needs of the community within its geographic area.

Mr PICTON: As I understand it, these amendments essentially change what was an amendment in the other place whereby at least one person from each board would have to have some experience, background or knowledge of Aboriginal health. It is not everybody, it does not have to be their sole area of knowledge, but there is at least one person on every board who has some knowledge of that, given we know how important our Aboriginal health challenges are.

As I understand, this provision is in place in the New South Wales legislation. The New South Wales boards have to have at least one person who has some knowledge of this. What harm does the minister see in having at least one person who has some knowledge or some experience of Aboriginal health? The effect of his amendments, as I understand, is that a board may or may not have such a person.

The Hon. D.C. VAN HOLST PELLEKAAN: There is no harm, to use the shadow minister's words, but what we are trying to do is actually improve the process. What we are trying to do is ensure that each board, in each area for which it is responsible, has flexibility with regard to the way that it delivers what is one of the very important responsibilities it will have and that is with regard to broader Aboriginal health, some cultural understanding and a range of other things that connect to health delivery.

We want to be sure that every single board is able to do that in the way that is appropriate for its area, but we want to take away what is currently a prescriptive structure in the way that they

do it. It is not about lessening the service that will be provided. It is about providing greater flexibility so that each board can do it even better in its own area.

Mr PICTON: If there is no harm, why not keep it and have at least one person? As the minister has outlined, these boards will be making some very serious decisions about Aboriginal health and about how those health services apply Aboriginal funding and services. If you have a room full of people who do not have any experience in that area, I fear that we may not have good decision-making in this area, particularly if you are going down the path that the minister is outlining of additional flexibility in this area. I would have thought it is even more important to at least have one person, not as a representative from the Aboriginal Health Council or something like that, but somebody who is able to bring to the table some knowledge or expertise in this very important and specialised area.

The Hon. D.C. VAN HOLST PELLEKAAN: The government's intention is not to rule out the possibility of having a person like that. The government's intention is to give the board as much flexibility as possible to deliver the service the right way in its area.

Mr PICTON: If the government's intention is not to rule out such a person being on a board, in what circumstances does the government think it would be a good idea to have a board without such a person, to have no people on the board who have any knowledge or expertise in terms of Aboriginal health? Effectively, what your amendment is saying is that you want to have some boards where it will be the case that there will not be any of those people.

The Hon. D.C. VAN HOLST PELLEKAAN: As I said, this is about strengthening the service: it is not about weakening it. It is not about saying that a person who fits that description cannot be there. What we want to do is build on that. We actually want all members of boards to be able to have some training and some skill and be able to deliver that service more broadly. We are going to have a relatively small board with a lot to do and we are not walking away in any way whatsoever from delivering service to Aboriginal people to ensure that they get the right health or that health services are delivered appropriately to Aboriginal people.

What we do not want to do is lock a board into a particular structure. We want the board to have a wide range of skills to contribute to the way that health services are delivered. It might well be—and, in fact, we hope it will be—that all boards can learn more and have more skills in that particular area.

Mr PICTON: I will just say briefly that the opposition strongly opposes these amendments and cannot see a circumstance in which you would want to have a board without at least somebody who has some experience or expertise in Aboriginal health. I think it is very disappointing that the government is moving down this path.

The committee divided on the amendments:

Ayes.................22
Noes 19
Majority 3

AYES

Basham, D.K.B.	Chapman, V.A.	Cowdrey, M.J.
Cregan, D.	Duluk, S.	Ellis, F.J.
Gardner, J.A.W.	Habib, C.	Harvey, R.M. (teller)
Knoll, S.K.	Luethen, P.	Marshall, S.S.
McBride, N.	Murray, S.	Patterson, S.J.R.
Pederick, A.S.	Pisoni, D.G.	Speirs, D.J.
Tarzia, V.A.	Teague, J.B.	van Holst Pellekaan, D.C.
Whetstone, T.J.		

NOES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.

NOES

Boyer, B.I. Brock, G.G. Brown, M.E. (teller)
Gee, J.P. Hildyard, K.A. Hughes, E.J.
Koutsantonis, A. Malinauskas, P. Mullighan, S.C.
Odenwalder, L.K. Piccolo, A. Picton, C.J.
Rau, J.R. Stinson, J.M. Weatherill, J.W.
Wortley, D.

PAIRS

Sanderson, R. Cook, N.F. Wingard, C.L.
Close, S.E.

Amendments thus carried.

The Hon. D.C. VAN HOLST PELLEKAAN: I move:

Amendment No 3 [EnergyMin–1]—

Page 7, lines 32 to 35 [clause 11, inserted section 33D]—Delete inserted section 33D and substitute:

33D—Disclosure of pecuniary or personal interest

(1) A member of a governing board who has a pecuniary or personal interest in a matter being considered or about to be considered by the board must, as soon as possible after the relevant facts have come to the member's knowledge, disclose the nature of the interest at a meeting of the board.

Maximum penalty: $25,000.

(2) A member of a committee who has a pecuniary or personal interest in a matter being considered or about to be considered by the committee must, as soon as possible after the relevant facts have come to the member's knowledge, disclose the nature of the interest at a committee meeting.

Maximum penalty: $25,000.

(3) A member of a governing board or a committee who has a pecuniary or personal interest in a matter being considered or about to be considered by the board or the committee—

(a) must not vote, whether at a meeting or otherwise, on the matter; and

(b) must not be present while the matter is being considered at the meeting.

(4) Subsection (3) does not apply if—

(a) a member of a governing board or committee has disclosed an interest in a matter under subsection (1) or (2); and

(b) the board or committee (as the case requires) has at any time passed a resolution that—

(i) specifies the member, the interest and the matter; and

(ii) states that the members voting for the resolution are satisfied that the interest is so trivial or insignificant as to be unlikely to influence the disclosing member's conduct and should not disqualify the member from considering or voting on the matter.

(5) Despite a provision of Schedule 3, if a member of a governing board is disqualified under subsection (3) in relation to a matter, a quorum is present during the consideration of the matter if at least half the number of members who are entitled to vote on any motion that may be moved at the meeting in relation to the matter are present.

(6) The Minister may by instrument in writing declare that subsection (3) or subsection (5), or both, do not apply in relation to a specified matter either generally or in voting on particular resolutions.

(7) The Minister must cause a copy of a declaration under subsection (6) to be laid before both Houses of Parliament within 14 sitting days after the declaration is made.

(8) Particulars of a disclosure made under subsection (1) or (2) at a meeting of a governing board or committee of a governing board must be recorded—

(a) in the minutes of the meeting; and

(b) in a register kept by the board which must be reasonably available for inspection by any person.

(9) A reference in subsection (3) to a matter includes a reference to a proposed resolution under subsection (4) in respect of the matter, whether relating to that member or a different member.

(10) Subsection (2) applies to a person who is a member of a committee and also a member of a governing board even though the person has already disclosed the nature of the interest at a board meeting.

(11) A contravention of this clause does not invalidate any decision of the Board.

(12) Section 8 of the *Public Sector (Honesty and Accountability) Act 1995* does not apply to a member of a governing board.

(13) In this section—

committee means a committee or subcommittee established by a governing board under Schedule 3 clause 10.

This amendment is essentially removing an amendment that was put in in the other place. We do not believe that the amendment from the other place is appropriate. It is about an obligation for personal disclosure on the part of board members. We are not suggesting that board members should not have to disclose anything. We are not suggesting that there should be some opportunity to hide, but essentially what has been proposed for health governance board members' disclosure is a parallel with what is required for members of parliament, and we think that is overkill.

If that were to remain in place, it is very likely that we would impede the willingness of people to even apply or consider being on a board. That would not be because those people would have personal interests they are ashamed of or because they were involved in any activities that they should not be; it is just that having to disclose every single property, every single company, every single interest, every bank to which they owe money, hypothetically, and on and on—as we do, and for members of parliament it is entirely appropriate—would be overkill for board members. They should have to disclose but not to that level.

Mr PICTON: We are pretty disappointed by these amendments. I think it would be good for the committee if the minister outlines what the differences are between what he is proposing from the Legislative Council's version of the bill you would have to disclose, and what, under his amendment, you would not have to disclose.

The Hon. D.C. VAN HOLST PELLEKAAN: The key difference in principle is that what we propose for these board members is that they would disclose anything and everything where they have a conflict of interest, whether that be a financial one or a personal one, as opposed to what came back to this chamber from the Legislative Council, which was a disclosure of absolutely every interest that that board member has. We do believe it is important that conflicts of interest be disclosed—of course it is—but not every single interest that that board member might have.

I say again that it is appropriate for members of parliament, but not necessarily for board members. Interestingly, what is in the bill that came back to us from the other chamber, which is what we hope to remove, includes an incredibly high penalty for these people, in fact a higher penalty than would apply to members of parliament. We think it is entirely over the top. We are trying not to have any crack available for any potential board member to not disclose a conflict of interest, but we do not believe that they should have to disclose all their personal interests that do not have a conflict with their work as a board member.

Mr PICTON: Thank you. I do not think that quite answered the question in going through each of the things that they would not have to disclose but, be that as it may, can you outline why you think that that is a better approach when, essentially, this is going to be, as I understand it, a self-determination of what is a conflict of interest. If you have a wide range of interests, of holdings, of memberships, etc., you would be able to pick those that you think might be a conflict of interest

and have to declare them. The public, the healthcare consumers in that area and the people who are concerned about the governance of health in that area, would not have the opportunity to know what else you have not determined is a conflict of interest.

These are very broad and very large organisations. CALHN has well over a billion dollars in turnover and they deal with a lot more than, say, local government would generally deal with in terms of financial affairs, and we do require members of local government to perform this and to disclose. I have not seen any evidence of a lack of people nominating to be members of parliament or to be local councillors because they have to disclose their interests. When it comes to potentially billions of dollars, I think it is in the community's interest to know the full range of interests—

The CHAIR: Member for Kaurna, do you have a question?

Mr PICTON: I do. Why does the government not believe that is the case and is there not a risk that people may not disclose all their interests that potentially could conflict?

The Hon. D.C. VAN HOLST PELLEKAAN: Shadow, what we are proposing we believe is the right place for this to land. We do not believe that the highest disclosure possible in the land is the right way to go with this particular board. There will be a public register of the disclosures of conflicts of interest. The conflicts of interest will be in the minutes. What is proposed by the amendment that came back from the other place is a higher level of disclosure than the State Procurement Board or the State Superannuation Board has. We think it is not necessary for a health governance board. We think this is the right place to set the bar.

Mr PICTON: You said that there will be publication of this register obviously, but how will people know what has not been disclosed, given that they only have to disclose a limited number of things that they personally perceive to be a conflict of interest? How will people know if there is something else that may turn up later in one of the contracts that a board may sign or other financial arrangements that a board may have that turns out to be a conflict of interest? How do you know what is not on the register?

The Hon. D.C. VAN HOLST PELLEKAAN: First of all, I did not say the register would be published. I said it would be publicly available; that is certainly what I meant to say. But the reality is that it is exactly the same as the State Procurement Board, and the shadow's question with regard to a potential conflict of interest later if the board enters into some spending or something like that, to the best of my knowledge, works fine for the State Procurement Board, so we are confident that it will work well for health boards.

The committee divided on the amendment:

Ayes 23
Noes 19
Majority 4

AYES

Basham, D.K.B.	Bell, T.S.	Chapman, V.A.
Cowdrey, M.J.	Cregan, D.	Duluk, S.
Ellis, F.J.	Gardner, J.A.W.	Habib, C.
Harvey, R.M. (teller)	Knoll, S.K.	Luethen, P.
Marshall, S.S.	McBride, N.	Murray, S.
Patterson, S.J.R.	Pederick, A.S.	Pisoni, D.G.
Speirs, D.J.	Tarzia, V.A.	Teague, J.B.
van Holst Pellekaan, D.C.	Whetstone, T.J.	

NOES

Bedford, F.E.	Bettison, Z.L.	Bignell, L.W.K.
Boyer, B.I.	Brock, G.G.	Brown, M.E. (teller)
Gee, J.P.	Hildyard, K.A.	Hughes, E.J.
Koutsantonis, A.	Malinauskas, P.	Mullighan, S.C.
Odenwalder, L.K.	Piccolo, A.	Picton, C.J.

NOES

Rau, J.R.	Stinson, J.M.	Weatherill, J.W.
Wortley, D.		

PAIRS

Sanderson, R.	Cook, N.F.	Wingard, C.L.
Close, S.E.		

Amendment thus carried.

The CHAIR: Are we still on clause 11?

Mr PICTON: Still on clause 11. There is quite a lot in clause 11. It is always frustrating when there is so much in one clause and you only get three questions. New section 33E in clause 11 is in relation to the appointment of a chief executive officer for an incorporated hospital. It provides:

> The governing board for an incorporated hospital may, after consultation with the Chief Executive appoint—

Does the chief executive, as part of that consultation, have a veto right over the appointment or, if the Chief Executive of SA Health says, 'I don't like this person,' the board can still appoint them anyway?

The Hon. D.C. VAN HOLST PELLEKAAN: There is no veto right. It is the board's decision.

Mr PICTON: So essentially the consultation has no bearing really in terms of the legislation. What is meant by the consultation? What ability does the chief executive centrally have to influence this decision, or is it really just a notification that this is the appointment that is going to be made.

The Hon. D.C. VAN HOLST PELLEKAAN: Essentially, that question goes to the definition of consultation. Consultation is not about giving anybody a veto right. Consultation is not about saying that they are going to go off and make their own decision without any reference to the CE. Consultation is consultation, but at the end of the day it will be the board's decision.

The CHAIR: Last question.

Mr PICTON: Last question. In relation to provisions that state that somebody is unable to be a member of a board if they work at a hospital, how far does that reach? Does that reach to a GP who would be providing services at the hospital? Does it reach to a contractor who may work with a hospital and provide services in a contract relationship, even a supplier or a local bakery that may provide food to the hospital? Is it a situation where any connection that you have involving any financial relationship with a hospital prohibits you from being a member of that hospital board?

The Hon. D.C. VAN HOLST PELLEKAAN: The proposal is very clear with regard to employees being excluded from being members of a board. Beyond employees, issues such as the shadow mentions, and no doubt many others, will be considered on a case-by-case basis. It would actually be impossible to try to have one rule that would cover all those things. It would be part of the consultation. There would be due diligence done to look at potential board members. The reality is that if somebody were ever a patient in a hospital, at the extension, it could be that they could never be on the board because they had once been a patient or that one day they might be a patient if you took it to the extreme—and I am not suggesting that the shadow wants to do that.

Mr Picton: That is why we need to clarify where the line is.

The Hon. D.C. VAN HOLST PELLEKAAN: The line is at the employee. That is where the line is, but every single person who would potentially be a board member will be assessed in a wide range of ways, including skills and capacity, and ability to deliver, all the way through to potential conflicts.

Mr PICTON: If I can sneak in a quick follow-up.

The CHAIR: This would be a supplementary.

Mr PICTON: Yes, a supplementary. If the line is an employee, does that mean that a GP who provides services to a hospital, but is not an employee at the hospital, could be a member of the board? And does it mean that, for instance, a temporary contract worker who provides services to the hospital, but is not an employee, could be a member of the board?

The Hon. D.C. VAN HOLST PELLEKAAN: Shadow, the answer I gave before still stands, but let me go into a little bit more detail with the two examples that you gave. A GP who is not an employee but who does rely upon that hospital for his or her income would most likely—in fact, I would venture to say almost certainly—be excluded because of the likelihood of a conflict of interest.

The contractor who you said might work part-time at the hospital and gain some income to his or her contracting business through a service that is provided to the hospital may well be excluded. It comes back to the answer I gave before. There would be an assessment about what the conflict of interest is. Does one exist? How great is it? Would it have an impact upon that person's capacity to contribute to the running of the board in a really sensible way? Employees are still ruled out, but people with conflicts of interest who are not employees would be dealt with on a case-by-case basis. Clearly, if that conflict is seen to be too great, then that person would not be able to be a member of the board.

Clause as amended passed.

Clause 12.

Mr PICTON: In relation to clause 12, it is setting up a series of inspectors who may or may not be appointed by the minister to inspect particular things in hospitals and health services. These inspectors will have quite amazingly broad powers to examine documents, to require any person to answer any questions, to require any person to produce any documents, to inspect premises, to examine documents, to seize documents—these are quite extreme powers.

These are powers probably well in advance of what many of our law enforcement agencies have, at least without a warrant. What are the protections in place for people about how these powers will be exercised, both from a confidentiality perspective or even from the viewpoint of protecting people's legal rights in having to answer questions?

The Hon. D.C. VAN HOLST PELLEKAAN: These are powers of last resort in the hands of the health minister. It is a power that we would all hope would never be necessary to be called upon, but it is a power of last resort. It is a power that is comparable to that which exists in other states in similar situations.

The issues you raise with regard to confidentiality and legal rights of course will be dealt with appropriately. I cannot tell the shadow, if the inspector happens to be brought in to investigate this particular issue, this particular board, and wants to question these particular people, how the inspector will go about it. Of course I cannot pretend to know that, but the reality is that it would be done within the full context of the law and respectfully and appropriately with regard to everyone involved. I say again that this is not a power the minister would ever call on to use lightly. This is only if necessary.

Mr PICTON: With respect to the minister, he says that these powers would be used appropriately. We make legislation not for the best case scenario when everything works; we make legislation for when things do not work and to protect people in unforeseen circumstances. This is setting up a series of powers that these inspectors would have in our healthcare situation, where people are concerned about the confidentiality of their patient records, where people are concerned about protecting their information and, I am sure, where employees, doctors, nurses and other people are worried about protecting their legal rights.

Basically this section sets up those powers but no protections. Are there any legal protections, and why has the government not considered it, or is this something we are going to consider later down the track?

The Hon. D.C. VAN HOLST PELLEKAAN: Shadow, I say again that this power would only ever be used by the minister in the most extreme circumstances, where some extraordinarily adverse event has occurred. You used the words 'unforeseen circumstances'. The government believes that it is better to have the capacity for an inspector to do whatever is necessary within the law, if

necessary, to deal with unforeseen circumstances, rather than to have unforeseen circumstances arise but not have the power or the authority to deal with them appropriately. None of the protections with regard to confidentiality, or anything else that exists in the Health Care Act, are overridden or removed by virtue of this.

Mr PICTON: What recourse would a patient in a hospital have if an inspector was coming to inspect their documents and they did not want that to happen and that was being used under this legislation? What recourse would a nurse in a hospital have if they are being forced to answer questions as part of an investigation? Are there any legal recourses available to appeal those decisions by an investigator using these quite significant powers?

The Hon. D.C. VAN HOLST PELLEKAAN: I say again that none of the protections of the Health Care Act are undermined in any way by what is proposed in the bill. Normal judicial review and normal protections would all be there. The inspector, of course, would be bound by all the normal confidentiality obligations. The fact that an inspector seizes information or asks for information to be provided to him or her in no way allows the inspector to use that information for any purpose other than for that investigation, and the inspector must keep it confidential under all circumstances, other than for the direct use of that information with regard to the specific investigation that the minister has asked the investigator to undertake.

Clause passed.

Clause 13.

Mr PICTON: Following on from the issues in relation to the inspectors and the lack of protections for people, the minister mentioned that the normal protections of confidentiality would apply in relation to those powers used by the inspector but, from what I can understand in relation to this section, the confidentiality requirements of the Health Care Act have not been extended to cover the inspectors, and this would be an opportunity to do that in this amendment being made to section 93. Why has that amendment not been made to make sure that those inspectors are covered by the confidentiality provisions of the Health Care Act?

The Hon. D.C. VAN HOLST PELLEKAAN: The answer to that question is covered in clause 13(1)(a), and that is that it is envisioned that the inspector will actually be an officer—or potentially an employee, but more likely an officer—of the department and so automatically covered by those obligations.

Mr PICTON: With respect to the minister, that is not what the legislation says at all. The department is set up, according to the Health Care Act, quite separately to how the inspectors are going to be set up. They have their own division of the act and there is nothing there to say that an inspector is an officer of the Department for Health and Wellbeing. From my reading of it, there is nothing here that would extend those protections to the inspector. An inspector could be appointed who is not an officer of the department. Hence, I would ask if you could consider whether the inspector should be added to clarify the situation in regard to how they deal with confidential information.

The Hon. D.C. VAN HOLST PELLEKAAN: Clearly, this is an important question. There are provisions in the Health Care Act for inspectors to go into private hospitals. What is proposed in this bill is exactly the same as the provisions that exist with regard to private hospitals under the Health Care Act. The government does feel that they are appropriate and consistent. The reality is that whether it is a private hospital or a public hospital, the issue of confidentiality and the other issues you have raised concerns about should be dealt with in exactly the same way.

Mr PICTON: Can the minister clarify where in the act the inspectors will be covered in terms of their confidentiality, by nature of the existing inspectors in relation to private hospitals? I cannot find that information in the act.

The Hon. D.C. VAN HOLST PELLEKAAN: The reality is, as I mentioned, and I think it was the first answer in this series of questions, that it is expected that it will be an officer or an employee who is brought in, if necessary—remember that these are last resort powers—to do an investigation, brought in as an investigator. That is exactly what is expected by the government, that is exactly what is expected under this act and that is exactly what is catered for there in clause 13, proposed

section 93(1)(ab). The reality is that there is no watering down in any way, from the government's perspective, with respect to the confidentiality and other appropriate obligations that you have raised concerns about in relation to any inspector, whether they be an officer or an employee or, hypothetically, any other category of inspector.

Clause passed.

Clause 14.

The Hon. D.C. VAN HOLST PELLEKAAN: I move:

Amendment No 4 [EnergyMin–1]—

Page 9, line 25 to page 10, line 5 [clause 14, inserted section 102]—Delete inserted section 102 and substitute:

102—Review of Act

(1) The Minister must, as soon as practicable after 1 July 2022, appoint an independent person to conduct a review of, and prepare a report on—

(a) the operation of this Act, including the extent to which—

(i) the objects of this Act have been attained; and

(ii) the principles of this Act have been applied; and

(b) any other matters determined by the Minister to be relevant to a review of this Act.

(2) A person appointed to conduct a review and prepare a report under this section must have expertise in health care administration or health service delivery.

(3) A review and report by a person appointed under this section must be completed within 6 months of the person's appointment.

(4) The Minister must, within 12 sitting days after receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.

The effect of this amendment is to provide for a review of the Health Care Act 2008 as soon as practicable after 1 July 2022. The review is to be conducted by an independent person, with copies of the review report to be tabled before both houses of parliament. The effect of this amendment is to cause a review of the governance arrangements of the public health system three years after the arrangements come into operation.

The minister in the other place has indicated that the boards will assume responsibility for the management of local health networks from 1 July 2019, and as such it is more appropriate for a review of the arrangements to be held after three years of operation rather than when the legislation is proclaimed.

Mr PICTON: It seems clear on the first look that essentially this amendment to this proposed section is about, firstly, pushing the deadline for the review out beyond the next election, quite obviously and, secondly, broadening the scope of what it is looking at to look at the entire Health Care Act rather than the setting up of the boards. There are obviously a lot of things in the Health Care Act apart from what we are talking about in this bill.

I will ask the member—and I do not expect him to change his political time line by moving the date—whether the government would consider keeping a narrower scope, rather than a broad review of the entire Health Care Act, which I think could turn into a massive exercise. I think what the Legislative Council was looking for was a review of these changes that were being made in the establishment of the boards.

The Hon. D.C. VAN HOLST PELLEKAAN: There are two things there. I completely refute the suggestion that the timing has anything to do with the election. As I said very clearly, it seems appropriate to do it three years after the board has come into operation, not three years after the act is amended. If, hypothetically, there were some sort of election-based political imperative to do with this, we would bring it forward because we expect this to be successful. We expect that this will be a good, positive, sensible, successful move for South Australians; otherwise, we would not be doing it. Therefore, quite naturally, if there were any political imperative at all, which there is not, we would want the review to be before the election because we fully anticipate that it would be very positive.

In terms of the other issue with regard to the scope of the review, I understand what the shadow is proposing, but just consider for a minute: if we had a narrower view, I am sure the shadow would be saying it was too narrow and that we should broaden it out so that all things could be considered. We do think that it is appropriate that a wider rather than a narrower range of issues can be considered by this review so that the review can be as fulsome and appropriate as possible.

The CHAIR: Any further questions, member for Kaurna?

Mr PICTON: We will just note that we will not divide on this, but we do oppose this amendment and will do so in the other place as well.

Amendment carried; clause as amended passed.

Progress reported; committee to sit again.

At 18:57 the house adjourned until Thursday 26 July 2018 at 11:00.