

HOUSE OF ASSEMBLY

Thursday, 13 May 2021

The **SPEAKER (Hon. J.B. Teague)** took the chair at 11:00 and read prayers.

The SPEAKER: Honourable members, 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.

Motions

PLANNING, DEVELOPMENT AND INFRASTRUCTURE REGULATIONS

Private Members Business, Notices of Motion, No. 1: Hon. A. Piccolo to move:

That the regulations made under the Planning, Development and Infrastructure Act 2016, entitled Planning, Development and Infrastructure (General) (Miscellaneous) Variation Regulations 2020, made on 18 June 2020 and laid on the table of this house on 30 June 2020, be disallowed.

The Hon. A. PICCOLO (Light) (11:02): I advise the house that these regulations were disallowed by the upper house, so there is no need to proceed with the motion in this house.

The SPEAKER: I advise the house that Notice of Motion No. 1 to disallow regulations made under the Planning, Development and Infrastructure Act 2016, entitled Planning, Development and Infrastructure (General) (Miscellaneous) Variation Regulations 2020, were disallowed in the Legislative Council on 22 July 2020. I therefore direct that the motion be removed from the *Notice Paper*, pursuant to standing order 94.

Notice of motion withdrawn.

Parliamentary Committees

PUBLIC WORKS COMMITTEE: HAPPY VALLEY WATER TREATMENT PLANT UPGRADE

Mr CREGAN (Kavel) (11:03): I move:

That the 102nd report of the committee for the Fifty-Fourth Parliament, entitled Happy Valley Water Treatment Plant Health Compliance Upgrade, be noted.

The Happy Valley water treatment plant provides treated water to approximately 450,000 customers in central and southern Adelaide. SA Water has proposed to install an ultraviolet (UV) disinfection system to the existing water treatment plant at the reservoir. The proposed UV disinfection system will provide a pathogen barrier for water treatment.

On 23 July 2020, the Public Works Committee held a hearing for this project by videoconference and took evidence from SA Water officers. The proposed health compliance upgrade is part of SA Water's broader water quality improvement program, which will deliver new infrastructure and upgrades at the Happy Valley wastewater treatment plant. The project is expected to provide improvements in water aesthetics, odour and taste, as well as address potential water quality risks that are associated with the future opening of the Happy Valley Reservoir for recreational use this year.

One of the key outcomes of the proposed project is to reduce the public health risk of pathogen cryptosporidium breakthrough at the treatment plant. The estimated total capital cost of the proposal is \$21.4 million. Practical project completion for the health compliance upgrade is anticipated to have occurred earlier this year.

The committee is satisfied that the proposal has been subject to the appropriate agency consultation and meets the criteria for the examination of projects described in the Parliamentary Committees Act 1991. Based on the evidence considered and pursuant to section 12C of the Parliament Committees Act 1991, the Public Works Committee reports to parliament that it recommends the scope of the proposed public works that I have described to the house.

Mr MURRAY (Davenport) (11:05): I rise to briefly note and endorse the Public Works Committee's recommendation insofar as the broader upgrade of the Happy Valley water treatment

plant is concerned and, in particular, that which is before us which is part of a broader water quality improvement program, that being the health compliance upgrade.

The Happy Valley water treatment plant serves approximately 450,000 customers in central and southern Adelaide. It treats water for anywhere between 50 and 60 per cent of Adelaide and, as a result, it has a fundamental role in providing high-quality water to a substantial part of Adelaide. As I noted, this particular upgrade is part of a broader water quality improvement project that has been undertaken by the government and it represents a substantial increase in the quality of the water, as well as the general aesthetics of the water, including odour and taste.

What is not generally appreciated is that the water in question is often the subject of treatment to eradicate things such as algal blooms, which as a consequence can have some deleterious effects insofar as odour and/or taste are concerned. Notwithstanding that, the water produced by Happy Valley is of the highest standard.

However, there is one thing the current treatment works cannot address, as the member for Kavel has pointed out, and that is the possibility of cryptosporidium outbreaks. Cryptosporidium is a waterborne pathogen and the best way to eradicate or treat water to ensure there are no cryptosporidium outbreaks is to disinfect it—in this case, in particular, using ultraviolet light.

The evidence we have received is that there have been cryptosporidium outbreaks in the past in some of our reservoirs that have been treated and/or dealt with by SA Water. In particular, those outbreaks were in reservoirs that were not—I repeat, not—open to the public. This is a general issue insofar as water provision and water quality are concerned. The key thing is that there has been a long-term desire on the part of SA Water to increase the degree of safety and treatment by virtue of installing UV.

As a consequence or as a by-product of the opening of Happy Valley Reservoir for use by the public, we have been able to bring forward this incremental improvement in the safety of the water supply to 60 per cent of Adelaide by the installation of the UV disinfectant treatment. As the member for Kavel has pointed out, \$21.4 million is the overall spend and, as I said, this is part of a broader, bigger spend to improve not just the water quality and safety but also the water's aesthetics, such as odour and taste, etc.

I point out that Happy Valley Reservoir is additionally a considerable way progressed in moving the majority, if not all, of the treatment plant from traditional power sources to one being supplied via onsite solar energy. SA Water is a leader as far as that process is concerned at many of its sites, Happy Valley chief amongst them. One of the things that has flowed from that is that the initial intention was to install UV, albeit utilising pumps, at a lower capital cost than the \$21 million. However, for those who are interested in engineering matters of this ilk, for a larger capital cost, the \$21 million, there will be far lower operating costs as a result of the UV plant being gravity based, gravity fed, rather than using traditional pumps.

The bottom line is that we will get safer water sooner at Happy Valley and for its customers—who, as I said, comprise, roughly speaking, anywhere up to 60 per cent of the Adelaide metropolitan area—as a result of a broader suite of expenditure designed to improve the outcome of the water quality, the water aesthetics, at Happy Valley. On that basis, I heartily commend the project to the house.

Mr CREGAN (Kavel) (11:11): I acknowledge the contribution made by the member for Davenport and also his commitment, passion and diligence when it comes to local matters. He is also of course the deputy presiding member of the committee. We commend the project to the house.

Motion carried.

PUBLIC WORKS COMMITTEE: DUBLIN SALEYARD ACCESS UPGRADE

Mr CREGAN (Kavel) (11:12): I move:

That the 103rd report of the committee for the Fifty-Fourth Parliament, entitled Dublin Saleyard Access Upgrade Project, be noted.

The Dublin saleyards are located approximately 2.2 kilometres east of the Port Wakefield Highway junction at Carslake Road. The Dublin saleyard access upgrade project will upgrade the

Port Wakefield Highway junction with Carslake Road and the South Australian Livestock Exchange Dublin saleyard entrance and widen Carslake Road for a distance of approximately 2.2 kilometres from Port Wakefield Highway to the saleyard.

The proposed works will enable future provision for use by PBS level 4A vehicles—that is, Mr Speaker, as you are aware, vehicles up to 53.5 metres long, often referred to as triple road trains—from Port Wakefield Highway to the saleyard, as I have described. Of course, there will be important safety improvements at the junction.

To detail the scope of works, I turn briefly to the project overview. It will include upgrading the Port Wakefield Highway junction, upgrading the entrance, widening the road for a distance of 2.2 kilometres, as I have earlier mentioned, pavement construction resurfacing, new line marking and, importantly, upgraded LED road lighting at the Port Wakefield Highway junction. There is also some necessary and ancillary vegetation removal associated with the project, particularly the road widening aspects of the project.

The key aims of the upgrade are to improve productivity and economic benefit through providing access for high-productivity vehicles to the South Australian Livestock Exchange, to improve road safety, particularly at the junction, and to maintain travel times and reliability for the Port Wakefield Highway.

The approved budget for the project is \$11 million. Funding contributions have been made from the Australian government and the South Australian government. The South Australian government's commitment forms part of the 2019-20 state budget, and the Australian government funding for the project was committed as part of the 2019-20 federal budget through the South Australian rural roads package. It is estimated that construction for the proposed upgrade project is expected to be complete by mid this year.

I inform the house that the committee examined written evidence from the department and advises that the project proposal had been subject to the appropriate agency consultation. The committee is satisfied that the proposal meets the criteria for the examination of projects described in the Parliamentary Committees Act 1991, and based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act 1991 the Public Works Committee reports to the house that it recommends the proposed scope of works that I have earlier described to you and to members.

Mr ELLIS (Narungga) (11:15): I rise to make an exceedingly brief contribution to this work. I congratulate the committee on its wonderful work in recommending this scope of works be done at Carslake Road near Dublin. I also congratulate the minister and the previous minister, the member for Schubert, on their wisdom in choosing to invest in this project. Carslake Road near Dublin, where the saleyards themselves are situated, is a growing place of industry. Businesses are popping up there in rapid succession, and quite a number are significant businesses, such as Australian Grain Export, Dublin Clean Grain and of course the saleyards, all of which are situated on Carslake Road and will benefit from the upgrades this project will provide.

I know that Dublin Clean Grain and the koch's from Maitland will be very excited to know that the grain they transport there for cleaning will benefit from this project. I know the AGE, which is going through an expansion of its own and doing a tremendous job exporting the produce from around our region, will be thankful for this investment as well, and the saleyards, for which this project ostensibly was designed, will also be thankful.

It will come as no surprise to members of this place that roads are extremely important to the voters of Narungga. Whilst I was out doorknocking as a candidate, the issue of the road between Port Wakefield and Adelaide came up quite frequently. At that time, at various places it was degrading quite a bit and undulating in various sections, and people were quite frustrated at that time that there was not a fix in sight and that it was continuing to wear away and fall into a state of disrepair.

Thankfully, the federal government has seen fit to fund a number of sections of that road for improvements, and there are now more complaints coming through our office about the roadwork signs out there than about the condition of the road, which I think is a wonderful indication that works are being done to improve the transit between Port Wakefield and Adelaide, which a significant majority of my constituents use frequently. It is pleasing to see that work done, progress being made and, if we can stay patient while those signs are out there, the end result should be wonderful.

With that burgeoning industry out there at Carslake Road come a number of different freight movements, so to have this investment to make that intersection a safer one will be a tremendous investment, and I am sure all road users, when coming across a B-triple, will be thankful that there is a turning lane and road widening, giving them plenty of room to get around and continue safely on their way to Adelaide.

I know that not just the saleyards but the growing number of industry and businesses that operate out there will be thankful for this investment. I know the saleyards will be thankful, and I know that motorists from my electorate will also be thankful that their trip to Adelaide is that bit safer and that they will continue to see investment in what they perceive to be roads worthy of that investment. I congratulate the minister and the previous minister, thank the committee for its work and look forward to seeing this project, which is already well underway, finished, and that road made that bit safer.

Mr CREGAN (Kavel) (11:18): I acknowledge the contribution made by the member for Narungga, who is a tenacious, passionate and committed member and closely familiar with the needs of his community. He has been a very strong advocate for this project and for many other very significant road projects in his community. I am pleased to recommend the proposed scope of works to the house.

Motion carried.

PUBLIC WORKS COMMITTEE: BLACKWOOD HIGH SCHOOL REDEVELOPMENT

Mr CREGAN (Kavel) (11:19): I move:

That the 104th report of the committee for the Fifty-Fourth Parliament, entitled Blackwood High School Redevelopment Project, be noted.

Blackwood High School was allocated funding of \$7 million as part of the Department for Education's capital works program. This funding allocation was confirmed, with further funding of \$2 million allocated in February 2019. Blackwood High School is further contributing \$400,000 to undertake additional works to expand the scope, maximising the opportunity of the build. As a consequence of that contribution, the total project funding stands at \$9.4 million.

Blackwood High School requires additional accommodation to support the transition of year 7 into high school as well as to support local demographic growth. The high school had 984 enrolments based on February 2020 figures, verified at census. The proposed Blackwood High School project will be delivering total school enrolment capacity of 1,400 places by 2022.

The proposed redevelopment will include demolition, new works and refurbishment of existing facilities to accommodate up to, as earlier mentioned, 1,400 students on the school site. The project has considered the requirements of the Disability Discrimination Act in respect of making provision for persons with disabilities. The project will in consequence be fully certified in accordance with legislative requirements.

The proposed scope of works for Blackwood High School includes construction of a new building featuring general and specialist learning areas; dance, technology, digital photography, art, health and physical education spaces; and staff areas and amenities. The project will also include refurbishment of the general and service learning areas to create flexible and contemporary learning spaces in building 2, a refurbishment of student amenities in building 3, provision of a new outdoor storage shed and demolition of ageing buildings and sheds at buildings 8, 12, 22, 23 and 24. Construction for the project is expected to be complete at the end of this year.

The committee examined written and oral evidence in relation to this project and received assurances that the appropriate agency consultation in relation to the project had been undertaken. The committee is satisfied that the proposal has been subject to the appropriate consultation and meets the criteria for the examination of projects as described in the Parliamentary Committees Act 1991. Based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act 1991, I report to the house that the committee recommends the scope of the works that I have described.

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (11:22): I am really excited about the redevelopment that is underway at Blackwood High School. The staff and the student body there are excited about it, and I think the local community is excited about it as well. This is a \$9½ million project. It was originally under the tenure of Sharon Goldman, I think, as the principal. I visited the school earlier this year with Sharon and had a look at some of the outstanding work that was then underway, I think in February. We are heading towards a completion date anticipated in the middle of this year, on time. It is going to be fantastic for the students at Blackwood High, who are able to access some of these facilities before the end of this year and indeed in the years ahead.

We are growing the school. It currently has an enrolment of 980, and its capacity at the end of this redevelopment will be 1,400. This includes refurbishments and a new building with 16 general and specialist learning areas, including art, technology, dance, health and physical education spaces, and staff spaces and amenities. Walking through the then skeleton of that structure in February, it was really clear that it is going to have a fantastic outlook onto some beautiful spaces and that the kids are going to enjoy their learning in there. It will add to the solid work that is already being done at Blackwood High. Also, the middle and senior school learning space will be refurbished to offer more flexible spaces so that the curriculum can be delivered in the way that it is designed to be taught. There are toilet refurbishments and minor refurbishments to the home economics building.

Schiavello is the builder and Flightpath are the architects, and I want to thank them for the work they are doing and the way they are complementing the school by doing their work in an unobtrusive fashion, working around the needs of the school, which is very important. This is a school with a confident student body and a diverse group of students who are undertaking their learning with great teachers. Having that work done in a more modern learning environment will complement the work those teachers are doing.

I want to commend Jason Loke and the team at Blackwood High School. I want to thank Sharon Goldman, in particular, for the work that she has done in leading the school through much of this development. I look forward to the work being completed, I look forward to seeing the buildings and most of all I look forward to seeing the outcomes of the teaching and learning that these students and teachers are going to be doing in these new facilities. I cannot wait to see what these kids achieve in the years ahead.

Mr DULUK (Waite) (11:25): I also rise to speak to the 104th report of the Public Works Committee on Blackwood High School. I thank the committee for their work and the member for Kavel for the diligent way in which he seeks to make sure these projects are dealt with by his committee in a timely fashion.

Investing in education is important, and this \$9.4 million investment into Blackwood High School is welcomed by the community. It comes on the back of recent STEM investments into facilities in the last couple of years. This almost \$10 million investment into public infrastructure in our public school system is so welcome and is going to set the school up for the future very well. It will help facilitate an increased capacity of up to some 1,400 students by the end of 2022, as year 7 transitions to high school. I know that the pilot program throughout my whole community, especially at Mitcham Girls High School, is going exceedingly well.

The new facilities at Blackwood High School include new classrooms, specialising in art, technology, dance, health and physical education. Blackwood High School, as you may be aware, Mr Speaker, has a fantastic senior level dance program. We are going to see new staff amenities, which is so important. Like so many schools throughout metropolitan Adelaide, Blackwood High School is one of those classic 1960 builds, so having the new facilities is so important. There will also be refurbishment of toilet facilities and some extensions to the home economics centre.

The project is expected to be finished later this year, which is incredibly handy for the school. Blackwood High School really is one of the flagship schools in my community. Some fantastic graduates have attended the school over many years, and it continues to excel in its academic results. It excels in the students that it produces, the leaders of tomorrow. I would like to thank the principal, Sharon Goldman, who is on leave this term; acting principal, Jason Loke; the new chair of the governing council, Matthew Cheshire; and the great work that the parents do on the governing council to meet the requirements.

I would like to give a plug to Zach Washington, a year 11 student at Blackwood High School, who recently competed in the state track and field championships in February this year. Zach competed in six events and came first in the under-20 3,000 metre steeplechase and under-20 javelin; second in under-20 discus, under-20 pole vault and under-20 400 metres; and came fourth in the long jump. Watch out for Zach: I reckon he might be representing Australia at the Olympics in years to come. This is a wonderful project and I look forward to seeing the final product later this year.

Mr CREGAN (Kavel) (11:28): I acknowledge the contribution from the minister and thank him for his commitment to public and other education in the state and for seeing through one of the most significant public works capital works programs. It has been rolling through very well and we are grateful for his passion and diligence in ensuring that these projects can be realised and that the scope of works throughout all projects can be appropriately realised.

I also recognise the contribution by the member for Waite, who is a committed and passionate local member and a strong advocate for this and other projects, with a particular interest in public education. He is very familiar with the needs of his school community and should take great pride in seeing this project realised.

Motion carried.

PUBLIC WORKS COMMITTEE: NARACOORTE HIGH SCHOOL REDEVELOPMENT

Mr CREGAN (Kavel) (11:29): I move:

That the 105th report of the Public Works Committee for the Fifty-Fourth Parliament, entitled Naracoorte High School Redevelopment Project, be noted.

Naracoorte High School, located in the Naracoorte Lucindale Council, requires redevelopment works to accommodate the transition of year 7 students to high school in 2022. There is also aged accommodation at the school site that requires demolition and replacement with up-to-date facilities. Having regard to February 2020 verified census data, Naracoorte High School had 360 student enrolments, and the proposed high school redevelopment project, when complete, will be delivering a total school enrolment capacity of 550 students for 2022.

The Naracoorte High School redevelopment project is expected to deliver refurbishment of the existing art and design building to provide additional facilities, refurbishment of the home economics building, construction of a new physical education and agriculture learning centre (providing change rooms, amenities and covered outdoor learning areas), construction of a new change room and additional amenities and demolition of six older buildings. The estimated capital cost of the redevelopment project is \$5 million, and the project is expected to be staged, with construction anticipated to be complete by later this year.

The committee examined written and oral evidence in relation to this project and received assurances that the appropriate consultation for the project had been undertaken. The committee is satisfied that the proposal has been subject to the appropriate agency consultations and does meet the criteria for the examination of projects, which is described, as you know, Mr Speaker, in the Parliamentary Committees Act 1991.

Based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act 1991, the Public Works Committee reports to parliament that it enthusiastically recommends the proposed public works that I have now described to you.

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (11:31): I rise to briefly speak on the work that is going on in the Public Works Committee's report on the Naracoorte High School redevelopment, a \$5.2 million project. It is a school which is doing some very high-quality teaching and learning, led by principal John Harris. I thank the principal and his educators, his team, teachers, SSOs and all the other workforce at Naracoorte High School for that work. As a result of this project, that work will be supported through improved buildings.

It is a school that currently has an enrolment of 368, or thereabouts, and after this redevelopment its capacity will be 800. It is certainly significant capacity to support the introduction of year 7s into high school and to deal with any population growth that may be the case. It is on track

for a completion date in October, certainly well in time for the introduction of year 7 to high school next year. I congratulate Brown Falconer, the architects, and the builders on the work they are doing at the school.

We will see a refurbishment of a building providing art and design facilities, including three general learning areas, two outdoor learning areas, amenities and various ancillary spaces. We will also see the construction of new sports change rooms, an agriculture learning space, the construction of a new change and amenities block adjacent to the art and design refurbishment, the refurbishment of existing home economics facilities and some demolition of ageing infrastructure.

I can report to the house that the local MP for MacKillop, Mr Nick McBride, has been working very hard on the school's behalf, as he does with all his schools, to always make sure that he is encouraging the department to deliver as best value for money as we can so that this school gets a quality refurbishment, a quality outcome, to assist the teaching and learning spaces that are being supported. Supporting country education is a strong and important commitment of this government.

The Naracoorte High School build is part of a \$1.3 billion program of works around South Australia. That includes nearly \$400 million being spent on the construction of four new schools at Angle Vale, Aldinga, Goolwa and Whyalla. That is a very substantial commitment. In addition to that, 30 regional schools around South Australia are also being supported, with expansions, refurbishments, redevelopments and new facilities, at cost of a further \$220 million plus.

It is a commitment that we have to both supporting year 7 into high school and to supporting the population growth that is particularly noticeable in certain areas and, where we can, to updating and supporting the redevelopment of older facilities. There is always more to do, and we will continue to do that work, supporting kids in the city and in the country, supporting kids in every town, every suburb and every part of this state to receive world-class facilities for a world-class education. There is always more to do, but this Naracoorte High School build is a significant part of that work, and I cannot wait to see the finished redevelopment. I cannot wait to see what these students achieve in the years ahead.

Mr McBRIDE (MacKillop) (11:35): I rise to support the 105th report of the Public Works Committee, entitled Naracoorte High School Redevelopment Project. Naracoorte is one of my two major towns in MacKillop, the other town being Millicent. Both these towns have high schools. Naracoorte is in the fortunate position of being in the centre of my region and it represents a really important hub, to not only the Limestone Coast but certainly MacKillop.

In the education system there, we have two public primary schools, an independent primary school and one major high school. The high school has to battle competition from Mount Gambier to attract students, but I want to see the education systems in all our schools flourish. This development that is taking place is a really great meaningful development in the sense that, yes, some of the infrastructure in my schools is probably past its use-by date—that is right across my region—and my high schools are certainly all part of that criterion. Any upgrade that we are seeing with this development is very much welcomed by teachers, by students and by families associated with the schools in my region.

The \$5 million build fits with what we are trying to do as a government, bringing year 7 into the high school curriculum. It will be welcome. It will obviously add to our numbers. It is really welcome to see that our numbers, which are sitting around 360 now, are forecast to increase and that we will have a development that will cater for 550. On the flipside, we are seeing some of my other, smaller primary schools suffer from the loss of their year 7s. On one side of the equation we are seeing a loss of students and on the other side we are seeing an increased number of students into the high school arena and area school as well.

With this development, we are looking at new learning centres and additional areas in art and design as well as agriculture. These are certainly major, important subjects for my region, given that we are an agricultural sector. We have a shortage of employees, and there is a waiting list, and perhaps a wish list, to entice and attract more people into our regions. These sorts of developments have a twofold effect: one is that we want curriculum that actually educates our children that agriculture does have a future, a prosperous future, and the second is that we want to attract people into our regions, and families will be attracted if there is good infrastructure in the way of schools, hospitals and the like.

These sorts of developments are very important and very much appreciated. It is expected to be finished later this year, between September and December. It will be very much welcomed when it is all completed. I do note that this will be our second project on this school. I am very much appreciative of the minister and his support in this area. I have brought him to my region and we have visited a number of schools. I have 27 schools in my electorate, and I have not been able to get the minister across to all of them, but we are going to endeavour that in the—

The Hon. J.A.W. Gardner: It's just a matter of time.

Mr McBRIDE: It's a matter of time, and we are already planning our next trips.

The Hon. L.W.K. Bignell: Glencoe Central is the best one.

Mr McBRIDE: We do know about Glencoe as well, and it is a very important region. There is a beautiful primary school there with 200 students.

The SPEAKER: Order!

Mr McBRIDE: My schools are very important to my region. They are very well respected. The teachers, the students and the population generally get right behind these schools. This build is not an exception to that. I am very much looking to see that Naracoorte High is competitive, offering a great number of choices, attracting students to it, attracting families and growing, more importantly, what might be a really important regional hub in Naracoorte. I support the 105th report of the Public Works Committee.

The Hon. L.W.K. BIGNELL (Mawson) (11:39): I rise briefly to say that this is a great thing for the people of Naracoorte. As someone who grew up in the South-East, I know how important it is to have really good educational facilities. Naracoorte High has always produced great students who have then gone on to do really great things in our state. In fact, three of my closest mates all went to Naracoorte High: John Ferguson, Anne-Maree Ferguson and Craig Hole. You could not meet three better people. In fact, John and Anne-Maree's mum worked there for decades in the front office. Every time I run into someone from Naracoorte I say, 'Do you know Noelene Ferguson?' and they say, 'Mrs Ferguson was the nicest person at our school.'

Schools do need these million-dollar injections, but it gets back to the calibre of the staff and the calibre of the students as well. I congratulate everyone who is involved in this and I know the people of Naracoorte will really appreciate it.

Mr CREGAN (Kavel) (11:40): I thank and acknowledge the minister and the member for Mawson for their contributions and also the member for MacKillop, who is a dedicated, passionate and determined local member and a very strong advocate for this and other school projects right throughout his community. He has rightly identified that the school is an essential part of his local community and, of course, a very significant part of Naracoorte. He should be particularly proud that this project is coming to completion and we are very grateful for his advocacy in ensuring that it has reached this point.

Motion carried.

PUBLIC WORKS COMMITTEE: NORWOOD MORIALTA HIGH SCHOOL REDEVELOPMENT

Mr CREGAN (Kavel) (11:41): I move:

That the 106th report of the committee for the Fifty-Fourth Parliament, entitled Norwood Morialta High School Redevelopment Project, be noted.

Mr Speaker, as you are aware, Norwood Morialta High School currently operates between two campuses. The middle school campus caters for years 8 to 10 and is located on Morialta Road West, Rostrevor, within the Campbelltown council. The senior school campus caters for years 11 to 12 and is located on The Parade, Magill, within the City of Norwood, Payneham and St Peters.

Norwood Morialta High School was allocated funding of \$30 million as part of the Department for Education's capital works program and this funding was confirmed in March 2018, with further funding of \$9.95 million allocated in February 2019 and another \$12 million allocated in May 2020, bringing the total budget to \$51.95 million.

Total enrolments across the two campuses of Norwood Morialta High School were at 1,487 as at February 2020, comprising 862 in the middle school and 625 at the senior school. The proposed redevelopment will consolidate the middle and senior campuses, accommodating up to 1,700 students, including the transition of year 7 students into high school in 2022. The Norwood Morialta High School redeveloped project will include the following scope of works:

- the construction of a new three-storey middle school building, providing general learning areas, serviced learning areas, teacher preparation spaces, breakout spaces, presentation pods and a new canteen;
- construction of a new two-storey building, providing specialist areas, including food technology, a commercial kitchen, creative arts, media, and additional learning areas;
- construction of a new gym, including a weights room, change rooms, additional learning areas and teacher preparation spaces;
- extension of existing building to provide an additional workshop;
- refurbishment of the administration area;
- refurbishment of teaching and learning areas;
- refurbishment of the central learning hub, providing a new library resource centre and student support area;
- refurbishment of the middle school laboratory and adjacent teaching support space;
- a new accessible site entry, including a lift and upgrade of the facade;
- construction of new sports courts adjoining the new gym;
- landscaping and site works;
- additional car parking; and
- the demolition of existing buildings.

Construction is anticipated to be completed by the end of this year.

The committee examined written and oral evidence in relation to this project and received assurances that the appropriate consultation for the project had been undertaken. The committee is satisfied that the proposal has been subject to the appropriate agency consultation and meets the criteria for the examination of projects set out in the Parliamentary Committees Act 1991.

Based on the evidence considered and pursuant to section 12C of the Parliamentary Committees Act 1991, the Public Works Committee has reported to parliament and I update you on its report that it recommends the proposed scope of these significant public works.

The Hon. V.A. TARZIA (Hartley—Minister for Police, Emergency Services and Correctional Services) (11:44): I also rise in support of the motion. It is my absolute pleasure to speak on the \$52 million upgrade that is currently underway at Norwood Morialta High School. As part of the Marshall Liberal government's \$1.3 billion education capital works program, the \$52 million upgrade will increase the capacity of the campus on The Parade to 1,700 students, allowing all year levels to be on the same site.

The upgrade will also deliver a three-storey middle school building with a rooftop play space; a two-storey building for the school's technical and specialist precinct; a refurbishment and extension of the gym, as well as a new facade at the entry which is currently taking shape; landscaping; car parks; and sports courts. These new contemporary facilities will enhance flexibility in the use of spaces but will also continue to promote world-class learning facilities and experiences whilst maintaining the distinct middle and senior schooling principles.

It is no secret that there has been growing demand on schools in the eastern suburbs for some time because it is such a wonderful place to reside. It is extremely popular. This upgrade, which so many people from the school community and the broader community are excited about, is a critical part of increasing the enrolment capacity in the area. Whenever I attend the governing council school

meetings for the Norwood Morialta High School, parents and teachers simply cannot hide their excitement for this particular upgrade.

It is difficult when speaking about the upgrade to convey just how big a project it is but, when you drive up or down The Parade and you see the magnitude of this upgrade, it is absolutely fantastic. It is going to be great for the local area. Project construction, as we know, commenced in term 4 of 2020. It will be delivered in a staged approach to minimise disruption to student learning and also student engagement.

I want to congratulate and thank the school leadership, the governing council, parents and students for their patience and hard work in ensuring this occurs. It is also very important that students continue to receive high-quality education at the school, and that school is extremely well known for delivering the highest quality learning in the state—in fact, you could argue also in the country. This is a very important infrastructure upgrade and an integral part of our government's \$1.3 billion plan to build what matters for South Australian schools.

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (11:47): I am pleased to comment on the Public Works Committee's report into the Norwood Morialta High School upgrade. This is a very important piece of work. For many years, the Norwood Morialta High School community, governing councils and principals have been arguing for the separated campuses, which have been in place since the early 1990s, to come together on one site. There are good reasons for this and it is reflective of other things that are happening around South Australia.

We know that transition points are a challenging point in education. They are a risk point for students who are potentially disengaged. There are benefits to having R-12 schools, certainly. But within the context of primary schools and high schools, which is the experience for most students, having a model that also has then a junior high school and a senior high school can be problematic. It is an extra transition; it is an extra risk point.

Norwood Morialta has been very successfully managing that risk and that transition for many years, having a middle campus in Rostrevor for the year 8s to 10s and a senior campus in Magill on the old Norwood High School site. But it is still a risk point and a transition point where, if we had them on one campus, it would be better. It is similar to things we are doing elsewhere in the state, where we remove these junior high schools and, instead, just have a high school on the one campus where possible. In Whyalla, there are two junior high schools and one senior high school, the Edward John Eyre High School.

In 2018, the government determined that we would follow through with the plans that that community had been asking for and have just one school. But one of the differences in Whyalla was that there was not a suitable site out of the three existing schools that could be extended to take on board all those students. None of them had the appropriate size or facilities to do a refurbishment and extension, so a new school in Whyalla, at a cost of \$100 million, was identified.

A similar story was the case at Glossop High School where there were two campuses, at Glossop and Berri. We are doing a \$17 million refurbishment of the Berri campus, which will be able to be extended to take on all the students from that school, bringing both campuses together and, because of the quality of the facilities at Berri that were existing, we were able to extend that campus to create the new school that was necessary and have it on one campus rather than, as in Whyalla, having to build an entirely new build.

The Norwood Morialta situation was somewhere in between. The facilities at the Norwood campus were such that we were able to continue with a merger on that campus and retain a lot of the existing facilities, but the size of those facilities was far too small for the combined campuses. To put it into context, there are about 1,450 students at Norwood Morialta at the moment and it will grow to 1,700, probably 1,800 next year, and on that Magill campus right now there are about 650 students, the year 11s and year 12s.

What this build is doing is not just increasing the capacity of Norwood Morialta from 1,450 to 1,800 but increasing the size of this campus from about 650 to about 1,800. It is an increase in excess of 1,000 students. To put that into context, that increase alone is larger than most schools in South Australia. It will be growing to 1,800 students, potentially larger than that. There is certainly a high level of demand for the quality education at this school, but to meet that new buildings are

required—two new buildings in fact; a three-storey building and a two-storey building—in addition to the refurbishment of existing learning spaces, some improvements to the gymnasium, cooling and a new ergo room.

The new middle school building is a three-storey building with general and specialist learning areas. It is as large as many schools. There is a new two-storey building for tech and specialist precincts. The refurbishments of some of the existing classrooms are already finished, and I am pleased about that because one of the challenges with a lot of these builds is that you have a group of year 12 students who have done their schooling through the old facilities and they are doing their year 12 during a time of disruption when the school is being improved. They might come back in the future and be proud of their old school, but they are not going to get the benefits of some of those buildings.

That does not mean we should not do it, because we need to do it for the future, but I am pleased that at Norwood Morialta at least the year 12s will have their year 12 centre for the remainder of this year and be able to appreciate some of these new facilities. It has a terrific view of the new buildings that are being built.

Some in the community have asked, 'Why aren't you looking to retain that Rostrevor site to keep it as part of the Norwood Morialta High School?' I have been the local MP there for some time and spent time on the governing council, and I can tell members that if they want to see a school building facility that is not up to scratch, in terms of its design and its layout and the way it is designed to support learning, then the Norwood Morialta's Rostrevor campus is an example. It is not capable of delivering the type of curriculum that our students deserve. There is no prospect going forward that we would want to be using those buildings after the end of this year.

The teachers are doing a great job of delivering the teaching and learning in that space, but I had been arguing for many years that at the Rostrevor campus the buildings were not fit for purpose and could not be maintained into the long term. They will not be because those students will do very well at the Magill campus. There is this question mark that remains over the use of that Rostrevor campus site.

We know what the former Labor government would have done. When we came to government, we found that, of that \$30 million that was first identified to do this work at Norwood Morialta, Treasury had predicated that \$15 million would be provided by the education department from the sale of the Rostrevor campus land. They wanted to flog it off for housing. They did not tell anyone before the election, but that was the plan in Treasury. This government has taken a decision to reverse that budget decision and to reverse that expectation that the land at Rostrevor will be flogged off for housing, which was in the budget previously in the expectation that Education would find \$15 million from the sale for housing.

The Liberal Party did not see that as the way forward and, frankly, had that happened, had that land been used for housing, the capacity pressures at the Norwood site, which are remaining significant even with the expansion, would only have been exacerbated as more families moved into that area, on top of the urban infill, on top of the new developments within the school zone that are currently taking place. So that was not a possible future, and the government is currently giving consideration to that Rostrevor site. Obviously there has been some information provided by InfrastructureSA about their views on how it should be used going forward.

What I would say to the members of the community in the area of the Norwood Morialta High School zone is that this is an area that is delivering great public education. This is a school that is very popular, and I think the public have shown a significant vote of confidence in their school, but the urban infill in particular is also seeing dramatic population growth, so this is a school that will be full from day one.

Jacqui Van Ruiten and the leadership at Norwood Morialta are exceptional and doing great work. They are being very flexible and creative in the way they are using the spaces. The hall at Norwood Morialta High School I have seen in three different configurations in the last year: a place for school productions and school assemblies, then it became the library for a while and it is now operating partly as the staffroom. This is a school that is working really hard to make the best use of the space they have, but it needs this upgrade, if only for the massive expansion of students who are going to be going there.

The funding that was allocated previously was \$15 million in new money plus the \$15 million from the sale of the land—that was the case previously. Our government forgave the \$15 million so no land had to be sold and increased the budget to what was necessary to deliver the project. Swanbury Penglase have done a great job as the architects, and indeed Lendlease are doing tremendous work as the builders.

As the member for Hartley said—and he is a passionate member of the governing council, working hard for his local schools—if you drive down The Parade and have a look at this campus, you can see the scale of the work that is underway. It is no less than these students need to ensure that the curriculum can be delivered for not just the year 7s but the whole middle school and indeed across the six years of schooling offered at Norwood Morialta High School.

To the governing council chair, Sandra Mestros, and the whole governing council—many of whom, by the way, have been on the governing council for many years and remember the old plans about moving to the Magill uni site and have been arguing for this consolidation, some for more than a decade—this is a body of work that has come to fruition. When the work is finally completed, towards the end of this year, ready for the year 7s next year, it is going to look spectacular.

I think the students will be the beneficiaries, the community will be the beneficiaries and indeed we will remove that risk, that transition point, that problem point, of having kids moved from a different campus, from the junior secondary school to the senior secondary school. I commend the project to the house.

Mr CREGAN (Kavel) (11:57): I acknowledge the contribution of the minister, who is in the process of seeing through an extraordinary capital works program in education right across the state. It is absolutely remarkable that so much work has been able to be done in the last 37 months. I am particularly proud that of course we have been able to see through this project and many others.

I also acknowledge the member for Hartley, who is well known as a passionate, committed and determined local member with a remarkable record of delivering for his local community. He is particularly interested—not just interested but particularly interested—in education and public education in his community and should feel equally proud that this project has been brought to completion today.

In the brief time remaining, I might turn to the *Notice Paper* and do some tidying to square away some matters. I do not want to be overly proprietary, but of course many of the matters on this particular *Notice Paper* are mine. I move that—

Members interjecting:

The SPEAKER: We might just deal with Notice of Motion No. 6 first, member for Kavel. The member for Kavel's contribution has concluded.

Motion carried.

Bills

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 12 May 2021.)

Mr PICTON (Kaurna) (12:01): Continuing my brief remarks from yesterday in relation to this piece of legislation, I believe I was just getting into the issue of country health care in relation to the governance arrangements. A key promise that the government made to country regions was, 'You have been ignored; we are going to listen to you,' which has not turned out to be the case. Part of that was putting in place these country boards, which were supposedly going to be representative and listen to local communities, but what we have seen is the state of country health services getting much worse, sadly.

We are seeing significant issues everywhere across country South Australia, particularly people feeling very disenfranchised by the governance arrangements. They are not being listened

to by the government, by the minister, by the department, by the boards or by the local health networks. We have a system that has been set up where, legally, all these responsibilities are sitting with these six local hospital network boards; however, there is this shadow organisation that the government has set up, called the Rural Support Service, which is effectively the old Country Health SA department.

The Rural Support Service has well over 100 employees, most of whom on 1 July 2018 (or 2019, but I cannot remember off the top of my head) switched their name badge from working for Country Health SA to now working for the Rural Support Service. This shadow organisation of the Rural Support Service is established not in legislation, and you will not find it anywhere in here, but is put underneath the Barossa Hills Fleurieu Local Health Network.

Under that local hospital network sits this whole organisation that is meant to look after all country South Australia and provide services to all the other local hospital networks, which is a very strange governance model indeed. If you read this legislation, those local hospital networks are meant to look after their local area, but here we have one particular local hospital network that has this additional bureaucracy under it that is looking after everybody. They have then established another shadow set of governance arrangements where this Rural Support Service has a reporting structure to CEs and board chairs of the other local hospital networks, none of which is in the legislation either.

This legislation is so deficient in the way that it has been structured and so deficient in the way that this government has gone about this process that we have had to set up this whole shadow governance arrangement, which does not even appear anywhere in the legislation, whose existence is not discernible for anybody outside the health service and that is not in keeping with the legislative functions those local hospital networks are meant to have. It is no wonder, when we go around and speak to country communities, that people feel that this has made no difference whatsoever. In fact, things are getting worse, not better, since this government was elected in terms of country health services.

We have a system that is very opaque. We have a system where their local hospital network boards are very broad in scope, as I mentioned yesterday. They are not about specific local hospital areas, and they do not even have the appropriate backup and services of people working for them. They check into Adelaide all the time. They check in with Hindmarsh Square to check with these people from the Rural Support Service for the vast majority of their questions on human resources, financing and medical advice.

A whole range of areas sit within that Adelaide function rather than being devolved to the country regions, which was the promise that this government was elected upon. As I mentioned yesterday, it is no wonder we have a huge problem at the moment with Port Lincoln, which has been raised by the doctors in terms of the working arrangements there but also in terms of nurse safety. As you know, Deputy Speaker, we have significant workforce issues across Eyre Peninsula that are going unaddressed.

We have had issues in Whyalla, as the member for Giles has been raising consistently, in terms of the safety of people in the Whyalla Hospital. There has been a huge litany of assaults on our frontline nurses there. We have had big issues on Yorke Peninsula in terms of doctors pulling out of staffing arrangements in Yorke Peninsula hospitals and having to use locums there. We have had issues in Port Pirie with doctors pulling out and needing to use locums. We have had issues at the Balaklava hospital, which the member for Frome has been raising—very serious issues on a number of fronts.

One issue at the Balaklava hospital is that we have had an aged-care facility there that has been sanctioned for noncompliance with federal regulations. Surgery has also had to be pulled out of the Balaklava hospital, which has happened under this government's watch. We have had times where there have not been any doctors available at all at that hospital, including recently.

The nurses union raised concerns about that, where a relatively junior nurse had to be responsible for everything in the hospital over a long weekend because the government not only did not provide a local doctor but they did not even provide a locum doctor to assist that hospital that weekend. Any urgent cases had to be sent to Adelaide and travel to the Lyell McEwin. That is the state of country health services at the moment.

If we look across at Waikerie, they have currently had their birthing services closed. The government and the minister are saying that this is a temporary closure of those services, but it looks like this is becoming a permanent closure of those services at Waikerie, so mothers in the Waikerie region are having to travel a lot further to get the care that they need.

If we look down at the South-East in terms of what has been happening with the ongoing saga at the Keith hospital, this is a perfect example where the governance arrangements have been used by this government to ping-pong issues across the board, to not resolve things, and to use local hospital networks as a blame game not to do things.

This government clearly made very significant promises to the Keith community in regard to the Keith private hospital, which has always of course provided public inpatient services. The Keith hospital board jumped through every possible hoop the government set in terms of getting consultants' reports, getting work done and putting up a business case for a not insubstantial amount of money in the end that was being proposed, and the government failed to address that and failed to enact that for the first almost three years that they have been in office.

Only now, under public pressure, have they been forced to provide some longer-term funding to the Keith hospital. I was down at Keith late last year, along with the member for MacKillop, and there was a lot of public anger. This is a community that overwhelmingly voted for the Liberal Party, overwhelmingly believed the promises the Premier was making—but they are not being delivered. The excuse given was, 'Oh, well, we have to wait for the Limestone Coast hospital network board to consider this.'

This gets back to the problem we talked about yesterday. The boards do not set their own budgets, so while this problem was being parked with the Limestone Coast local hospital network board, they did not have the budget to be able to say yes to it without an additional amount of funding being given by the state government. It was a real buck pass between levels of authority within this governance system, when really it was the responsibility of the minister and the Premier to make sure that sufficient funding was being given so they could deliver the promise made to the community.

The only other alternative would be that the Limestone Coast local hospital network would have to cut funding from somewhere else in the health budget. We know that they have been seeing a significant increase in the number of cases, particularly at the Mount Gambier hospital, so there is no fat to cut there; they would have to close or cut some other service within the health network to provide for the Keith community, to provide what the Premier promised at the last election. Clearly that was not going to happen.

Eventually, it took public pressure to force the government to provide some additional funding for that to happen. However, once again it shows the government finger-pointing down to the local board as an excuse for not taking action on an issue.

Also in the South-East, we have had huge issues at the Mount Gambier hospital. The staff there are under tremendous pressure, in particular in terms of mental health cases at the hospital, and we know there has not been sufficient support put in place to address those concerns. That has been raised time and time again with very little action happening. We see the occasional ribbon-cutting, but we do not see sufficient staff to help with those potentially violent incidents that are happening at that hospital.

From the South-East right across to the West Coast, there are very significant issues occurring in terms of our country health services, and you only have to look a bit closer to home in the Speaker's electorate in Strathalbyn. The government made a decision—which I think was unprecedented, if you look around other states—to close a huge number of emergency departments in the COVID period, saying, 'We've got these emergency departments and there is aged care here. We can't have them both open because there is an infection risk to aged care, so we are going to close the emergency departments.'

I believe that all-up nine emergency departments were closed from March or April last year. The vast majority of those have now opened, but we still have some that remain closed. Inexplicably, we have the ability for aged-care residents to, hopefully, all be vaccinated by now this long into the rollout, but the Strathalbyn emergency department is still closed. We have the ability for

50,000 people to go to the football, but we do not have the ability to open the Strathalbyn emergency department.

This is not about the design of these departments but more about the funding and staffing arrangements. You could see there was great inconsistency; some emergency departments that were combined with aged-care facilities stayed open throughout the entire pandemic, no problems whatsoever, but some were closed. They have kept the Strathalbyn one closed and, once again, this is now in the ballpark of the buck-passing between the government and the local hospital network.

When the minister is asked about this, he says, 'These are questions for the local hospital network board to consider.' Never before in the history of this parliament would we have accepted that the closure of an emergency department is not the decision and responsibility of the minister, yet here we have the town of Strathalbyn with its emergency department closed and the minister is not even able to make a commitment but tries to make it appear it is not even his decision as to whether that reopens or stays closed in the immediate future.

We know that this theme connects with the ramping issue that we talked about yesterday, where we see significant cases that occur in Strathalbyn. There is a shortage of ambulances in the Fleurieu region and there is now no local hospital emergency department for people to be able to go to. That increases the pressure on the ambulance service.

We now know that people wait outside the ambulance station garage for treatment because that is the only place to go in Strathalbyn if you want to get treated. You wait for the volunteer ambulance officers to come and take you somewhere else—that is what the medical treatment in Strathalbyn has come to right now under this government and these governance arrangements that they have put in place. It is absolutely out of touch with what was promised before the last election. It is out of touch with what the community expects and hopes for in their services.

Sadly, we have seen people dying in the Strathalbyn community who have not been able to get the care that they appropriately need. We also see huge pressure across other hospitals and I mentioned some. The ANMF has been undertaking a tour and in the last couple of weeks they have put out a statement, 'Country nurses and midwives squeezed beyond limit', in which they state:

Nurses and midwives across country SA are being squeezed beyond their limits and are fearful about the dangers this presents to the people in their care and their colleagues.

'...nurses and midwives in the country are beside themselves with fear and concern for the welfare of their patients due to the safety and security risks they face daily.

Nurses and midwives from country hospitals including Berri, Baramba, Waikerie, Strathalbyn, Victor Harbor and Murray Bridge have spoken to me, frequently in tears because every day they go to work they are not sure what they may face. Everyone deserves to be able to go to work not fearing for their safety.'

Consistently working short staffed and double shifts, with unpaid overtime, is taking its toll.

Nurses have been raising their concerns with local management and in many cases the Local Health Network (LHN) CEOs on these issues for months, yet little to no improvement is being experienced.

'The time for platitudes is over. It is now time for the LHN CEOs and the Minister for Health to step up and act.'

Services have changed in the regions with significant increases in Emergency Department activity and other practice changes that are not being adequately recognised and staffed. In those instances where the need for additional staff is recognised, there are simply no additional staff to draw from. The regular workforce is then asked to work longer and harder.

Elizabeth Dabars, the Secretary/CEO of the Australian Nursing and Midwifery Federation, said:

Nurses and midwives are operating on empty. All their goodwill has been used up. They are exhausted.

So we see that this is not located in just a small number of country areas. People are now at breaking point across a whole range of country communities and country hospitals. As was referenced, concerns are being raised with the local hospital network CEO and board and nothing is happening. The minister pushes all these issues back to them and it becomes a blame game with nothing resolved, except for the fact that the situation is getting worse. Staff are burnt out and are leaving and the last thing we need in regional areas is to lose more good staff in our hospital system that we desperately need.

Workforce issues in country South Australia are some of the most critical issues that the health system faces. We are losing staff in droves, particularly at the moment due to the mismanagement of contractual relationships between doctors and local hospital networks and SA Health. We are losing GPs working in our hospitals and we are now having to fly in and fly out many more locums to the point where these locums are being paid sometimes thousands of dollars a day, which is a completely unsustainable situation.

We need to work with our GPs, we need to work with our nurses and we need to be training and developing the next generation of staff in our regional hospitals, but this government has no plan to do that, is running on empty and is pushing the responsibility down to local hospital networks, which clearly do not have the resources and the budget to be able to fix it. It is extremely disappointing.

Only the other day I was at Victor Harbor, and I was invited there by the southern progress group from the Fleurieu Peninsula who are based in Victor Harbor. This is a women's group who meet to discuss issues of prominence for their community. An issue which has been raised time and time again in their community is the issue of palliative care services. They have all experienced issues in terms of a lack of palliative care services in that community in Victor Harbor.

Everybody knows the demographics of that area. We have a growing population and a significant elderly population in Victor Harbor, yet we have a very small number of people working in palliative care in that region. There are a couple of nurses, who I think are doing an incredible job who are clearly at the end of their tether in terms of providing in-home palliative care services. At the same time, we do not have any inpatient palliative care services in that region whatsoever.

It is very clear that in other areas in country South Australia where there is low inpatient demand, it is possible to care for people in an inpatient palliative care setting where that is required because there are the staff, the beds and the facilities available to do that, but not in Victor Harbor. Their hospital is under the pump, and demand is growing due to the growing demographics and there is no plan from the government to improve those services.

I am sad to say I was the only member of parliament who was there on that occasion. The local member of parliament, the member for Finnis, sent a member of his staff to attend but was not there in person to hear an outpouring from well over 100 people who attended this meeting of the concerns that they have in relation to palliative care. I heard some really heart-wrenching stories. It was a shame that there were no other members of parliament there to hear these concerns, particularly as we will be talking about issues relating to end-of-life care in the coming weeks.

Clearly there is an issue. Usually, we try to get more people cared for in the home, but the lack of available support in Victor Harbor means that almost everybody is only being cared for in the home but they do not have enough support because there is only a limited number of nurses. Therefore, family members are taking on an outrageous amount of burden that they cannot cope with and they have nowhere else to turn for help.

The local hospital network board was not listening. We have a very odd-shaped local hospital network area that covers that. As I said, they include this massive bureaucracy that used to be in Country Health SA. They go all the way from the Barossa to Kangaroo Island. Kangaroo Island is always a bit miffed that they are not even in the name of this local hospital network board yet they are included in the area.

We did not have representatives from the board there to hear people's concerns about this issue but, even if they were, clearly they cannot address it unless they get the funding from the government to do so. They cannot address it unless Stephen Wade and the Premier make decisions to ensure that the local hospital network has sufficient funds to meet the service demands in that area. That is absolutely not what is happening, particularly in country hospitals at the moment.

I have focused a lot on what is happening in terms of emergency department care across South Australia, but the other key way that people interact with the health system is in relation to elective surgery and outpatients. This is an area that is massively suffering at the moment and it is further exacerbated by the issues that we see through the governance arrangements that the government is putting in place.

We have again this crunch that is happening where staff are being told, 'You have to meet criteria for getting your elective surgery patients done, but we are going to give you less budget to do it.' The buck is passed to the local hospital network boards, which are given this impossible task to do, and we are now seeing the results from that in that we have growing overdue elective surgery waiting lists.

In September-October last year, the Minister for Health triumphantly announced that they had addressed the long waits since COVID and they had reduced the waiting list right down for overdue patients. Unfortunately, almost as soon he announced that, it started to go back up again. Since then, we have had increase after increase in the number of overdue patients.

There are well over 2,000 overdue patients right now. I believe it is something in the order of 2,200 or 2,300 overdue elective surgery patients. These are patients who have been waiting sometimes many years, when you add up all the different steps in the process that they have had to wait to get the care they need. Many of them are in excruciating pain while they are waiting.

Unfortunately, we are now in a situation where we have buck-passing as to who is to blame. The local hospital networks clearly do not have the budget to address it, and these patients are suffering. In addition, we also know that there is an issue in terms of outpatient appointments. Outpatients, of course, generally need to be seen before they get onto the waiting list in the first place. So you have a waiting list to get onto the outpatient list, and then you have a waiting list from there to get onto the surgery list.

The government's response to growing outpatient lists has not been to increase the number of outpatient appointments. What they are doing is trying to kick people off the list to start with. They have a process underway by which they are screening people off, sending them back to their GPs and telling their GPs, 'You've got to reassess them before we put them back on the list.' For example, if I am a patient who needs a significant hip operation and a GP has recognised that need and put me on the list, say, two years ago to see a surgeon for an outpatient appointment, as this appointment is coming up, they are saying, 'Go back to the GP and check.' What the health minister said was, 'Some people might just need physio.' I think that is an insult to the assessment that was made originally by GPs—that GPs would be putting people on these lists who need physio rather than operations.

But you also cannot make that assessment properly unless you have actually seen the patient and the surgeon has properly diagnosed that patient. Sadly, what is going to happen through this process is that people are going to get lost off the list entirely. There will be a miscommunication. The letter will not get to the GP, an appointment will not be made and then in a year or two years' time the patient is going to say, 'What happened to my appointment?', and they are going to be told, 'You got pushed back to your GP. Sorry, weren't you told about this?' It is entirely predictable what is going to happen. But the good thing is that the government will then spin it and say, 'Oh, look, we've reduced the waiting list,' but they have not actually reduced it by caring for more people; they have reduced it by kicking more people off.

That is only going to worsen people's situations. That is only going to lead to more pressure inevitably on our emergency departments when people do not get the care that they need and their situation worsens. Ultimately, they might make the figures look good through cutting people off the list, but that will not ultimately address the situation.

Another thing the government has been trying is a privatisation by stealth of elective surgery, where they have signed contracts with private hospitals all around Adelaide to take public patients off the waiting list. There are, of course, some benefits for some patients out of this, but there are some significant drawbacks as well. If you have a health system where not just patient care is provided but also teaching for the next generation and also research, this diminishes the role of public hospitals to send those patients out. It is more difficult to teach the next generation, particularly if you are sending all the easier cases out to the private system, which does not provide that teaching of the next generation there.

Another significant concern that has been raised with us by surgeons is that there is not the continuity of care that you would ordinarily expect within the public health system. Normally, you would expect a surgeon to be responsible for the patient, to be responsible for their follow-up care, to know what has happened, to know how the operation went, to know what they need to do afterwards to make sure that they are looking after themselves. But here we have the situation where

patients are just being farmed off. They get the operation, they are sent back and then surgeons are none the wiser as to how the operation went and what follow-up care needs to be provided.

Once again, that risks patients being lost in the system. Once again, that risks further increased pressure down the track where patients inevitably might end up in a worse situation than if they had been properly followed up. That might mean that they end up back in emergency departments needing follow-up care. Once again this is something which sounds good but has significant long-term problems.

Clearly even doing that is not addressing the issue, because we are now seeing those waiting lists go up, and the overdue lists go up as well. The total waiting list now is of the order of 20,000 people who are waiting to get an elective surgery operation, which is a significant number of South Australians who are waiting in pain for something they need.

This is another area where those service level agreements between the local hospital network and the chief executive can now be vetoed by the minister under this legislation, which is going to have a detrimental impact if insufficient budget is being provided. However, in terms of responsibility of the local hospital networks, they are being told, 'You just go and fix it.' They cannot do it if they do not get the budget that they need to do so.

We have also seen further savings being pushed down to local hospital networks in the form of hotel services. 'Hotel services' sounds like staying in the Hyatt or something, but this is actually about the food services people need when they are in hospital, and it is about the cleaning services that they need to clean their rooms, so they are quite essential to the running of a hospital.

In the government's first budget they put in place budget savings that had to be applied across local hospital networks for hotel services. They basically said, 'We are going to cut the amount of funding that we provide you to deliver food, to deliver cleaning.' What we have seen in those hospitals that have had that applied to them, which include the Flinders Medical Centre and the Lyell McEwin, is a deterioration in the service being provided to patients.

We have seen a deterioration in food. We have seen case after case at the Flinders Medical Centre of the most disgusting, the most vile, putrid food that you probably would not even feed to your dog. That food has been photographed by patients and sent out to the media because they are so disgusted with what they are being given. Nobody expects silver star service when they are in a public hospital in terms of the food. We all know the jokes about hospital food, but I think people expect that it should be edible, that it should have a level of nutrition to make sure that people can get better and get well. We do not want to have a situation where we are giving people something that is absolutely disgraceful because we are trying to make budget savings.

At the same time that is happening we are now seeing the government waging a war. They are not content with just their war with paramedics; they have a war with the lowest paid workers in our healthcare system: the cleaners, the people who work in food production, orderlies and people who do surgical assistance. These are the people who, behind the scenes, keep the healthcare system running. These are healthcare heroes.

We have all been talking up over the past 18 months how people like cleaners are heroes, people who had no choice but to turn up to work throughout the whole pandemic. Now this government's response is to wage a war with them industrially, because they want to pull out of their agreement all the protections around their employment, and they want to pull out from their agreement protections against privatisation of their work company.

Very clearly there is an agenda in place. The Treasurer, the Hon. Rob Lucas, has been asked about this, and he said essentially that he wanted to keep those options open. What we see is a movement towards privatisation of those essential workers in our healthcare system we have been lauding as heroes. You cannot on one hand say how great our hospital cleaners are and they are heroes and on the other say, 'We're going to pull out your industrial conditions and we're going to threaten you with privatisation of your jobs.' It is absolutely disgraceful. It is yet another example of this government's rhetoric not meeting their actions and being anti essential workers in this state.

These people are essential. They keep our hospitals running. Without them, our hospitals would fail to operate, yet this is another example of what is happening here in the system where

again the local hospital networks cop the blame for what is being run, how things are operating. Once again it is decisions being made by the cabinet, by the Premier, by the Treasurer and by the health minister, the Hon. Stephen Wade, about how they are embarking upon cuts to frontline hotel cleaning services and food services, or potential privatisation of those services and cutting the employees' conditions, which are being sent down to the local hospital networks because the legislation says that the chief executive is the employer.

Clearly, the responsibility still sits at the central level for that, but the blame they try to seek goes to the local level. When there is an issue where Flinders Medical Centre food has been disgraceful, they do not send out Stephen Wade or Rob Lucas to defend that; they wheel out somebody from the hospital to try to defend that. We had a woman who ingested glass in her food at Lyell McEwin Hospital, which was a disgraceful impact there of the cuts we have seen, but it was not Stephen Wade or Rob Lucas going out to defend it; it was somebody from the hospital being wheeled out to defend it. The blame sits at the local level, but the responsibility for these decisions sits centrally at the cabinet level.

This is only one area where this government is threatening privatisation. Remember, they had a promise and a commitment that they were not going to have privatisation of our healthcare system, that they were not going to have a privatisation agenda whatsoever, but we have also seen a significant threat made around SA Pathology, which was only stopped once we were significantly into the pandemic, when they withdrew their threat to privatise SA Pathology. Before the pandemic people probably did not know what SA Pathology was; now we see how essential it is.

All those warnings were there beforehand, that if you privatise SA Pathology it would weaken our ability to deal with a potential pandemic. They were content with proceeding down a path where they were considering privatising SA Pathology, which would have left us in a perilous state, relying no doubt on interstate services rather than having that sovereign capability here in South Australia. Thankfully, that is off the table for now, but I do not think any of us can believe that it is properly off the table for the future.

We also saw in the first budget a threat to privatise patient transport at Modbury Hospital. I think that is on the backburner at the moment, but clearly patient transport is another area where this government has been looking at the potential to privatise. Once again, this is a decision made at a central level and people at the local level cop the blame for it.

We know the minister held a meeting with private ambulance providers, where there was discussion as to whether there would be further outsourcing of patient transport, and I think that is another area we should be significantly concerned about in relation to our ambulance service going forward, particularly where we know that a lot of those people who provide patient transport through our ambulance service also then have the ability to respond to emergencies when we have significant demand. If you are privatising out the easy bits to private companies, you are not only threatening the quality of that service but also leaving us open in terms of emergencies, having that additional capacity there when you absolutely need it for significant major emergency events, which sadly we are seeing all the time now with the crisis in the healthcare system.

We are also seeing this privatisation happening in another area, which is a bit of a shadow governance arrangement happening here as well—not in this legislation, but an organisation the government has set up as an adjunct office to the health portfolio is this body called Wellbeing SA, which was originally intended to be about preventative health care but has morphed into a body that now seems to be focused on outsourcing in-home hospital services. That is the largest thing they appear to be doing.

Nowhere in this legislation is the governance for that body put in place, but we are seeing a shift from the local hospital networks. Once again they cop all the blame for how things go in their local areas, but they are now being told, 'You have to use this central service that we are setting up for Hospital in the Home, which is not being run by the government. We have now contracted this out to Medibank and to Calvary to provide this service in people's homes.' All our local hospital networks, particularly the city ones, provide Hospital in the Home already. There are fantastic nurses, in particular, who provide those services.

The government did not say, 'We want to expand the great work that you are doing already.' In fact, you only need to look at the work that I think the Central Adelaide Local Health Network's Hospital in the Home program did during the pandemic in supporting many people who had

COVID-19 in their home rather than having to go to hospital. We are not expanding that; we are replacing it with a new private model, run by Calvary and Medibank, who are going to do that for you.

I think what we fear, and what the people who work in our health system fear, is a gradual erosion of the work that is being done out of hospital by our local hospital network boards, its being moved into Wellbeing SA and privatised through Wellbeing SA in the community. This is a significant concern. Every time the government looks at additional service offerings, it seems to be a 'private first' mentality.

Nothing sums that up more than what happened with the Urgent Mental Health Care Centre recently. The government got funding from the commonwealth government to set up the Urgent Mental Health Care Centre in South Australia, and that is great. It is fantastic that we got that funding from the commonwealth government. I hope we get more funding from the commonwealth government to do similar things in the future.

The government was then faced with a choice. The natural choice would be: let's set this service up; let's connect it to our hospitals and the rest of our healthcare system. The government made a choice to put it out for tender and to make the public sector compete with the private sector to deliver it, which I think is a very unusual proposition for new service offerings. The government then weighed up two offerings, one from the Central Adelaide Local Health Network, our public healthcare service, and another from a consortium of a local NGO and an American company that does not have a presence in Australia.

Despite the fact that the public option included more services, more hours of operation and more clinicians and clearly had a better connection and had worked through the model with our local clinicians already in the healthcare service, they decided to go with the private model instead. So now we have a private model which, from all reports, has seen a very small number of patients, has very limited opening hours of operation and is very disconnected from the rest of our healthcare system. I hope that it works well. I hope that it works better than we have seen so far.

However, it is clearly a decision by this government, at the central level, that they are going to make the decision to go private first. Once again, we have a difference between this legislation, which is supposedly about the devolution of decision-making authority to the local level, and the decision we have here to contract it out and then pick a private provider who is going to give the people of South Australia fewer services, fewer staff and fewer opening hours.

The people who will get the blame at the end of the day for the people stuck in an emergency department when we have this centre empty—of course, it will not be Stephen Wade; he is not going to put up his hand and cop the blame—will be the local hospital network, who missed out on the tender and who probably should just have been given the money to set this up anyway, without having to go to tender at all. The government will blame them for not caring enough for the people in their hospital, even though it is a decision that has been made centrally by the government, by the minister and by the department that has put them in this situation because of their preference to go private first in terms of the way that they are operating.

This is a healthcare system that is under significant pressure. This is a healthcare system that is facing pressures like we have never seen before, yet we do not have flu cases. Thankfully, due to the good work of Professor Spurrier and the people of South Australia, we do not have COVID cases. If we were to have flu cases and COVID cases, heaven forbid the situation we would be in.

What we absolutely need to do now is make sure that we run a significant vaccine rollout program to get people vaccinated to make sure that we are protected, because eventually we will open our borders and we do not want to be in a situation where we have significant COVID cases coming into our emergency departments and putting additional pressure on the already overburdened emergency departments.

Clearly, though, we have seen a slow vaccine rollout and a vaccine rollout that has been slower than other states. There are eight jurisdictions in this country and we are currently, I believe, sixth on the tally out of those eight jurisdictions. That is not good enough. We need to lift our performance here in South Australia.

This is yet another area where the governance arrangements that the government has put in place have made it clear that they are buck-passing between the local hospital networks and the central decision-making. We have a situation where the central decision-making is pushing all those responsibilities down to the local hospital network. Victoria has recently overtaken us on the per capita state government rollout and has now set up 28 vaccination clinics across the state. In 17 of those clinics you can walk in without an appointment. In South Australia, we have one.

What the government has basically said is, 'We are going to make the local hospital networks do the vaccine rollouts themselves.' So the local hospital networks have now had to scramble to set up clinics and we have seen one set up centrally by the Central Adelaide Local Health Network. Another two have been promised, in the northern suburbs and the southern suburbs, that are meant to be set up by the Northern Adelaide Local Health Network and the Southern Adelaide Local Health Network, but those buildings are currently sitting empty right now.

I do not know the reasoning behind that. Is it because they have not been given enough funding for the local hospital networks to set them up? Is it because they were given notice too late by the state government to set up those clinics? Clearly, we have the supply. The latest commonwealth report shows that we have 56,000 doses sitting in fridges in South Australia. We want those in the arms of South Australians; we do not want them sitting in fridges. A vaccine sitting in a fridge provides no benefit to the community whatsoever; they need to be in people's arms to protect our community.

Clearly, we have the supply, but we do not have the ability to deliver that supply. We have one centre opened in the city under Central Adelaide Local Health Network that has the ability, apparently, to deliver 3,600 doses per week. We have 56,000 doses sitting in fridges. We have a lot more supply than the capability to actually deliver those vaccines. South Australians have been very keen to be vaccinated to the point where, earlier this week when there was another media presentation about this, it was revealed that the earliest appointments for vaccines being offered were all the way out to August.

More needs to be done, but I fear this is another situation where the governance arrangements and the buck-passing between Hindmarsh Square and the local hospital networks is letting us down in terms of getting on with this program. There is no reason why we could not be setting up these sites now and getting them up and operational. Clearly, there is some stumbling block in between the governance arrangements that is making that happen. Why has there not been central leadership in terms of doing this?

We know that the governance of the vaccine program is being led by the Deputy Chief Executive of the Department for Health and Wellbeing, Mr Don Frater, who is also the chair of the task group, but obviously there is a communication breakdown between that group and what is going on at the local hospital network level to get that up and operational. People want to get vaccinated; we just do not have the ability for that to happen.

Sadly, I fear this is another example of the buck-passing that is happening between the local hospital network boards and the state government under their devolution model, where the minister is happy to be there when it is good news, but if it is bad news, somebody from Central Adelaide Local Health Network, as we saw earlier this week, has to go on the radio and defend what is going on in terms of the slow rollout. The local hospital networks have to go in, step up and defend the situation. Clearly, that is an emerging issue but it is all connected to this governance arrangement that we are talking about in relation to this legislation.

One amendment in this legislation, which we are thankful for, happened in the upper house. It was the government's original intention to remove completely the Health Performance Council from operation in this state. This is a body which has overseen the performance of our healthcare system, not just hospitals but broadly in terms of our performance when looking after people in this state. Over the past two years, while this legislation has been floating around this parliament, the government have been trying to abolish the Health Performance Council, which is one of the few potential oversight bodies of the delivery of health care and, I believe, has had a good record.

That is not to say that it could not be improved, but it has a good record in terms of looking at the broader questions about delivery of health care and the health of the population generally. I believe it was set up back in 2008 and it was particularly meant to be a body that would report after elections, so the minister had the ability to say, 'Here's the expert advice on what we should be doing

to make sure that we can improve our system,' and to look at some of those bigger questions that get missed in the day-to-day running of the healthcare system, which is obviously a very complex thing to do. Why would the government seek to abolish that?

Now that they have finally agreed that they will not abolish it, because they could not get it through the upper house without it being taken out, we have seen some very dangerous steps being taken, firstly that they have significantly weakened the number of people on the Health Performance Council. They have pushed a number of people off the Health Performance Council and they have reduced the number of people on the council. There is a larger percentage now of public servants on the Health Performance Council, so you have less independence in the running of it, and they pushed out the person who was providing the governance support to it. What is it that has particularly grieved them to take that action against this body?

One area might be that they are particularly aggrieved that a few months ago a report was raised around the treatment of Aboriginal people in the healthcare system. We understand it did not sit well with people in SA Health, that somebody dared to say that there was institutional racism in our healthcare system. Maybe that is one of the reasons why the Health Performance Council has been punished by reducing its numbers and kicking out executive staff. Originally, there was a threat to abolish it, but it seems now the intent is to significantly weaken it.

This ties in with the fact that this government has had an issue with other avenues of oversight of our healthcare system, one of which is that we have had a body since 2002 that represented consumers in our healthcare system. Consumers generally have been one of the few areas where there is not a voice. There is always a voice for our workers. We have very strong representative bodies for all the different professions in our healthcare system, but the patients, the consumers, the people who need care, quite often do not have that same level of representation.

So the Health Consumers Alliance was established. Obviously, it had to get seed funding from the state government to establish itself on an ongoing basis because you are not going to charge every hospital patient to set up that sort of body. Over a significant period of time, it has represented consumers in the healthcare system. This government, leaving their first budget, made the decision to completely scrap the funding for the Health Consumers Alliance. That has now led to that body being completely abolished and our state being the only healthcare system in the whole country that does not have a representative body for health consumers. Every other state has a body that independently speaks up for patients and consumers, except now here in South Australia under this government.

One of the critical amendments that I believe this parliament should consider when we get to the committee stage is to make sure a requirement is put in place upon the government to put in place an independent body that they support to provide representation and support for consumers in the healthcare system, essentially what was happening for the past 20 years prior to this government abolishing it.

That body would be independent, but it needs to be supported by government funding, otherwise it is absolutely not going to happen. Consumers are not going to pay hundreds or thousands of dollars a year in membership fees to be part of a body representing them, particularly when the healthcare system represents the people who have the least amount of money in our system. People who have more money go privately to get their operations. These are people who are largely low-income earners or pensioners, people who need support, and they are the ones who are missing out. They are the ones who needed that voice of Health Consumers Alliance. That is a very significant issue that we have been pursuing.

I think there are a few other important issues, one of which I have touched on. In terms of the disclosure of members' personal pecuniary interests, that needs to be further addressed in the legislation. One of the issues that we raised when the legislation was originally being put in place was: what if these people who are on these boards have conflicts of interest with other roles that they have?

Obviously, if you are getting senior people with significant director's experience to be on these boards, particularly the city ones, which are dealing sometimes in billions of dollars of funding, you need to be very careful about how that process works and the conflicts of interest. This was of

course an issue raised in the ICAC report, Troubling Ambiguity, which I mentioned yesterday, which said that conflict of interest was one of the areas of concern that they had about the running of the healthcare system.

The government agreed, and we got an amendment passed that said that there would be a disclosure and a register taken of members' interests. It was not quite what I believe we originally asked for, which would have been similar to what members of parliament have to do, but we have agreed to something. The trouble is that since that was put in place we have tried to provide some oversight and get access to these, and they are completely inaccessible. We are being told by local hospital networks, 'We can't send you a copy. You have to physically visit our offices. We will physically let you look at it, but you're not allowed to take notes or take photographs of it, or take a photocopy of it, and then you have to leave.'

What sort of level of oversight is that? It is like looking at some sort of secret CIA paper, where you have to put gloves on or the like. This is an absolutely ridiculous process. What we are arguing is that there should be public disclosure of these logs of pecuniary interests, to make sure that the public has the right to see the conflicts of interest that people have in the decision-making, particularly when we are dealing with many millions of dollars in the decisions that these boards are making about people's health care.

People, quite rightly, would have other interests that they might be a part of, and I think the public has a right to see those decisions. These board members are paid a significant amount of money by the taxpayers of the state. I believe the chairs are paid in the order of \$90,000 a year. That is a significant amount of money, and I think that the public deserves some level of oversight for their decision-making and their pecuniary interests.

That is another amendment that we will be seeking to reintroduce, along with, as I mentioned yesterday, scrapping that loosening of the eligibility requirements for board members, which is a connected issue in making sure that we do not have issues in terms of conflict of interest arrangements over these significant board decisions.

I think it is also really important that we have transparency over governing board disputes. Clearly, one of those issues has to be in relation to where there is a decision by the minister to intervene in relation to the service level agreement dispute between the chief executive and the local hospital network, which we know is not an abstract possibility, because that is exactly what has been happening over the past two years. The minister is now seeking for parliament to give him a right to intervene and to override the disputes being raised by the local hospital network. I think the least that we can do is make sure that the public has a right to know that information and what the minister has overruled as part of that discussion. I seek leave to continue my remarks.

Leave granted; debate adjourned.

Sitting suspended from 12:59 to 14:00.

Petitions

BRIGHTON ROAD

The Hon. A. KOUTSANTONIS (West Torrens): Presented a petition signed by 109 residents of South Australia requesting the house to urge the government to provide the community with a comprehensive business case for proposed roadworks on Brighton Road.

OUTER SOUTHERN DOMESTIC VIOLENCE SERVICE HUB

Ms HILDYARD (Reynell): Presented a petition signed by 3,320 residents of South Australia requesting the house to urge the government to commit to ongoing funding for an Outer Southern Domestic Violence Service Hub, which provides secondary prevention services, including education, counselling, therapy, referral and support services.

Parliamentary Procedure

ANSWERS TABLED

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

*Parliamentary Committees***PUBLIC WORKS COMMITTEE**

Mr CREGAN (Kavel) (14:04): I bring up the 147th report of the committee, entitled Gladstone Rail Corridor Upgrade Project.

Report received and ordered to be published.

*Parliamentary Procedure***VISITORS**

The SPEAKER: I acknowledge the presence in the Speaker's gallery this afternoon of representatives of Southern Women Matter campaign group, who are guests here today of the member for Reynell. Welcome to you.

I acknowledge also the presence in the Speaker's gallery this afternoon of the Hon. David Wotton AM, former member for Heysen and for Murray, and minister between 1979 and 1997 on various occasions. Welcome to you, sir. The Hon. David Wotton is a guest of the Minister for Innovation and Skills today. I also acknowledge the presence in the Speaker's gallery of the Second Secretary of the Embassy of Sweden, Ulrika Gustafsson, who is my guest. Welcome to you.

*Question Time***YOUTH DEATH, PORT LINCOLN**

Ms HILDYARD (Reynell) (14:07): My question is to the Minister for Child Protection. Can the minister now confirm that the 11 and 12-year-old boys involved in the tragedy in Port Lincoln two days ago were in care? With your leave and that of the house, Mr Speaker, I will explain.

Leave granted.

Ms HILDYARD: Today's *Advertiser* states:

It is understood the two boys are living in state care and a missing person report was lodged with police about each of them.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:07): I think I made it quite clear yesterday that I won't be drawn on details of individual cases and I won't be responding.

Members interjecting:

The SPEAKER: Before I call the member for Reynell, the member for West Torrens is warned. The member for Light is called to order.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:08): My question is to the Minister for Child Protection. Who lodged a missing person report about the two boys in care?

The Hon. J.A.W. GARDNER: Point of order: there is a presumption in that question that offends standing order 97.

The SPEAKER: I uphold the point of order. I will give the member for Reynell an opportunity to rephrase the question.

Ms HILDYARD: My question is to the Minister for Child Protection. Who lodged a missing person report about the 11 and 12-year-old boys involved in the tragedy in Port Lincoln two days ago?

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

The SPEAKER: There is no need, Minister for Education. The question proceeds upon a premise of fact. The member for Reynell knows the way in which to go about the introduction of fact in accordance with standing order 97. I will give the member for Reynell a further opportunity.

Ms HILDYARD: My question is to the Minister for Child Protection. Was a missing person report lodged about the 11 and 12-year-old boys involved in the tragedy in Port Lincoln?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:09): As I will reiterate, I will not be discussing individual cases or circumstances. What I will say, Mr Speaker—

Members interjecting:

The SPEAKER: The leader!

The Hon. R. SANDERSON: —is there is a very—

Members interjecting:

The SPEAKER: The member for Wright! Has the minister concluded her answer?

The Hon. R. SANDERSON: I was waiting for the noise to stop so that—

The SPEAKER: The minister is seeking the call.

The Hon. R. SANDERSON: There is a standard procedure for a missing person's report to be made, and if that was relevant I am sure that it would have been abided by. What I can say is that missing children has been a long ongoing issue, not only in South Australia but nationwide.

These children are from complex, trauma backgrounds. They have had a very difficult start to their life, and many of them were running away from home when they were with their biological parents, and many of them continue to do so in care. We are addressing that issue, and in fact my department is currently convening a round table of key stakeholders and experts, including SAPOL, to discuss ways to keep vulnerable children and young people safe when they go missing.

We are delivering on our commitment to embed a therapeutic approach into service delivery through our Sanctuary model. In February 2019, Dr Prue McEvoy, an experienced child and adolescent psychiatrist, joined my department. Dr McEvoy presides over the complex case review panel for those at significant risk. The complex case review meetings assist in the ongoing planning for children and young people in care with complex and specialised needs, providing an escalation pathway when required. These complement the Interagency Therapeutic Needs Panel pilot project developed in partnership with the Department for Health and Wellbeing.

I will continue to receive briefings from my chief executive on this topic and will always be looking for ways to continue to improve the safety of children and young people in care. The department is convening a round table of key stakeholders and experts on 18 May, which includes SAPOL, the Guardian for Children and Young People, SA Health and NGO representation to discuss ways to keep vulnerable children and young people safe when they go missing, often running home to their families.

The SPEAKER: Before I call the member for Reynell, I call to order and warn the member for Wright and I call to order the member for Hurtle Vale.

CHILD PROTECTION DEPARTMENT

Ms HILDYARD (Reynell) (14:12): My question, again, is to the Minister for Child Protection. Were any DCP staff deployed to look for the 11 and 12-year-old boys involved in the tragedy in Port Lincoln?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:12): I refer to my previous answer.

ROAD MAINTENANCE

Mr CREGAN (Kavel) (14:12): My question is to the Minister for Infrastructure and Transport. Can the minister update the house on how the Marshall government is working with the commonwealth to improve—

Members interjecting:

The SPEAKER: Order! The member for Kavel will just resume his seat for a moment. The Deputy Premier is called to order. The member for Kavel has the call.

Mr CREGAN: Thank you, Mr Speaker. My question is to the Minister for Infrastructure and Transport. Can the minister update the house on how the Marshall government is working with the commonwealth to improve road access and safety around the township of Hahndorf and for commuters in the Adelaide Hills?

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (14:13): I thank the member for his question. Both yourself, Mr Speaker, and the member for Kavel have been great advocates for this project, and I look forward to updating the house on how that is progressing. Before I start on the Hahndorf project, it would be remiss of me not to provide feedback on the work we are doing on the South Eastern Freeway and the \$35 million that was secured with the partnership between the Morrison government and the Marshall government to resurface the South Eastern Freeway from the tollgate to Crafers has been going wonderfully well.

Currently, we are creating 165 jobs on that project, and that work alone of course is fixing that surface up to the tunnels. The last time any surfacing work was done there was 20-plus years ago, so we know that we are adding to safety on that road. Again, I think that people are elated about the jobs it is creating, and the fact that we are improving safety as well is a great result.

Members interjecting:

The Hon. C.L. WINGARD: As the Minister for Innovation and Skills points out, that was under a Liberal government. As you would remember, Mr Speaker, when the member for Kavel and you and I were there a couple of weeks ago, we learned that—cop this figure—12 kilometres of lanes have been resurfaced and 35,000 tonnes of asphalt laid, an amazing figure. Weather permitting, that will all be completed in the next couple of months. We thank South Australians, particularly the residents of the Hills—

Members interjecting:

The SPEAKER: Member for Lee!

The Hon. C.L. WINGARD: —for their understanding as we do this work. Again, we talk about jobs and we talk about these great infrastructure projects, and on that side they just want to complain.

While I'm mentioning the new resurfacing works, it would be remiss of me not to mention the managed motorway project we did as well, which added the third lane between Crafers and Stirling and the intelligent system that has gone up above there, which allows us to mark out the lanes; if there is an accident in one of those lanes, we can mark it out and keep traffic flowing. That is another great project generating jobs and helping out the people of the Adelaide Hills to get to town a little easier.

Again, when we were up there with you, sir, and the member for Kavel and talking to the people on the project, we noted that the new type of asphalt that has been laid on this project has actually dropped noise by five decibels. So whether you are in your car or live locally, dropping that noise has been a really great result. Again, that's why we are investing in these projects.

As for the Hahndorf township improvements and the access upgrade, it's a \$250 million project. Again, that was forecast in last year's federal budget, and we thank the federal government for that. We got to work very quickly on that project and finalised the planning studies, and we have gone to the community with three options. Before I go into those options, I would just like to point out how important Hahndorf is as a region.

Of course, the main road has a number of vehicles that go through it. Some 500 heavy vehicles run up and down the main street every day, and we want to get those heavy vehicles off because we know Hahndorf is a great tourist destination. It has some one million visitors per annum, and we want to increase the productivity and the output of that region. If we can divert those trucks off that road, it is better for them, better for their productivity and it also frees up that region and its tourist prospects. Again—and they won't like it—there are 350 jobs in this project, so it is absolutely outstanding.

Members interjecting:

The Hon. C.L. WINGARD: The community feedback is being sought on three options, including a full interchange at River Road and a new link road connecting Echunga Road and River Road; a half interchange at River Road and a link road connecting Echunga Road and River Road; and a full interchange at Verdun, with a link road connecting Echunga Road and River Road. They are the three options. We are taking them to the community and getting their feedback.

It's great to be engaging with the community. If you want to see the pictures, full details are available on the DIT website. I look forward to hearing that feedback from the community. The consultation period runs until 7 June. We've got public forums this Thursday and Saturday at the Hahndorf Memorial Institute and the Academy Lawns respectively, so hopefully the community can get along, and they can have their say as they help us build what matters for South Australia.

The SPEAKER: Before I call the member for Reynell, I call to order the member for Chaffey and I call to order the member for Playford and the member for Lee.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:17): My question is to the Minister for Child Protection. Had the Department for Child Protection had any interactions with any of the three children prior to Tuesday's tragic incident?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:17): As I indicated to the house yesterday, there were supports being provided to the family prior to this and they will continue. Wraparound supports from both government and non-government agencies will continue to be provided.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:18): My question is to the Minister for Child Protection. Is the minister reviewing any contact that Child Protection had with the families involved in the Port Lincoln tragedy, and who is conducting any review into this tragedy?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:18): I thank the shadow minister for her question with regard to this very significant tragedy in South Australia. As we have reported to the house already, there is currently a police investigation into this tragedy underway. The findings of that investigation will be made available to the Coroner in South Australia. It's quite possible that the Child Death and Serious Injury Review Committee will make a further investigation into this tragedy.

We as a government have made sure that we are providing wraparound services for the family and also the community, and those services are being provided by the Department for Child Protection, the Department for Human Services and also the education department in South Australia. I note, and I think it is important for this parliament to understand, that the family and the local community affected by this tragedy have very respectfully requested privacy at this time, and I think that the shadow minister is traversing a very fine line with regard to this matter.

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. S.S. MARSHALL: I put it to this parliament that there is a huge amount of work going into understanding exactly and precisely what has occurred with regard to this. Investigations are currently underway, but we do need to be mindful of what is at the centre of this tragedy, and that is a family that is grieving and a community that is struggling to understand what has happened. They have, very respectfully, requested privacy with this matter. We need to abide by that request and let these investigations run their course.

The SPEAKER: Before I call the leader, I call to order the member for Badcoe, I warn the member for Playford and I warn the member for West Torrens for a second time.

YOUTH DEATH, PORT LINCOLN

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:20): A supplementary question to the Premier: can the Premier advise the house if the police investigation and the report they are preparing for the Coroner is the only inquiry that is currently being undertaken with regard to the Port Lincoln tragedy?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:20): I thank the leader for his question with regard to this. As I indicated, the Child Death and Serious Injury Committee could choose to conduct an inquiry. That is not at the direction of the government, as the leader would be aware; they form that opinion themselves.

To the best of my knowledge, the Coroner will obviously conduct his investigation, but that will be informed by the police investigation currently underway. The Child Death and Serious Injury Committee could form their own view that they would also like to conduct an inquiry. There are a number of bodies in South Australia that could look at this tragedy. The investigation we are currently aware of is, of course, the police investigation.

YOUTH DEATH, PORT LINCOLN

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:21): A further supplementary to the Premier: given the Child Death and Serious Injury Committee is an organisation separate to government and not subject to government direction, similar to South Australia Police, is there any inquiry that you or your government have initiated into the Port Lincoln tragedy?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:22): We have every confidence in SAPOL. We have every confidence in the Coroner's Office in South Australia. We will wait to see what the police investigation shows. If there is a requirement for any further investigation, then obviously that will take place.

SKILLING SOUTH AUSTRALIA

Mr PEDERICK (Hammond) (14:22): My question is to the Minister for Innovation and Skills. Can the minister advise how Skilling South Australia has delivered more jobs for the construction, mining and energy sectors?

The Hon. D.G. PISONI (Unley—Minister for Innovation and Skills) (14:22): I thank the member for Hammond; I know how much he supports apprenticeships and traineeships. As a matter of fact, we will be celebrating the success of apprentices in the Murraylands with an awards night coming up very soon.

The Marshall Liberal government's success under our Skilling South Australia program continues to deliver meaningful outcomes, changing lives through targeted training support and jobs for more South Australians. This is a reform process we began soon after coming into office. This is not something that is post COVID, it is not something because of COVID: we identified the need for more skills in South Australia and we got on with that job immediately on coming to office.

A monthly snapshot for April shows that apprenticeships in the construction, mining and energy sector have grown a massive 34 per cent, an increase to now of 1,035 new jobs in that sector through apprenticeships. More importantly, these are paid apprenticeships that will deliver new skills into this workforce that is crying out for more skilled labour.

These are extraordinary figures, providing the opportunity for young people and jobseekers to earn while they learn and, of course, to go on to earn very good salaries as well as creating pathways to their own businesses and working for themselves. The three occupations with the highest increase in commencements were electricians, plumbers and carpenters, and how often do you see a sole trader with a ladder and a tube for electrical cord on the side of their van, living their own life and enjoying what they're doing because of the skills they have learned during their apprenticeship?

There is no doubt that this success in job creation through skills training is as a result of the Marshall government's training reforms and of course the intervention and response to COVID-19. With the HomeBuilder incentive, 10 per cent of those grants for HomeBuilder were here in South Australia. That released an enormous amount of private money into the sector, stimulating jobs.

The Boosting Apprenticeship Commencements program is now extended until March 2022; and the South Australian Group Training Boost support reduces the cost for host employers to take on apprentices and trainees for the first six months of their apprenticeship. Of course, if you employ an apprentice directly, there are payroll tax exemptions in doing that.

There is more support through a range of new incentives through the Construction Industry Training Board. The Construction Industry Training Board has responded to the need to increase substantially apprentices and trainees in that sector, and they have spoken to their sector and delivered even more incentives to support employers to take on apprentices and trainees. This is something that is very different in this government from previous governments.

We have identified that there is a cost to on-the-job training, so we are partners with industry, with businesses, with their on-the-job training. We are ensuring that the 160 bespoke programs that we have designed using the extra funding on top of the Subsidised Training List to support apprentices and trainees is used to remove barriers and bring enablers in for businesses so that they can employ apprentices.

Because of that, 2,200 new businesses have taken on apprentices and trainees for the first time since the rollout of Skilling South Australia. We have worked with them, we have identified those barriers and we have convinced them to give it a go, and guess what? They are loving it. They are enjoying the benefits their businesses are getting by taking on apprentices and trainees. This government is developing new and more paid pathways into rewarding careers.

YOUTH DEATH, PORT LINCOLN

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (14:26): My question is to the Premier. Has the Premier himself or the Chief Executive Officer of the Department of the Premier and Cabinet been personally briefed by the significant incident reporting unit regarding the Port Lincoln tragedy?

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:26): I have certainly been briefed about the tragedy. Obviously we are awaiting the police investigation, but this was brought to my attention earlier in the week. As for the chief executive, I will make an inquiry and come back to the house.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:27): My question is to the Minister for Child Protection. Has the minister been briefed on any support or interventions any of the three boys received prior to the tragic incident in Port Lincoln on Tuesday?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:27): As I indicated to the house yesterday and again today, supports were being provided to the children involved prior to the incident and will continue afterwards; and yes, I was briefed.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:27): My question is to the Minister for Child Protection. Have any tier 1 notifications been downgraded to tier 2 at the Port Lincoln DCP operations in the past year?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:28): I would have to take that on notice. Obviously that is operational. But while we are asking about the Port Lincoln office, I did take on notice yesterday to find out about the staffing levels. Just to reiterate, as I said yesterday, there are more staff now employed in the Department for Child Protection than there ever have been before.

Members interjecting:

The SPEAKER: The member for Hurtle Vale is warned.

Ms Cook: There aren't increases in staffing if there's 1,000 more kids.

The SPEAKER: The member for Hurtle Vale is warned for a second time.

The Hon. R. SANDERSON: As far as the Port Lincoln DCP office goes, the office has a 2020-21 annual staffing budget of 21.2 FTEs. For the year to date, as at April 2021, staffing levels have averaged 21.3 FTEs. The manager's position is the subject of ongoing recruitment process; however, an experienced acting manager is in place in the interim. I'm confident in the staffing capacity of the Port Lincoln office and recognise the ongoing commitment of staff in that area to protect and support children and young people and their families.

The SPEAKER: Before I call the member for Reynell, I warn the member for Chaffey.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:29): My question is to the Minister for Child Protection. Have any tier 1 notifications gone longer than 24 hours without an investigation at the Port Lincoln operations in the past year?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:29): That's obviously very operational and I will take it on notice.

INTERNATIONAL TRADE

Mr McBRIDE (MacKillop) (14:29): My question is to the Minister for Trade and Investment. Can the minister update the house on how the government's international trade offices are supporting South Australian businesses to export their products into key markets?

The Hon. S.J.R. PATTERSON (Morphett—Minister for Trade and Investment) (14:29): I thank the member for MacKillop, and of course we are always looking to help the regions, especially those in your electorate of MacKillop. One of those ways is connecting them to the world to be able to export and doing that via opening up new trade offices.

Those trade offices are a key way of connecting businesses to these keys markets. They will drive two-way trade and also introduce investments. When they do that, they provide on-the-ground support in those markets and introductions to key importers and distributors as well. There are opportunities now coming out of the US, our second biggest market in terms of exports. We recognised that and immediately worked towards setting up a trade office in Houston back in March 2020.

That was right when COVID was starting to work its way through the globe and travel was restricted, but that did not stop Regina Johnson, the business development manager, looking for opportunities. In June, she recognised one opportunity with the premium grocery retailer in Houston, Central Market. There are 10 of those grocery stores in Texas. Their target customers have an average salary of around \$100,000 and they are looking for premium and unique products that aren't for sale in standard retail stores in Texas.

South Australia has premium iconic brands. She recognised a great opportunity and asked Central Market if that was of interest to them and they said yes. Of course, the problem then was how to connect this grocery chain in Texas to South Australia. The innovative virtual pitch sessions provided an opportunity. The Department of Trade and Investment, in conjunction with Food SA, went about connecting with both food and beverage companies in South Australia and asking whether they would be interested.

Pleasingly, 19 South Australian companies recognised this opportunity. We worked through fine-tuning their pitch before presenting it to Central Market between August and October 2020. This was still during the pandemic, and it was done virtually. During these pitch sessions, Central Market said, yes, there were a lot of unique products and premium brands in South Australia and then asked for samples to be sent over from 15 of these companies. That was organised and done through our trade office in Houston.

Those samples were looked at and tasted, and the pleasing thing is that nine South Australian companies were given contracts to send produce over to the United States. This is fantastic news. They are all iconic brands that all of us here in parliament will know: Pure Origins honey, Bickfords, Olsson's salt, Beerenberg, T BAR fine tea, Currawong olive oil, Penfield olives, Robern Menz and also Tucker's Natural.

Just recently, I went down to Outer Harbor to see 21,000 of these units put on a container. I was joined by Sam Tucker—he is also at the Glenelg Lifesaving Club—who is a fantastic local businessperson. He said this was a great opportunity. This gets them in there, gives them the opportunity to be placed on shelf space in a premium location and could potentially open them up to many more retailers in Texas. This is just one way that the Marshall Liberal government is backing business and helping them grow through exports.

Members interjecting:

The SPEAKER: Order! Before I call the member for Reynell, I warn the member for Wright for a second time and I call to order the leader. I remind members on both my left and on my right that a general higher level of enthusiasm should not be translating into interjection.

CHILDREN IN STATE CARE

Ms HILDYARD (Reynell) (14:34): My question is to the Minister for Child Protection. Now that the minister has had 24 hours to ascertain the answer, can the minister advise the house how many children in care have gone missing in Port Lincoln in the past year?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:34): I will take that on notice and get back to the house.

Members interjecting:

The SPEAKER: Order!

Mr Brown: What was that?

The SPEAKER: Member for Playford!

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:34): My question is to the Minister for Child Protection. For exactly how long has the DCP Port Lincoln manager role been vacant?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:35): I would need to check on that but, as I mentioned earlier, the manager's position is the subject of an ongoing recruitment process. However, an experienced acting manager is in place in the interim.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:35): Supplementary question: for how long has the ongoing recruitment process been continuing for the DCP Port Lincoln manager role?

Members interjecting:

The SPEAKER: Order, members on my right!

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:35): I find it ironic that the former Labor government, who presided over 279 vacancies for several years—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —several years—would even ask about a management position—

Mr Brown: How many are there now?

The SPEAKER: Order, the member for Playford!

The Hon. R. SANDERSON: —that is being filled by a competent manager while we are undergoing a recruitment process. We have got the overall numbers of vacancies to less than 60, remembering it was 279—

Ms Stinson interjecting:

The SPEAKER: Member for Badcoe!

The Hon. R. SANDERSON: —under Labor. For several years they held open vacancies in order to cover up their blowouts in their department. We have broadened the qualifications for our workers. We have employed more staff than ever before.

CHILD PROTECTION DEPARTMENT, PORT LINCOLN

Ms HILDYARD (Reynell) (14:36): My question is to the Minister for Child Protection.

Mr Malinauskas interjecting:

The SPEAKER: Leader!

Ms HILDYARD: Now that the minister has had 24 hours to ascertain the answer, have any shifts gone uncovered in DCP operations in Port Lincoln in the past three months?

Members interjecting:

The SPEAKER: Order! The minister will resume her seat for a moment. The interjections across the floor of the chamber will cease. As I have referred to previously on numerous occasions, it's a particularly objectionable form of communication that involves conversation between members. Interjections from the Premier and the leader will cease. The minister has the call.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:37): I took that question on notice, and I will bring an answer back to the house when I have one.

The SPEAKER: Before I call the member for Davenport, I warn the member for Badcoe and I warn the member for Playford for a second time.

ZERO COST ENERGY FUTURE

Mr MURRAY (Davenport) (14:37): My question is directed to the Minister for Environment and Water. I ask the minister whether he can provide the house with an update on SA Water's Zero Cost Energy Future project and how that is benefiting the state.

The Hon. D.J. SPEIRS (Black—Minister for Environment and Water) (14:38): I thank the member for Devonport for his interest in this project. As members would be aware, there is a commitment by the Marshall Liberal government to become a net zero emissions economy by 2050. Even more importantly, in my view, is that really ambitious but realistic target to reach our 2030 goal of a 50 per cent reduction in 2005 levels of greenhouse gas emissions by 2030. That is a goad to action for the government, for the business community and for the broader community as well.

It is a real opportunity for South Australia to continue that bipartisan leadership that we have had in the space of climate action and continue to push the boundaries nationally and internationally when it comes to decarbonising our economy, showing leadership both in terms of new technologies and in terms of the ideas economy and driving forward our leading commitment towards that low carbon future that we believe will be an underpinning part of our state's economy into the future.

We announced in late last year the Climate Change Action Plan 2021-2025, which outlined a whole range of initiatives that the state government would move forward with as part of our commitment towards that 2030 and 2050 goal. One of those, which has been led by SA Water, is the Zero Cost Energy Future project, which was developed by staff within SA Water.

They have shown real leadership and they aim to become certainly the first utility in Australia, and to lead the world in terms of water utilities, in taking that organisation as much as they can off the grid by a huge investment in renewable energy—not only energy creation but also storage to ensure that when energy is needed it can be deployed from storage options. The project is really substantial.

We know that SA Water is one of the largest energy users in the state. In the previous financial year, its energy bill was some \$86 million, so the opportunity to invest in renewables and storage and drive down that energy bill will ultimately also flow on to customer water bills when water prices are determined. It is a win-win here. It is a win for our environment, showing that international leadership and also flowing through to water prices.

The member for Davenport's personal interest in this project will of course be related to the Happy Valley Reservoir, where there's a substantial solar array. In fact, one of the largest moveable solar arrays in the world has been installed, with some 30,000 solar panels there at Happy Valley Reservoir, adding to 350,000 solar panels which have been installed at SA Water sites right across the state, at some 35 sites across the state, generating 242 gigawatt hours of energy. This is equivalent to the power needs of 50,000 South Australian homes.

This is an exciting project. It is a project where we are demonstrating real national and international leadership, driving down the cost of water, driving down greenhouse gas emissions and demonstrating what a world-leading decarbonised utility looks like.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:41): My question is to the Minister for Child Protection. Has the minister now inquired into whether staffing levels were adequate at the Port Lincoln DCP operations at the time of the tragedy?

Members interjecting:

The SPEAKER: Order, members on my right!

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:42): I refer to my previous answer.

Members interjecting:

The SPEAKER: Before I call the member for Reynell, I call to order the member for Schubert.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:42): My question is to the Minister for Child Protection. Was the incident in Port Lincoln deemed a critical incident?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:42): I have been briefed regarding this incident and I have regular briefings from my CE on incidents of this type.

REGIONAL GROWTH FUND

Mr TRELOAR (Flinders) (14:42): My question is to the Minister for Primary Industries and Regional Development. Can the minister advise how the Regional Growth Fund has delivered more jobs for regional communities?

Members interjecting:

The SPEAKER: Order! Before I call the Minister for Primary Industries and Regional Development, the member for West Torrens will leave for 20 minutes in accordance with standing order 137A. The minister has the call.

The honourable member for West Torrens having withdrawn from the chamber:

The Hon. D.K.B. BASHAM (Finniss—Minister for Primary Industries and Regional Development) (14:43): I thank the member for Flinders for his important question about how the Marshall Liberal government is creating jobs in the regions. As I said last week, it was a pleasure to be with the member for Flinders at Port Lincoln on 20 April, joined by the Premier, to launch the government's Regional Development Strategy. We were also joined by an excellent candidate for Flinders, Sam Telfer, who was involved in a key way in the development of the strategy as part of the committee of that strategy.

The strategy outlines the government's approach to engaging with regional communities and helping them thrive. The strategy is supported by the new Our Regions Matter website, which enables members of the community to log on to see what is being invested in their areas in schools, hospitals and sporting infrastructure right across the regions, making those regions stronger.

Today, I am pleased to announce the opening of round 4 of the Regional Growth Fund competitive round. The Regional Growth Fund is a \$160 million commitment over 10 years by the Marshall Liberal government. The growth fund was an election commitment, another example of how the government has delivered on our election promises to the regions.

The round, which is open today, is making another \$5 million available. We are calling for applications from regional business clusters, cooperatives, industry associations and local governments. The grants will be for \$50,000, up to \$2 million, which are available. Applicants are expected to contribute at least 50 per cent of the total project cost. All applications are open until mid-noon on Monday 12 July.

In less than three years, the government has already committed over \$60 million into the Regional Growth Fund. This is real investment into our regions. For that \$60 million, the government has been able to leverage \$374 million worth of total value in investment in projects. These projects

would otherwise not have happened or would have been significantly delayed without the Regional Growth Fund incentivising the investment.

We are making a difference. Projects like the \$2 million investment into Ferretti International at Whyalla are supporting the region's steel industry. The Royal Flying Doctor Service received \$716,000 to upgrade their facilities at Marree in the north. I also recently joined the member for Hammond and the member for Chaffey in the Murraylands and Riverland Mesonet localised weather stations, a \$1.2 million project delivered by Ag Excellence Alliance.

Last year alone, the government announced \$25 million in stimulus for regional growth funds, which was awarded to support \$170 million worth of projects last year to stimulate regional economies. These projects are expected to deliver up to 1½ thousand jobs. Not only are we creating jobs but we are building opportunities and communities in the region. The government is committed to supporting economic development, jobs and growth in the regions. Our approach contrasts with Labor, whose failed Regional Development Fund racked up \$12 million of project grants that actually never happened—\$12 million of broken promises and failed hopes in the regions.

The Marshall Liberal government is delivering more than \$3 billion in initiatives to help our regions thrive. The Regional Growth Fund has been incredibly successful in facilitating investment and in working with businesses to make South Australia better and stronger. We are committed to the regions and we will work with businesses to actually deliver jobs and significant investment in rural and regional South Australia.

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:47): My question is to the Minister for Child Protection. What is deemed a critical incident?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:47): As the member would be well aware, we recently had the Rice review, which was a report into significant incident reporting, which is continuing and is underway currently. I can give the member an update on how the Rice review is going. On 16 February 2021—

Members interjecting:

The SPEAKER: Order!

The Hon. R. SANDERSON: —the Attorney-General tabled the final report of the Rice review in parliament. Redactions in the report were made to protect the identities of children. There were recommendations. I will just go further to the part that it was regarding. We have taken it further than was actually expected. Recommendations of the Rice review included:

That the Chief Executive be asked to develop instructions and guidance that ensure that the Minister and senior Department officers are advised as soon as reasonably possible of any allegation of a serious criminal act against a client of the Department.

And that recommendation 12, which was the Allen report, be implemented:

That the Chief Executive be asked to ensure department policies and directions to staff are unambiguously clear that incidents likely to attract media interest, and any approaches from the media, are reported to the Minister, the Chief Executive and the responsible division head as quickly as possible. Guidelines distinguishing 'high' and 'low' importance matters will need to be developed to ensure 'good news travels fast, bad news travels faster'.

Recommendation 3:

3. That the Minister advise the Chief Executive, in writing, about what events/incidents about which she wants to be informed. This process should take place when the Minister takes office and be reviewed on an on-going...basis.

4. That the Chief Executive undertake a comprehensive staff education programme directed towards a knowledge and use of the existing Incident Management Procedure.

5. That consideration be given by the Government to increasing the maximum penalty for a breach of Written Directions to 3 years (for a first contravention) and 4 years (for second and subsequent contraventions).

6. That consideration be given by the Government that a person arrested for breach of Written Directions, be a 'prescribed applicant' for the purposes of the Bail Act, 1985.

This is ongoing. My department just recently gave feedback on the suggested new incident reporting procedure. It is still underway and I will get back to the house.

Members interjecting:

The SPEAKER: The leader!

CHILD PROTECTION

Ms HILDYARD (Reynell) (14:50): Supplementary, Mr Speaker: exactly what is deemed a critical incident?

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (14:50): As members know, the Rice report has been undertaken. The recommendations have been given. We have accepted them.

Members interjecting:

The SPEAKER: Order! The Deputy Premier will resume her seat. The member for Kaurna is called to order and warned. The Deputy Premier has the call.

The Hon. V.A. CHAPMAN: The recommendations have been given. The recommendations have been accepted. A unit has been—

Members interjecting:

The Hon. V.A. CHAPMAN: In the report given to me as Attorney-General to implement that.

Members interjecting:

The SPEAKER: The member for Lee is warned.

The Hon. V.A. CHAPMAN: A dedicated person from the Crown Solicitor's Office has been appointed to do that to work with a dedicated party in the Premier's office to do all of that work.

Members interjecting:

The SPEAKER: The leader will cease interjecting.

The Hon. V.A. CHAPMAN: I am expecting that all of that will be completed. I have seen the drafts of the review of the critical incident reporting process, including from the Allen report which was given to the former government years ago and they did nothing about it—and we have done just that.

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. CHAPMAN: So I am expecting all of that work to be—

Members interjecting:

The SPEAKER: Member for Lee!

The Hon. V.A. CHAPMAN: —completed by June. I have certainly given the task to my department to make sure that's done efficiently and quickly, as Mr Rice clearly indicated should be done. He pulled out the Allen report. He had indicated what had failed to be undertaken in relation to that report. He recommended again that it be done, and that is precisely what we are doing.

The SPEAKER: The leader is warned.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:51): My question is to the Minister for Child Protection. Has the minister asked the department to undertake an internal investigation into the care and oversight of the 11 and 12-year-old boys involved in the tragedy?

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:52): I think I have made it quite clear that I won't be commenting on individual cases. As the Attorney-General has stated, there will be protocols coming back to the house regarding the significant incident

reporting. As I have already stated to the house—and so has the Premier—several ministers were fully briefed regarding this incident.

METROPOLITAN FIRE SERVICE

Ms LUETHEN (King) (14:52): My question is to the Minister for Police, Emergency Services and Correctional Services. Can the minister update the house on how the Marshall Liberal government has created jobs through the construction of the Angle Park structural fire training facility?

The Hon. V.A. TARZIA (Hartley—Minister for Police, Emergency Services and Correctional Services) (14:53): I thank the member for King for her excellent question. I also thank the opposition for their enthusiasm in this area. It's great to see that this is such a bipartisan issue—

Members interjecting:

The SPEAKER: Order!

The Hon. V.A. TARZIA: —because as we know—

Members interjecting:

The SPEAKER: Order, members on my left!

The Hon. V.A. TARZIA: —it's extremely important that we as a government do everything we can to give our MFS men and women the resources that they need to protect lives and property in this state. I am very pleased to say that the Marshall Liberal government is investing in hot property. It's so hot, it could be the hottest property in Australia at the moment at Angle Park.

On Tuesday 20 April, I was pleased to officially open the MFS brand-new structural live fire training facility at Angle Park, and what an absolute beauty it is. It is a \$4.3 million facility. It is the first of its kind in all of Australia. People have travelled all over the world looking for the best example of this sort of facility and it's right here in South Australia at Angle Park. It has an asset life of 50 years. Many South Australian firefighters, both paid and volunteer, will be able to benefit from this new facility for decades to come.

Importantly, the CFS will also be able to make use of this wonderful facility. It is a state-of-the-art facility that will ensure that our hardworking volunteer firefighters have world-class training for structural fires. Crews can gain experience battling blazes in homes, in businesses, in a variety of different scenarios. They've got basic, intermediate and also advanced situations as well.

We are not only providing firefighters with state-of-the-art training facilities but also providing South Australians with jobs, which is also very important. I am pleased to inform the house that over 140 jobs were supported during the construction of this particular exceptional training facility, and the facility that has been created is certainly something to be proud of.

What we have built here is a facility that is nation-leading and, as I said, one of the best in the world. In addition to live fire scenarios at the Angle Park facility, we've also got lecture rooms, purpose-built cleaning areas, a briefing and debriefing room (which is very important), workshop spaces, an equipment drying room, a breathing apparatus compressor and a cylinder fill station.

Without doubt, South Australian firefighters will have the best scenario training in the country. We can be very proud of their hard work, not only of our MFS but also of the people who were involved behind the scenes designing and also building this very exceptional facility. The MFS will provide external stakeholders and other agencies, including our fantastic CFS volunteers, with access to the facility. It is very important that we collaborate, especially in these times, to ensure that the learnings and the skills extend beyond its own workforce as well.

We know how important it is that our emergency services personnel have quality training so that they are ready to respond to the vast array of incidents that arise and protect South Australian lives and also our property. Our government is proud to continue to invest in skills, capacity and the safety of our MFS personnel and also all the other emergency services personnel.

Since coming into government we have invested over \$67 million in additional funding for the MFS. This includes \$11½ million for additional heavy urban appliances, the first two of which I

am pleased to say arrived in South Australia this week, and over \$4 million for new helmets and breathing apparatus to make sure that our firefighters are as safe as possible. Our government is creating jobs, building what matters and upskilling our emergency services workers to protect South Australians.

YOUTH DEATH, PORT LINCOLN

Ms HILDYARD (Reynell) (14:57): My question is to the Minister for Child Protection. What exactly has the minister done since being briefed on the tragedy?

Members interjecting:

The SPEAKER: Order, members on my right, members on my left! The minister has the call.

The Hon. R. SANDERSON (Adelaide—Minister for Child Protection) (14:57): Thank you, Mr Speaker.

The SPEAKER: Does the leader rise on a point of order?

The Hon. R. SANDERSON: I have been fully briefed by my department, and I continue to be regularly updated.

The SPEAKER: The leader.

Mr MALINAUSKAS: Mr Speaker, I would ask that the Deputy Premier withdraw her remark that it was a stupid question. This is an important issue. As the Premier—

Members interjecting:

The SPEAKER: Order, members on my right! I will hear what I perceive to be a point of order.

Members interjecting:

The SPEAKER: Order, members on my right! The leader has the call.

Mr MALINAUSKAS: I would ask that the Deputy Premier withdraw that remark. The shadow minister is asking perfectly legitimate questions on an important subject, and when the Deputy Premier shouts out across the chamber that it's a stupid question I think that poorly reflects on the member and the sincerity with which the question is being asked.

Members interjecting:

The SPEAKER: Order! I am inclined to interpret that as a point of order pursuant to standing orders 125 and 126. To the extent that the leader takes any reference to which he has referred as reference to the leader, then I might ask the Deputy Premier to withdraw, but I might just call on the member for Reynell in that regard. Did the member for Reynell hear any observation?

Ms HILDYARD: I did find the remark offensive, Mr Speaker.

The SPEAKER: In the circumstances, I ask the Deputy Premier to withdraw.

The Hon. V.A. CHAPMAN: I'm happy to withdraw if the member is offended. I note the leader isn't.

The SPEAKER: Does the member for Reynell seek the call?

MTX GROUP

The Hon. Z.L. BETTISON (Ramsay) (14:59): My question is to the Minister for Trade and Investment. Now that the minister has had 48 hours to check, can he now confirm if MTX Group were provided any incentives to establish an Adelaide hub?

The SPEAKER: The Premier.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL (Dunstan—Premier) (14:59): The member might not recall—

Members interjecting:

The SPEAKER: Members on my left!

The Hon. S.S. MARSHALL: —but it was actually a question which I answered two days ago. It shows how much they are listening to this question. I provided a comprehensive answer to the house, which I am happy now to repeat.

We are absolutely delighted to have MTX here in South Australia, as we are to have global companies like Amazon Web Services here in South Australia, global companies like Google here, PwC here, Accenture here. They are all attracted to the work that we are doing in South Australia to make this a more attractive place for people to invest. As I said the other day, and I'm very happy to repeat again, part of that attraction is the work that we are putting into skills development and making sure we have the skills of the future here in South Australia.

Today, I had a meeting with Dr Andrew Johnson, who is head of the Bureau of Meteorology, and we were talking to him about the skills that they require in the Bureau of Meteorology going forward in South Australia. It's fair to say, a lot of those skills are in these critical areas, like digital skills, which we are putting a huge amount of effort into in South Australia. MTX are attracted by the excellent work we are doing in terms of workforce development and so are these global tech companies. The good news is we haven't heard the end of the line-up, if you like, coming to South Australia.

More and more companies are attracted by the way that we have gone about developing a skills plan to make this a very attractive place to invest. One of the other things that attracts companies like MTX to South Australia is the great capability that is being clustered on Lot Fourteen and more broadly across South Australia in places like Tonsley, Mawson Lakes, out at Edinburgh and down at Osborne.

On Lot Fourteen itself, we have the Australian Cyber Collaboration Centre, the Australian Institute for Machine Learning, the Smart Satellite Cooperative Research Centre, the Australian Space Agency, MIT—the number one ranked university in the world—and, of course, Stone and Chalk, which is a great startup/scale-up incubator. So the answer to the question, which the member has now asked twice is: yes, we are providing an investment in skills. No detail has been—

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: Well, they say, 'How much?' 'It's secret'.

The Hon. S.C. Mullighan interjecting:

The SPEAKER: Member for Lee!

The Hon. S.S. MARSHALL: We are offering it to every single company in South Australia. It's such a secret—

Members interjecting:

The SPEAKER: Member for Playford!

The Hon. S.S. MARSHALL: —it's on every single government website. We have been promoting this since the day we got to government. We were the first government in Australia—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: Member for Lee!

The Hon. S.S. MARSHALL: —to sign up to the Skilling Australia program with the federal government. It's a \$200 million secret developing the skills for the future. It's open to South Australian companies, it's open to interstate companies wanting to come to South Australia, it's open to international companies wanting to come to South Australia, it's open to companies that want to start up here in South Australia, grow their business in South Australia to keep more South Australians employed. What we are doing is developing the workforce of the future.

When we came to government we had an exodus of young people out of this state. They didn't have a skills policy, and they didn't have an employment policy which was keeping young people here for these very attractive jobs. By contrast, three years later we now have net migration to our state. They hate it, but it's a fact. Young people see a future here in South Australia working for companies like MTX and Amazon, Google and PricewaterhouseCoopers, and Accenture, at MIT, in our space agency—the future for South Australia—because the work that's being done by this government is very, very positive for companies right around the world and we welcome them all here to our state.

MTX GROUP

The Hon. Z.L. BETTISON (Ramsay) (15:03): Supplementary, Premier: so how much was the value of the incentive of the \$200 million? How much?

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL (Dunstan—Premier) (15:04): This gives me another four minutes to answer this question. It's almost impossible to believe my luck today to give me an opportunity, a platform, to talk about the great work that is happening down on Lot Fourteen attracting some of the most important, impressive companies in the world.

Members interjecting:

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

The Hon. S.S. MARSHALL: The shadow minister shouts across, 'How much?' As I pointed out in the last answer—

The SPEAKER: The Premier won't respond to interjection.

The Hon. S.S. MARSHALL: —and indeed the one before that, we have an unlimited budget for skills development in South Australia. No specific amount has been negotiated because it depends on that training program. What they are attracted to in South Australia is not the mentality of the previous government of paying people, begging people, to come to their broken—

Members interjecting:

The SPEAKER: The member for Playford!

The Hon. S.S. MARSHALL: —economy, the broken economy they presided over for 16 years. Our focus has been to make this the most attractive environment of any state, any precinct, anywhere in the entire country.

Mr Malinauskas interjecting:

The SPEAKER: The leader!

The Hon. S.S. MARSHALL: We make no bones about putting money on the table—

Mr Malinauskas interjecting:

The SPEAKER: The leader will cease interjecting.

The Hon. S.S. MARSHALL: —for skills, no specific money—

Members interjecting:

The SPEAKER: Members on my left!

The Hon. S.S. MARSHALL: —no specific money—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: Member for Lee!

The Hon. S.S. MARSHALL: —but an unlimited focus on developing the skilled workforce that we need for the future. We know there is a skills shortage in critical areas like digital skills, like cyber skills—

The Hon. S.C. Mullighan interjecting:

The SPEAKER: The member for Lee is warned for a second time.

The Hon. S.S. MARSHALL: —right around the world, not just here in South Australia and around Australia but globally. That's why we are working with these companies to develop bespoke solutions to the issues they have, and this is very attractive to those organisations.

Those opposite had 16 years in government, and they had handouts to organisations to come to South Australia. By contrast, what we have done is lower people's cost of operating in South Australia. We have lowered their energy prices, we have slashed their water prices, we have halved their emergency services levy in South Australia, we have taken an axe to land tax here in South Australia. We have done everything we can to improve the competitiveness of businesses in South Australia.

Mr Malinauskas interjecting:

The SPEAKER: The leader is warned for a second time.

The Hon. S.S. MARSHALL: I am just looking forward to the next supplementary on this question because the good news for South Australia continues to come. What is happening now in South Australia is that momentum is starting to create more and more interest. Only last week, with the SOUTHSTART conference in Adelaide, we had some of the most incredible people coming to our state, people involved in venture capital, people who had not been to South Australia for a very long period of time, and they loved what they saw.

They absolutely loved the transformation of the economy here. They loved the fact that we were talking to companies like Amazon, working with Deloitte here in South Australia on the GRAVITY Challenge. It started off as an Australian-based product, the GRAVITY Challenge, but it's now a global challenge operating right out of Lot Fourteen. It's something we feel very positive about, but I won't continue because I know that members of the crossbench are looking forward to asking us some important questions.

The SPEAKER: Before I call the member for Mount Gambier, the member for Wright, the member for Playford and the member for Lee will leave for 20 minutes in accordance with standing order 137A.

The honourable members for Wright, Playford and Lee having withdrawn from the chamber:

LANDSCAPE BOARDS

Mr BELL (Mount Gambier) (15:07): My question is to the Minister for Environment. Can the minister provide an update on how the Limestone Coast Landscape Board is progressing, in particular regarding funding being provided for landscape recovery initiatives?

The Hon. D.J. SPEIRS (Black—Minister for Environment and Water) (15:08): I thank the member for Mount Gambier for that question. The Landscape South Australia reform was a very key reform that the Liberal Party took into the election, saying that we would wind back the natural resources management regime and replace it with a new act, that we would have a really back-to-basics approach to landscape boards, with people appointed from the community, with local government representation, with representation spread well geographically around particular regions. We would concentrate on the basic platforms, the basic pillars towards environmental sustainability: water conservation, water management, sustainable agriculture, pest animal and pest plant control, overlaying that with climate action and biodiversity conservation.

The landscape boards right across the state are going exceptionally well. They have been up and running for about 12 months now, and I've been really pleased with the level of leadership we have seen from the landscape board chairs as well as the grassroots connection we have seen from board members.

In particular, in the member for Mount Gambier's region, and he shares that with the member for MacKillop and the member for Hammond, we have the Limestone Coast Landscape Board. For the first 12 months or so, that was chaired by Kerry DeGaris. Kerry had to step down because of

other pressures recently, and I want to take this opportunity to thank Kerry for her contribution to the administration of that board, particularly in its early days.

In the last couple of months, we have seen a farmer based in the north of the Limestone Coast, Penny Schulz, come into the chair role there. Penny is also on the Premier's Climate Change Council, so getting that real cohesion and solidarity between climate change action and policy in the state and also that grassroots ground-level community conservation action, which we are demanding and seeing from these landscape boards.

One of the key reforms to the way we do natural resource management in South Australia was essentially taking a bit of Adelaide's levy from the Green Adelaide region and redistributing it around the state through the Landscape Priorities Fund. This is a really good reform because it recognises that people who live in Adelaide, they benefit from the regions, they enjoy the regions, but they also put pressure on the regions when we gain food and fibre out of the regions and we visit the regions.

By establishing the Landscape Priorities Fund, we've been able to redistribute some of Adelaide's levy collection into regional South Australia. We are about to make an announcement as to the successful projects from the Landscape Priorities Fund. These are large landscape-scale projects, projects that can be multiyear with many partners, particularly partnering with environmental NGOs, local industry and local government. These projects will really make a difference.

I'm delighted to be able to announce today two projects will get up in the landscape board that represents the Limestone Coast. The first is one that will receive around \$500,000, and that's called Making Every Drop Count, looking at water resources in the South-East so critical to the environmental and economic sustainability of the Limestone Coast region. That is going to look at innovative ways to manage water resources down there and really build resilience into those water resources.

The other project getting up in the Limestone Coast landscape region is a project to deal with feral deer. We know that feral deer are one of the emerging and most dramatic environmental pests impacting our landscape and so we are going to have this concerted effort and really turbocharge our approach to dealing with feral deer. This is a back-to-basics approach. The landscape boards are working, they are getting those basics right and they are building resilience into the landscape.

SHOP TRADING HOURS

Ms BEDFORD (Florey) (15:12): My question is to the Premier. What evidence does the government have to prove deregulation of retail opening hours will not disadvantage South Australian small and medium businesses and local suppliers or result in higher business costs and loss of trade through decreased market share?

The Hon. S.S. MARSHALL (Dunstan—Premier) (15:12): I thank the member for her question. The answer to that is as follows. Number one, we have had deregulated shop trading hours in regional South Australia for a very long period of time. In fact, I don't think they have ever been regulated outside of one small pocket in the South-East. What we know is that there haven't been adverse effects. There is good market competition there—

Mr Malinauskas interjecting:

The SPEAKER: The leader!

The Hon. S.S. MARSHALL: —which keeps prices at the right level but it also provides people with greater amenity. Secondly, we also know that during the period where we did have to deregulate due to the coronavirus peak we did not have the catastrophising situation that some opposite were predicting, and in fact what we saw was greater amenity.

What we have at the moment, of course, is a situation where shops close at 5 o'clock on Saturday night and they don't open again until Sunday morning at 11 o'clock. It's an embarrassment.

Mr Malinauskas interjecting:

The SPEAKER: The leader!

The Hon. S.S. MARSHALL: It's difficult in terms of tourism, it doesn't create jobs in South Australia and what it does is it drives people to online purchases away from the bricks-and-mortar businesses, and we can see this right around the country.

When we look at the evidence that is presented, South Australia has a disproportionately high attraction to online sales compared to other jurisdictions and that's because we are making it hard. The current arrangement makes it extraordinarily difficult for people to access the shops when they want to access those shops. Our position on this is very simple: if the shops want to open and people want to go to those shops, they should be free to make that decision themselves. Those opposite say that as soon as you deregulate, every single shop will be open 24 hours a day, seven days a week. That is not correct. It doesn't happen in regional South Australia—

Members interjecting:

The SPEAKER: The leader will cease interjecting.

The Hon. S.S. MARSHALL: —and it didn't happen during the coronavirus pandemic. In fact, things went along pretty sensibly. When we look at the rest of the nation, we can see exactly and precisely what can occur when you deregulate: people have greater amenity. At the moment, as the tourism minister in South Australia, I am surprised that the shadow tourism minister hasn't been advocating in her caucus for deregulation. Some of the constant feedback that we get from people coming from interstate is very simple: 'I can't believe the shops close at 5 o'clock on a Saturday, that they close at 5 o'clock on a Sunday.' We are missing out on so many sales and ultimately so many jobs—

Members interjecting:

The SPEAKER: Member for Mawson!

The Hon. S.S. MARSHALL: —here in South Australia, especially during peak times of public holidays. So we are all for jobs; we are all for economic growth. We have already been able to move in terms of opening up for Boxing Day sales, for Black Friday sales and for Easter Monday sales. The Earth didn't stop revolving on its axis when that occurred. I will tell you what did happen during that time: more hours were provided to South Australians to get a job.

Those opposite might think that Sunday mornings is a time for people to spend time with their family and that's quite right. I can tell you what my kids were doing on a Sunday morning before 11 o'clock if they didn't have a job: they were in bed asleep. It wasn't like they were getting up playing happy families—they were asleep in bed. If they had a job, they would be out earning money, which I personally would have found very advantageous.

I think the time for this has come. The people of South Australia have spoken. They have spoken quite loudly about this issue. You very rarely find a situation on any topic in Australia where 70 per cent plus of people agree on this issue of further deregulation. The people of South Australia are extraordinarily clear on this issue. The only people standing in the way are the opposition here in South Australia, egged on by their mates in the trade union movement.

The SPEAKER: Before I call the member for Florey, the member for Florey is perfectly entitled to ask a question of the Premier and to listen to that answer in silence. If members of this house have a view about the topic, it is certainly no invitation to commence shouting across the chamber.

SHOP TRADING HOURS

Ms BEDFORD (Florey) (15:17): My supplementary to the Premier is: how will the government inform South Australians about the cons of their proposed retail trading referendum and what it will mean for businesses and workers?

The SPEAKER: The member for Florey might repeat the question.

Ms BEDFORD: How will the government inform South Australians about the cons—as in pros and cons—of their proposed retail trading referendum and what it will mean for businesses and workers? The way you have expressed it, there are only pros to it.

The Hon. S.S. MARSHALL (Dunstan—Premier) (15:17): I would remind the house that this is a matter which is before the parliament at the moment.

Members interjecting:

The SPEAKER: Order!

The Hon. S.S. MARSHALL: I think it is in the other place.

An honourable member interjecting:

The Hon. S.S. MARSHALL: Sorry, I may be incorrect. I was under the impression that it has been introduced in the other place. I am happy to check that.

The SPEAKER: In that case, it's of no consequence for this house.

The Hon. S.S. MARSHALL: It is a matter which is before the other place at the moment. It is under active consideration. I note that the Labor Party, before the debate has even taken place, have already issued their position on this. That is very disappointing. We think that it deserves a respectful debate in the other place. We think that there are many advantages of this, which I have outlined in my previous answer.

If it is successful that there is a successful determination that we will put this to a referendum at the next election, then I'm quite sure there will be many people on both sides of the argument who will be making their points very clearly to the people of South Australia. But at this stage it looks like this reform, this important reform, this job-creating reform that we so desperately need in South Australia, is going to be scuttled by the Leader of the Opposition and the Australian Labor Party.

KANGAROO ISLAND WHARF FACILITY

The Hon. G.G. BROCK (Frome) (15:19): My question is to the Minister for Planning. Can the minister update the house on the application for a wharf facility on Kangaroo Island, which would allow for the transportation of various commodities, including timber, from Kangaroo Island and to Kangaroo Island? With your leave, sir, and that of the house, I will explain further.

Leave granted.

The Hon. G.G. BROCK: On Tuesday, I asked a question regarding unavailability of timber at Morgan Sawmill at Jamestown through ForestrySA not getting the tender. The Minister for Regional Development advised that there were suggestions that Morgan's were going to look at getting timber from Kangaroo Island Plantation Timbers and barging it from Kangaroo Island. I understand there is an application before the minister for approval for the development of a wharf facility, which would assist in getting products to and from Kangaroo Island.

The Hon. V.A. CHAPMAN (Bragg—Deputy Premier, Attorney-General, Minister for Planning and Local Government) (15:19): I thank the member for the question. There are actually two issues there; if I can just address the second one first. The member, in response to a question received yesterday, I think it was, from the minister indicated that, in respect of an outlet, I think in Jamestown, if I recall correctly, there's an issue as to production and the opportunity to source timber. In response to that, there was reference to a program of barging.

I am aware that there is a barging facility that's been in operation at the Kingscote wharf on Kangaroo Island—in fact, I have seen photographs of its operation—where logs are delivered to the main wharf. There is a barge facility, which then has these logs loaded onto it and presumably moves on. I think the minister indicated at that stage that under that process there's some consideration of taking that timber up through to Port Pirie to facilitate the enterprise that the member mentioned yesterday.

I understand that some of that timber, only from information I have received from people on Kangaroo Island, is also being taken to the South-East. So the detail of that I can't help with any further. That's access via the Kingscote wharf. There is also, via the Penneshaw wharf, via the SeaLink ferry, trucking of that timber, some of which was salvageable after the major bushfire over there in 2019-20, which is going off via the trucks. I am not exactly sure where the destination of that is. It may be to Jamestown, it may be to the South-East, it may be elsewhere in this state. Perhaps the minister can assist further on that.

In relation to the second matter, there is an application that was made to the previous government for the development of a wharf at Smith Bay on the north coast of Kangaroo Island. That's by KI Plantation Timbers. The previous minister had declared it a major project. That application was significantly modified since the new government came into place and went through an EIS process of some length under my predecessor, the member for Schubert.

I understand, only because I saw some material just before Christmas, that there was further modification to the application. It went out for public consultation; I know because it was set to occur before during January, early February. I understand some of that material is now back with the department. It's not yet on my desk, but as the Minister for Planning I am ultimately responsible for the determination of these matters. At this stage, it hasn't reached me.

Matter of Privilege

MATTER OF PRIVILEGE

The Hon. A. KOUTSANTONIS (West Torrens) (15:22): Sir, I raise a matter of privilege. In an answer to a question from the member for Kavel in relation to the resurfacing of the South Eastern Freeway, the Minister for Infrastructure and Transport informed the house, and I quote:

The last time any surfacing work was done there was 20-plus years ago, so we know that we are adding to safety on that road.

There was an interjection, and the Minister for Infrastructure and Transport went on to say:

As the Minister for Innovation and Skills points out, that was under a Liberal government.

The state government's own website states that resurfacing works on the South Eastern Freeway occurred in 2016. We offer the Speaker, sir, a webpage publicly available relating to resurfacing works on the South Eastern Freeway in 2016. I believe that the minister has deliberately and intentionally misled the House of Assembly and that a prima facie case exists for the establishment of a Privileges Committee. I ask that you give consideration to the matter of privilege and rule that a motion to establish a Privileges Committee should be given precedence over other business in the House of Assembly.

The SPEAKER: The member for West Torrens has referred to—

Members interjecting:

The SPEAKER: Members on my right! The member for West Torrens has referred to a number of materials. I will give consideration to those materials. In the event there is any other material of the member for West Torrens may provide to me, I will receive it, consider it and come back to the house with a ruling.

Grievance Debate

STATE LIBERAL GOVERNMENT

Mr MALINAUSKAS (Croydon—Leader of the Opposition) (15:24): Each and every one of us in this place occupies a privileged position that brings with it a whole range of peculiar arrangements that we all collectively and individually have to ensure does not go to our head so that we lose sight of the purpose for which we have been elected. Of course, that is particularly true for those people who occupy the treasury bench or those people who are in positions of authority in government, particularly those within cabinet, ministers.

Each and every one of those ministers have been bestowed a particular privilege and an acute responsibility to exercise the functions of their office to ensure that the interests of the South Australian people are accorded with and best represented and advocated for. It is always alarming when signs of either arrogance or indifference are starting to be displayed by those people who are in those positions of privilege. I just cannot help but get the sense that during the course of this week we have started to see a few signs of that. I am not too sure if it is arrogance or indifference but, either way, it is something that I think should concern us.

The two examples I would point to are probably the two most topical events that have occurred throughout the course of this working week, starting with the ambulance ramping crisis,

which continues to perpetuate itself. There is growing evidence that this problem is not getting any better; indeed, it is getting worse and worse. Just when we think we cannot hear of yet another tragedy, another one bowls up that is more alarming than the one before.

We would point to the really concerning case of Agatha during the week. It really horrified people as they saw the images of a 90-plus year old woman in the back of an ambulance in very clear discomfort, and her daughter, who was feeling that pain and distress that is associated with seeing a loved one not receiving the care and attention that you would expect in a First World country like our own. That was a really distressing image.

The response from the government is the now all too familiar apology, but it is not met with much response or action. There is just a long laundry list of things that the government proclaim they are doing, most of which of course were initiatives initiated by the former Labor government, including the Modbury Hospital example that we keep hearing about. That had virtually nothing to do with this government. There is a long laundry list of things that are being done without actually addressing the issue that is I think most significant, and that is that we need more resources. We need more people, not just more buildings.

The news that has emerged during the course of today, that the investment at the Flinders Medical Centre emergency department is not actually resulting in a net increase in beds at that facility, I think should have us all horrified. That is a classic example of a government trying to say, 'We are doing one thing over here,' but in actual fact they are taking it from over there, which speaks to an indifference about addressing the problem at hand. Use the power of government. Use the privilege and the powers that have been invested in you to actually try to do something that is going to make a difference structurally in the long term.

The second big story this week, of course, is about that tragedy at Port Lincoln. I am not suggesting for a moment that those in government are not horrified by that case; every person is. It is one of those stories, when you first read about it or hear about it, where each of us takes a deep breath. We are horrified at the idea that any child would find themselves sleeping in a bin, let alone three people.

We hear about that incident and then we hear that what has happened from government is that everyone has been briefed. This minister has been briefed, that minister has been briefed, but then the question is: what next? And it turns out literally nothing. An independent organisation, in SAPOL, have taken the initiative and initiated an investigation. We have heard that the Child Death and Serious Injury Review Committee might of their own accord, maybe, take the initiative of conducting an investigation. But what has the government done? Nothing.

I put this to you, Mr Speaker: what is the point of you all being briefed if you do not take that briefing and do something about it? If I was briefed as Premier or if the shadow minister for child protection was briefed that this tragedy had taken place, I would be saying, 'Right. What are we going to do about it?'

Let's start by availing ourselves of the information that gets to the nub of the question, which is: how on earth did this even happen in the first place? Do you know how many inquiries are going on at the moment into DCP, Mr Speaker? None. The minister has been briefed, but the minister, having been briefed, has not said, 'Well, how on earth has this happened? We are going to launch this inquiry, we are going to conduct this investigation, which may indeed lead to some policy change.'

No-one thinks the situation of hospital ramping is acceptable. No-one thinks the tragedy that occurred in Port Lincoln is acceptable in a society of our modern sophistication. But if that is the accepted judgement of everyone in this place, then what are you doing about it? We want to make sure on this side of politics, being a progressive party, we are a party of action that actually responds and does something to address these tragedies.

Time expired.

STUART ELECTORATE, INFRASTRUCTURE PROJECTS

The Hon. D.C. VAN HOLST PELLEKAAN (Stuart—Minister for Energy and Mining)
(15:30): I rise on a very positive note on behalf of the people of my electorate to highlight some of the fantastic work that our Marshall Liberal government is doing for the people of the electorate of

Stuart and, in fact, many others. Let me just start with transport projects and some very significant major infrastructure investments.

First of all is the Augusta Highway, which is in our electorate of Stuart. There are different names for different sections of the road, but essentially let's look at Adelaide to Port Augusta. We have invested in very significant upgrades to the Port Wakefield Road, from Adelaide to Port Wakefield. Anybody who travels through Port Wakefield would be very aware of the overpass being built and, in fact, the fantastic progress that is being made on that overpass at Port Wakefield.

After decades of nobody else doing it, our government is finally addressing what is colloquially called Crash Corner, which has unfortunately been the location of many fatalities and many serious injuries over the years. That is a fantastic step forward. Moving further up the road, there is money, in partnership with the federal government, to put in dual lanes from Port Wakefield up to Nantawarra. In fact, we just saw in the federal budget on Tuesday night that, in partnership again with the state government, there is money now to extend those dual lanes to actually go from Nantawarra to Lochiel. For those on the other side of the chamber, that is 135 ks north of Adelaide.

Moving further up that road, the Minister for Infrastructure and Transport has committed to resurfacing the section of the road between Snowtown and Redhill—probably, in my opinion, the worst section of road surface along there and something that the people of Port Pirie, the people of Port Augusta and many other people find very uncomfortable, to say the very least. Many of my constituents are driving trucks back and forth on that road as well, and for them at times it is actually dangerous and also a significant impediment to freight efficiency. That is another fantastic move.

Then, when you get to Port Augusta, we have the outstanding investment in the Joy Baluch AM Bridge duplication. That is something we are so proud to be doing, again in partnership with the federal government. This is good for Port Augusta, it is good for our state and it is good for Australia because it is true that Port Augusta is the crossroads of the nation, so to be able to have two lanes in each direction going across Upper Spencer Gulf at Port Augusta will make a difference not only for local people but for heavy vehicle freight coming from Perth to Sydney, from Adelaide to Darwin. This is a very important step forward.

Moving up further north, there is work happening on the Stuart Highway north of Port Augusta. There is work happening on the Strzelecki Track. I have been advocating for this work for well over 10 years, and I am so grateful that our government, again in partnership with the Morrison Liberal federal government, has been able to find the funds.

As announced on Tuesday, we now have the money to seal the entire 475 kilometres of the Strzelecki Track, an absolutely outstanding achievement—a nation-building project. This is a project that supports the oil and gas industry in the Cooper Basin. The oil and gas industry in the Cooper Basin has already started renewing its contracts, which used to be in South Australia and have been lost to Queensland and to Brisbane because of the 475 ks of dirt road with nothing—no services—on that road.

So sealing that road is good for South Australian businesses, it is good for safety and it is good for the cattle industry. It will bring cattle from that corner country down to markets in Adelaide which are currently going to markets in Roma, Queensland, instead. It will be fantastic for tourism. These are just some of the examples of things that we are doing. We are working on mobile phone towers. To the shame of the previous government, no money was invested in filling in blackspots for mobile phone towers. We are doing that.

We are working on health. We are working on environmental issues. We are working on Aboriginal affairs issues—a very important area of work in my electorate. We are putting in extra money for education and extra money for domestic violence. We are the first government in South Australia's history to have an assistant minister with responsibility specifically for domestic violence. The people of my electorate are significantly advantaged by the work that our government is doing, and I thank my colleagues for it.

SOUTHERN WOMEN MATTER

Ms HILDYARD (Reynell) (15:35): I rise today to speak about an extraordinary campaign being led by a group of remarkable women and many others who support them, including me. I have

just had the pleasure of joining this group, Southern Women Matter, who have been tirelessly campaigning for a very much needed southern domestic violence prevention hub.

Today, these outstanding leaders brought their campaign to the steps of our parliament and they brought with them a petition signed by 3,320 other southern community members who wholeheartedly echo their determination to secure a domestic violence prevention hub in the south. I was honoured to table this petition in this house with many of these campaigners present, including City of Onkaparinga Mayor Erin Thompson, members of the Southern Domestic Violence Action Group, support organisations, representatives of local church groups and other community groups and individuals, and fellow southern MPs the member for Kaurana and the member for Hurtle Vale.

For more than 18 months, this group has been campaigning for a properly funded prevention hub, and campaign we must. The horrendous rate of domestic violence continues to rise in South Australia, with more than 1,000 additional offences reported in the past year. Despite the City of Onkaparinga region being the largest council area in South Australia, there are no prevention services within it to support women experiencing domestic violence.

Women at risk of violence need the earliest possible access to therapy, counselling and other services to keep them safe. They need preventative services and community education as well as clear pathways into appropriate services. The lack of appropriate prevention services to support women in the south experiencing domestic violence is appalling and every single one of us is sick and tired of scrambling around to find somewhere to send women when they most need support before they are harmed.

The horrific statistics about the prevalence of domestic violence persist. These statistics represent women and their children who are struggling, frightened and at risk in homes across our southern streets. We do not ever want to mourn another woman or child or hear of any woman being subject to control or emotional, psychological, financial or physical abuse, or fear or intimidation.

The human services minister's comments during estimates last year, that there is no ongoing funding for DV prevention hubs, are just not good enough. When members of the Southern Women Matter group wrote to the minister calling on her to fund the southern hub, they were sent a list of phone numbers for telephone and other services, some of which no longer exist.

These women deserve better. Women and children experiencing violence deserve better. Southern women matter and the government must listen to them and heed their call for a domestic violence prevention hub to provide a first point of contact and sustained support through a woman's journey to safety and recovery. This hub should be a place of collaboration, with local community members and organisations working together to raise awareness about and prevent domestic violence. It needs specialised workers providing community awareness, case management, trauma and PTSD counselling and therapy, and referral to appropriate health, community and legal support and to those incredible workers who work in acute crisis services.

Again, I thank all who joined me on the steps today in the rain, in the cold, to support other women and to agitate for those experiencing domestic violence to get the support they desperately need. I assure the Marshall Liberal government that these are determined southern women, and they will relentlessly raise their voices and will not stop doing so until their very reasonable demands are met. These campaigners are strong, resilient and compassionate. They are prepared to be a voice for those women who are not heard and most need to be. They will keep being that voice until it is heard, until the southern hub is funded.

I thank them for their leadership and passion to raise awareness about the horrific scourge of domestic violence and to take relentless action to prevent and end it for as long as it takes to ensure that every woman feels safe and is safe wherever she chooses to be, including in her home. We know that the earliest possible prevention and intervention are crucial if we are to achieve this, and we know that women deserve better and that southern women absolutely matter.

Time expired.

COMMUNITY WASTEWATER MANAGEMENT SYSTEM

Dr HARVEY (Newland) (15:40): I rise today to update the house on the Marshall Liberal government's work to transfer nearly 4,700 properties from the Tea Tree Gully Council's Community Wastewater Management System (CWMS) to SA Water's sewerage network at no cost to

households. We are getting on with fixing this decades-old issue to provide residents in the north-east with a modern, reliable sewer system that delivers nationally accepted levels of service for its customers and saves households hundreds of dollars per year.

The work to transition CWMS customers will occur in stages, with stage 1 to include 428 properties within parts of the current network that suffer significant performance issues in Modbury North and parts of St Agnes and Banksia Park. These works are expected to begin in late 2021 and anticipated to take around a year to complete. Stage 2 of the project will include around 1,644 properties in parts of St Agnes, Banksia Park, Fairview Park, Tea Tree Gully, Vista and Surrey Downs, with works to begin in mid-2022 and expected to be completed by mid-2024, with the remaining properties in stage 3 scheduled to start construction by 2024. This means that more than 2,000 households should expect to be connected by mid-2024.

SA Water has worked with the council and the community to guide the planning and prioritisation process to help minimise the impacts of the upgrades and increase the benefits for the community. The prioritisation of households was based on a number of factors, such as the number of blockages and chokes, group overflows, development pressure in high-growth areas, CWMS infrastructure average age, proximity to sensitive environment, and more. The criteria were weighted based on importance and significance to the program. Amongst the most heavily weighted criteria were those relating to performance of the network.

Further to the community feedback, SA Water is also conducting pilot works for approximately 60 properties at two sites in Modbury, at Glenere Drive and Dawson Drive. These projects are valuable in providing insight into the complexities of converting CWMS customers over to SA Water's sewerage network. The first pilot site at Glenere Drive saw the construction of a 134 metres of sewer main in the road and associated inspection points for properties to be able to connect to. I was pleased to visit and see firsthand the completion of these works with the Minister for Environment and Water late last year.

On-property works and connection to SA Water's network are planned for completion in mid-2021. SA Water will work closely with households to provide specific details about commencement dates and the scope of works. Connecting CWMS customers to the SA Water network will require construction of new sewer mains, generally in the roads but infrequently in easements; new connection pipes from the sewer mains to each property; new on-property pipework; decommissioning the septic tank; and reinstating property assets where disturbed as part of the installation of the connection works.

In keeping with other programs that transfer council systems over to state government operation, it is expected that the council will make a significant contribution to the program to replace the assets. The council's contribution should be made without any additional impost on households. Households have already paid enough. In fact, ratepayer money that council has already been setting aside for future maintenance and upgrades of their soon to be redundant system should be used to support the conversion project.

It is also worth noting that with the CWMS infrastructure largely being constructed in the 1960s and 1970s, and with many sections reaching the end of their useful life, the conversion program is progressing on the assumption that all CWMS assets will become redundant once customers are transitioned to SA Water's network. After years—in fact, decades—of complaints from residents about their ageing septic systems and skyrocketing prices, I am proud to be part of a government that has listened to their concerns and is now getting on with fixing this problem once and for all at no cost to households.

Once transitioned, households will save up to \$400 a year and receive a modern and reliable sewerage service with a 24/7 customer care response service. They will no longer have the inconvenience of having their front or back yard dug up every four years to empty their septic tanks. I am really excited to see this project finally going ahead. Residents in our community in the north-east are finally being listened to, and we look forward to seeing this project continue to progress.

NATIONAL VOLUNTEER WEEK

Ms WORTLEY (Torrens) (15:45): Next week is National Volunteer Week, and today I welcome the opportunity to shine a light on the wonderful contribution made by volunteers across South Australia, in particular in my electorate of Torrens. This year's theme is 'Recognise. Reconnect. Reimagine.'

It is a reality that those who volunteer in our community give something of themselves that is precious: their time—hours of it over days, weeks, months and years, and each and every hour is given freely often not without personal sacrifice. COVID-19 has impacted the volunteering sector substantially, with many unable to volunteer due to restrictions, vulnerability or circumstance. I am pleased that most organisations have been able to welcome their volunteers back in a safe way, but it is not a time to be complacent, so I encourage all to continue to operate under the current COVID-safe guidelines.

It is important that we acknowledge the generosity of our volunteers and their value to our community, so today I thank all the volunteers in our local schools—in classrooms, libraries, on working bees, supporting sports teams and school excursions and camps, and the many other jobs they carry out. I thank the parents who serve on the school governing councils of Avenues College and Hillcrest, Klemzig, Hampstead, Dernancourt, Vale Park and Wandana primary schools.

I also thank the parent committees and governing boards of North East Community Children's Centre; Avenues College Children's Centre; the Klemzig, Hampstead and Holden Hill kindergartens; and our Catholic and Independent schools—Kildare College, St Paul's College, St Pius X School, St Martin's, Pinnacle College and Heritage College.

I thank also the volunteers at Northfield Meals on Wheels located in Oakden, some of whom have been preparing and delivering meals in our community for decades. I have volunteered with these amazing people, many in their 70s and 80s, who volunteer regularly on a weekly basis. Not only do these volunteers deliver meals but, to many people who live on their own, these wonderful volunteers are the only real regular contact they have with another person.

I thank the many dedicated parents and grandparents, and other members of our community, who coach, umpire, manage, administrate and serve on the committees of our local sports teams—those at Gaza Sports and Community Club, North Eastern MetroStars Soccer Club, North Adelaide Rockets Basketball Club, Adelaide City Football Club, Greenacres Tennis Club, North Eastern Knights Cricket Club, Northgate Community and Sports Club, Windsor Calisthenics Club, Eastern Districts Netball club, and all the other clubs—and all who volunteer in their canteens, washing uniforms, chauffeuring team members to matches, cooking barbecues and fundraising.

I thank also the Lions Club of Gilles Plains (of which I am a member) who work hard to raise funds dedicated to helping our community. They have committed to sponsoring a student's participation in Operation Flinders, and they sponsor two children through World Vision in Tanzania and Sri Lanka. They are life members of the Australian Cranio-Maxillo Facial Foundation, having sponsored a child from Malaysia for a full facial reconstruction. They also recently hosted the Lions Skin Cancer Screening bus in the car park outside my electorate office.

Thank you to the Gilles Plains and Hampstead RSLs, which have a long history of serving our defence community and providing meals and recreational activities for returned service members and their families, as well as other members of our community. Thank you to the incredible volunteers at North East Community House, which assists in delivering great programs to our community, including many who are amongst the most vulnerable.

Thank you to Wandana Community Centre, where respecting people from a diversity of backgrounds, cultures and genders is a focus while delivering their valuable programs. Thank you to the Northgate Oakden Residents Association, which provides a voice for local residents. I also thank the Regency Community Men's Shed volunteers. The shed itself is a result of the former Labor government's Fund My Neighbourhood program. Both men and women work on individual community-based projects to benefit our shared community.

Thank you to the incredibly skilled volunteers at Technology for Ageing and Disability, who use their skills creating, modifying and repairing devices where there is no other solution readily available to improve the quality of life for people with disability. Thank you to our volunteer-run Neighbourhood Watch programs—Klemzig, Windsor Gardens, Dernancourt and Walkerville—for

bringing residents and police together to resolve local issues and helping create connected communities, reduce crime and build safer streets.

Thank you to our local 1st Hillcrest Scout Group and Girl Guides, run by volunteers who are helping young people develop lifelong skills to grow in confidence and gain valuable leadership and team skills. Thank you to the Molinara Social and Sports Club, a place for families to meet and where the traditions and customs of Molinara can be taught to their children.

Thank you to the Royal Society for the Blind volunteers, in particular the Royal Society for the Blind guide dog volunteers, who may be puppy educators, bed and breakfast or emergency boarding hosts. You all do an amazing job in raising these dogs to assist those with vision impairment as well as our veterans with post-traumatic stress disorder. Thank you to our multicultural communities, in particular members of our Indian community, who have worked throughout COVID supporting members of the community.

I understand that I am running out of time but, finally, thank you to the individuals who volunteer their own time through my office delivering information and community newsletters, assisting with Clean Up Australia Day, sewing quilts and cushions and knitting and crocheting blankets for those less fortunate in our community who would otherwise be without. Please know you are all appreciated.

Time expired.

CHAFFEY ELECTORATE

Mr WHETSTONE (Chaffey) (15:51): I would like to reflect on some of the happenings around the electorate of Chaffey over the past week. It has been a great week of diversity to be out on the road and particularly to be out on the Browns Well Highway. It was a great occasion out there when, after four years, we finally had the speed limits 110 km/h reinstated. Back in 2017, the previous Labor government reduced the speed limit to 100 km/h because they were too damn lazy to fix up the roads. They were too lazy to put safety measures in place to make that road safe to use, particularly for heavy vehicles.

Out there on Friday I donned the high-vis and had the pleasure of removing the 100 km/h signs on the roadside and reinstating the 110 km/h signs. It was a great occasion, and I thank the Marshall Liberal government for what it has done. We have fulfilled a commitment, a Marshall Liberal government commitment, made prior to the state election to reinstate that speed limit.

We saw a \$15 million project to upgrade the highway commence. It is now complete, with works undertaken on that stretch of road between Loxton and Pinnaroo. What I have witnessed over a long period of time is the upgrading of the aprons onto those roads, seeing that \$15 million going into resurfacing, making sure we have over 100 kilometres of shoulder sealing, the pavement upgrade, the rehabilitation works, the new line marking, the replacement of guideposts and, of course, 10 kilometres of safety barriers along that road.

The reinstatement of that 110 km/h is absolutely music to the ears of the local constituents, the farmers, the heavy vehicles. We have seen two rail services cease in that area and we have seen a significant amount of heavy vehicle movement on the Browns Well Highway. It is also very widely known and used as a permit highway for wide loads, high loads and loads coming from the east to the west that continue to use the Browns Well Highway.

As I said, as a government we promised to improve the safety of this road and reintroduce the 110 km/h speed limit, and that is exactly what we have done. So, hooray for this government for the great work it has done. The farmers and their communities are now travelling on a first-class, safe road. The upgrades are a very welcome improvement to the roads of Chaffey.

I also visited Morgan on Friday and was honoured to unveil the Windows of Time exhibition at the Landseer Morgan Museum. This exhibition is an absolute work of art with artwork that has been undertaken by three lovely and dedicated volunteers, Rose Craig, Kerry Thompson and Diana Angel. Those women have dedicated a significant amount of time for each panel at 3.75 metres high by 1.5 metres wide.

The murals take the form of windows in honour of Morgan's Methodist Church now the Morgan Uniting Church, which was the first built in the Riverland. The four existing works depict Morgan's rich heritage from the area's traditional custodians, the arrival of Western European settlers, the construction of the steam railway and the bustling riverboat era. Morgan was South Australia's leading port on the river. Once upon a time, it was bound with the hustle and bustle of moving freight around the region and today we see this depicted on some of these murals.

The murals also depict the bustling riverboat era and the growth of the horticultural sector. We all know about the Morgan to Whyalla pipeline. Power came into that area in recent times. The unique Riverland environment and its significant connection with the River Murray is captured in the murals. It took six years to create these five quilts—3,250 hours—a significant investment. It is great to see Morgan unveiling the exhibition. I also thank Deb Alexander, the former tourism coordinator at Mid-Murray, for her great work.

We also had a visit to Chaffey by His Excellency Mr Shingo Yamagami, Ambassador of Japan to Australia, along with Mr Junji Shimada, Consul-General of Japan. They will be visiting the Berri-Barmera area and the Loveday Internment Camp, which will be presented by local historian, Rosemary Gower. We all know how passionate she is as an historian, particularly at the Loveday Internment Camp. I thank Rosemary and I look forward to His Excellency and the Consul-General visiting the wonderful electorate of Chaffey.

Time expired.

WAITE ELECTORATE

Mr DULUK (Waite) (15:56): I rise today to talk a little bit about the happenings in the electorate of Waite. From the local sporting teams and their recent successes to activities of our community groups, Waite is thriving at the moment in autumn. One place that is exceptionally colourful and busy at the moment is the Wittunga Botanic Garden.

It was a pleasure to attend the official playground opening a few short weeks ago with the Minister for Environment and Water, Minister Speirs; Isobel Redmond, former member for Heysen in her capacity as a board member of the Board of the Botanic Gardens; members of Friends of the Botanic Gardens of Adelaide and the Blackwood Action Group; and the hardworking team of the gardens led by senior horticultural curator, Evan Brougham.

This was part of the \$750,000 investment in Wittunga, which has seen the new nature playground established along with a new entrance and greeting signs for visitors. What has been really fantastic about the new nature playground is that it was designed in collaboration with students from Blackwood Primary School, which is right across the road.

Another important resident who was at the opening was Nan Davies. Nan Davies no longer lives in Blackwood because she has moved to smaller accommodation in Marion. She was a long-term resident of Sherbourne Road in Blackwood and has been a long-time campaigner for making Wittunga a more accessible and friendly place. Nan was there and she was extremely delighted to see such fantastic happenings in her beloved Wittunga Botanic Garden. I look forward to enjoying the new gardens with many members of the community. I also look forward to the new trails and, of course, the new viewing platform around the lake beach as well.

A group that is especially colourful in the community that I would like to recognise is our scouting community. It was a real pleasure to be with Chief Commissioner Jan Turbill at the Belair Scout Group a couple of Fridays ago and to be part of the Queen's Scout Award for three fantastic young members of our community: Tom Runge, Caitlin Selge and Mark Rogers. These young South Australians and young members of our community have received this fantastic award and have met the requirements to be meritorious in receiving the Queen's Scout Award.

It was a real honour to be there that evening at the Belair Scout Group. It is a real family feeling there at Scouts. Tom, Caitlin and Mark had parents, siblings, cousins and grandparents all involved in scouting as well. Scouts do make a fantastic contribution to our community, no more so than in our community every year at the youth vigil at the Blackwood Soldiers War Memorial. Once again, all members of scouts from Belair to Flagstaff Hill and Eden Hills to Blackwood were involved in the ANZAC Day Youth Vigil, which is to be commended as the event did not happen last year. Well done to Nicola Capon, who is Scout leader at Belair, and everyone involved in the Queen's Scout Award presentation evening.

I would also like to recognise some smart, bright young people from our community who are recipients of the C.A.S. Hawker Scholarship. Two are former graduates from St John's Grammar School and they are Oliver Douglas from the Class of '18 and Ben Ransom from the Class of '19, who have each won a \$60,000 residential scholarship to St Mark's College while completing their studies at the University of Adelaide.

More than 223 students applied for the 2021 scholarship, with only three students being selected each year. Both Ben and Oliver are academic high-flyers who achieved numerous year 12 merits and awards while also participating fully in school life, from action groups to leadership roles, school captaincy, sporting endeavours and performances. Ben was a finalist in the young achiever category of the Australian innovation awards and also the lead trombone in the Superband as part of the national Generations in Jazz competition.

In 2017, I was glad to develop a personal relationship with Ollie, who did work experience in my office, and I know that Ollie went on to do a traineeship in the member for Kavel's office in 2019. I thank the member for Kavel for accompanying both Ollie and Ben to the presentation awards with His Excellency the Governor Hieu Van Le AC just last week. We know both students will continue to soar in their tertiary studies, with Ben undertaking a Bachelor of Medicine and a Bachelor of Surgery and Ollie completing a Bachelor of Arts and Law at the University of Adelaide. I cannot wait to see what they achieve in our community and in our great state.

SIMMS, PROF. M.

Ms BEDFORD (Florey) (16:01): Professor Marian Simms passed away in the last week of April. I thank and acknowledge Tabitha Lean for alerting me to this sad death via information from Professor Helen Sullivan, President of the Australian Political Studies Association, on behalf of her executive committee, and the following contribution also contains information from Marian's profile on the Australian Women's Register.

I was deeply saddened to hear of the death of Marian, one of the giants of Australian political science and a trailblazer for women as subjects and practitioners of political science. With Marian Sawyer, she wrote the pioneering account of women in Australian politics, *A Woman's Place* in 1984, with a second edition printed in 1993. A line from one of these books provided a snippet of information that encouraged me in the early days of my research on Muriel Matters.

Marian Simms was a deeply loved APSA colleague and friend to many. Her formidable experience and expertise was complemented by a fierce commitment to her profession and a wicked sense of humour. Marian was born in Canberra and lived nearby, attending a country primary school and then on to Lyneham High School in Canberra. She won a commonwealth university scholarship and one of the university scholarships awarded to the top 10 students in the ACT.

At the Australian National University in Canberra, Marian studied arts and law and graduated with an honours degree in history and political science. After graduation, Marian took up a teaching fellowship at the University of Adelaide, rather than taking up a PhD scholarship at the ANU. I am told she spent 12 very interesting months at the Adelaide politics department, and I know she would be fondly remembered by many there.

Soon after that posting, she accepted a postgraduate scholarship for a Master of Arts in Political Science at the University of Melbourne. She then moved her research to Latrobe University when offered a commonwealth scholarship for a PhD. Marian presented her postgraduate research at conferences in Australia and the United States and had papers published in the *Women's Studies: International Quarterly*, edited by Dale Spender, and *Politics*, the forerunner to the *Australian Journal of Political Science*.

Marian lectured part-time at the University of Melbourne, which provided her with valuable experience and a platform for subsequent appointments at the then Canberra College of Advanced Education. She returned to her undergraduate university, the ANU, in 1985 as Lecturer in Political Science and was promoted to Senior Lecturer and then Reader, acting as head of department in 1996-97.

Marian also enjoyed visiting fellowships to the Research School of the Social Sciences during this time to work on several projects, including the Ageing and the Family project part-time

and then the Reshaping Australian Institutions project, where she worked on the future of Australian political parties.

Marian studied and worked at a range of Australasian universities throughout her career, in all cases leaving a legacy of innovative research, inclusive scholarship and inspiring teaching across a number of fields, including gender studies and political science, ethics governance and Indigenous research policy. She was an influential figure in the study of Australian political parties as author of *A Liberal Nation* in 1982, editor of *The Paradox of Parties* in 1997 and as co-editor of six of the volumes analysing Australian federal elections between 1996 and 2019.

As an early career academic at the ANU, Marian was part of a small group which established the first national survey of political candidates, including questions about attitudes to gender, among other things, being used in the US and the UK. Marian subsequently used the gender questions in a set of surveys administered to Australian party elites in the mid-1990s, funded by the ANU under the ARC's small grant scheme. The Hon. Joan Kirner cited some of this research in the Victorian parliament to illustrate why Labor Party conference and council delegates supported affirmative action as a gender equity strategy.

The work was published in Australian and international journals and edited collections. In collaboration with Pippa Norris in the US and Joni Lovenduski in the United Kingdom and others, Marian also examined candidate selection systems for their role in the political under-representation of women and minority groups. I will return to that point later.

Noted political psychologist Fred Greenstein's visit to Melbourne University brought Marian in contact with a group of influential US women scholars who invited her to present her work there. Several of this group were critical to the establishment of the Gender, Globalisation and Democratisation Committee of the International Social Science Council (ISSC) in 1998 and the Globalisation, Gender and Democratisation Research Committee of the International Political Science Association (IPSA) in 2002.

Professor Simms' academic career was marked by a series of firsts, perhaps most notably the first woman to serve as Chair in Political Studies and Head of Department at the University of Otago in Dunedin, New Zealand, in 2002. As head, Marian was ambitious for the department and took considerable pride in the achievements of its academic staff as well as a significant expansion of student enrolments under her watch.

Marian was kind enough to invite me to attend and present to one of her seminars in Otago. I was particularly grateful for her kindness on that occasion, and on many others, as I came to know her over the years following my election in 1997. This was an election she took great interest in as a number of women entered the South Australian parliament, part of the previously mentioned international work she was undertaking. In 2003, she was awarded the Centenary Medal for her contribution to Australian society, specifically for her research on the 1901 election.

Marian was committed to finding ways of making gender visible. She initiated what are now firmly embedded practices of accounting for research grants and publications based on gender. My sympathy and condolences go to her family and friends in and out of academia. I was honoured to know her, I admired her greatly and she will be remembered.

Parliamentary Procedure

SITTINGS AND BUSINESS

The Hon. D.K.B. BASHAM (Finniss—Minister for Primary Industries and Regional Development) (16:06): I move:

That the house at its rising adjourn until Tuesday 25 May 2021 at 11am.

Motion carried.

Bills

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Second Reading

Adjourned debate on second reading (resumed on motion).

Mr PICTON (Kaurua) (16:07): With those brief remarks on this legislation, I conclude my contribution. I look forward to further discussion on this legislation in the committee stage. I am hoping to see some amendments passed that will improve the governance arrangements and improve what is so far not sufficient legislation for the important health governance of our state.

The Hon. A. PICCOLO (Light) (16:07): I would like to make a small contribution to this debate. It deals with the governance arrangements for our health services right across the state. I will limit my contribution to the governance of health services in my region. I will also express some of the concerns that have been passed on to me by not only doctors and other clinicians but also the general community.

One of the things this government promised under its new governance arrangements for health services across the state was improved engagement, responding to community needs, etc. From where I stand, I certainly believe that, based on the feedback from the community and other people, those arrangements have not worked that well. In other words, they have not delivered better engagement. Certainly, I speak to a number of doctors who believe they were not engaged in proposed changes to health policy in the Gawler area.

GP Inc. is a major service provider in partnership with the government for emergency and after-hours services to the town and provides an invaluable and important service. We have a health service that sees more people in its emergency department than the one in Mount Barker, yet it is funded less. So, when you add up all the concerns expressed by various people who make up the health system, I am at a loss to understand why this government believes that the new governance arrangements have delivered, first, better engagement processes and, secondly, better service outcomes. I will come to the outcomes of the health services in a second, because that is a different story, but I think it is also worth telling.

A common complaint I receive from some members of the local health advisory committee and people who sit on the GP Inc., from doctors in my community who provide an important service not only in the private sector but also to the public sector through the health service, is that they first hear about any proposed changes to health policy or health practices in the region when a report is finalised. They are not actually engaged in the process of the preparation of a report and they are not engaged in the process of gathering information or data.

They are not engaged in the process of actually diagnosing what the problem is that the health bureaucrats are trying to resolve. However, they are often certainly left holding the baby, to use that terminology, in the sense that often those decisions are made and they have to implement them. I really do feel sorry for our local GPs and the local nurses who work in the health services who, as a result of a range of government policy decisions, often bear the brunt of criticism from the community for matters that are beyond their control.

An issue that I have raised previously in this chamber, which I think is worth mentioning again because I have received more complaints, is about the food service in our local health service. There was a celebrated case—and I say 'celebrated' because it was an appalling dereliction of duty to patient care in the Gawler Health Service, and that has been covered by the media. In fact, I received a letter from the minister apologising for that incident. That is how bad it was: the minister was forced to apologise for that incident.

I have heard of other cases on a regular basis from people who have been admitted to the hospital for a whole range of reasons. For example, if they have allergies, they are given the wrong foods; if they ask for the right foods, they do not have it. There is a whole range of things that have gone wrong. As I said, this is not a reflection on the nurses and other staff in our health services; it is because the government is hell-bent on privatising a whole range of services, which means they lose control of the delivery of those services as well as the funding for those services.

As the shadow minister made quite clear in his contribution to the debate today and yesterday, this government is very good at saying, 'We've got more money here,' but actually what they are doing is taking it from somewhere else in the health budget and in fact the health budget overall is suffering.

In terms of the promised expansion of the emergency department in the Gawler Health Service, a huge announcement was made last year when there was some doubt about the

boundaries of the electorates of both Schubert and Light. Certainly, the government decided that it might have to do something about some outstanding issues in terms of the health service, so an announcement was made. It was only announced in the last couple of weeks that architects have been engaged, which is six or seven months after the event, to look at some designs for the emergency department.

When I requested details of what was proposed and we went for a tour of the existing emergency department—do not get me wrong; I welcome the investment into the emergency department, whenever it does occur, because the town certainly needs it and I had firsthand experience of that recently—the health bureaucrats had no idea of what was being proposed. They had no idea of whether it is just an expansion of the existing ED or a relocation of the ED to another location. That really begs the question: where did the budgeted amount come from? If you have no idea of what is being proposed, how do you get costings on a proposal that does not exist?

I assume that something was quickly cobbled together to make an announcement to save the government's bacon in the proposed new electorate of Schubert. When that did not happen, what did happen is that they have gone slow on this project. It is no longer a priority for the government, which is also the case with the Barossa hospital.

If the progress made in that hospital was any slower it would be going backwards, despite the people of the Barossa being promised a full business case some time ago. It was actually announced that a business case had been completed last year, only for them to be told by Infrastructure SA that it was a preliminary business case. In other words, it is the business case before you have a business case.

What the people of the Barossa have been told for the last couple of years has not happened and a business case has to actually be finalised before any funding can follow, but I am sure that will work out over the coming months. Again, the boundaries have changed and Schubert now has a margin of 16 per cent, so it will be interesting to see what the government does there.

Another issue that is uppermost on the minds of people in my community is the Ambulance Service. I receive regular complaints, not about the service itself, not the service people get, but certainly the delay in receiving services. I had a school complain to me about a child who had hurt themselves at school waiting many hours for an ambulance.

I had a case where a person was hit by a car in the main street on a 38° or 40° day. They had to wait on the pavement for over an hour before an ambulance arrived. I had another case just last week where a person on the street stopped me and said that her husband had had a heart attack and that they had to wait an enormous amount of time. They were quite distressed by the amount of time they had to wait for an ambulance.

This is not a reflection on the ambos themselves; they do a great job when they arrive, and they can only arrive when they have time and the ability to arrive. The issue is twofold; one is the absence of a second unit in Gawler. We have only one unit, so if that unit is out ramped at the Lyell McEwin Hospital—and ramping is the second issue—then we are not covered. If the ambulance has taken somebody to the Royal Adelaide for some reason, we are not covered. There are a whole range of things.

There are a lot of other issues, like transfers being delayed because the ambulance unit is not available. So people's health care, in many cases, can be compromised. Certainly, when ambulances take hours to arrive because they are somewhere else and we only have one service, people's wellbeing can be compromised to the point where it is a life and death matter.

Gawler is a growing area. The Barossa is a growing area. The northern metropolitan suburbs are a growing area. The government and particularly the Treasurer last week, I think, hailed their agreement with the Ambulance Employees Association, but I understand that that interim agreement is yet to be ratified by the association. The Ambulance Employees Association had backed down and a compromise was found. My understanding is that that decision will lead to no improvement in ambulance services in Gawler. There is just not sufficient staffing.

Certainly, there is no funding for a second unit in Gawler and therefore the fundamental issue is not going to be addressed. My understanding is that there is an additional 79 staff, I think was the figure mentioned, but certainly not be enough staff will come out to Gawler in terms of meeting the requirements of the people in Gawler and the Barossa. People in the Barossa are in a worse position

than the people of Gawler, but the people in Gawler are quite rightly concerned about their wellbeing because sadly they cannot rely on an ambulance arriving on time to meet their clinical needs.

If this government's governance arrangements are to mean anything, they have to be translated into good public practice on the ground. In other words, we need to have a health system that is responsive to the needs of the people in the area and a health system that engages the community, the clinicians, the nurses, the doctors (both in private practice and public practice), and the health advisory committees, etc. We need a health system that engages them in the process of any changes and reform improvements.

At the moment, from what I am picking up from the community and other parties in the health system, that is not happening. So these governance arrangements, as I said, mean nothing unless they deliver a better health service to the people of Gawler and the Barossa. With those comments, that is the contribution I wish to make.

Mr SZAKACS (Cheltenham) (16:19): I also rise to make a brief contribution on the Health Care (Governance) Amendment Bill. As my colleague the member for Light has similarly done, I will be touching a little bit on what these proposals may mean for local health care in my local electorate and, more broadly, in the western suburbs of Adelaide.

The Queen Elizabeth Hospital is a pillar of the west, not just in the electorate of Cheltenham but in servicing those communities across the west through the electorates of the member for Port Adelaide, the member for Lee, the member for Croydon and the member for Colton. The QEH, for many years right back for many decades, including the decades before I was born there in the 1980s, has been set up as a key tertiary hospital for the west.

It was originally set up as a maternity unit to assist the west's growing population post World War II. Over many years and decades, it has continued to grow and evolve into an extraordinary centre of excellence. Attached to it are the extraordinary research that the Basil Hetzel Institute undertakes in their translational research and the extraordinary healthcare professionals who operate between the two.

It is also important that I, and others in this place, recognise the extraordinary work that people and workers in our healthcare system undertake, often without great plaudits and certainly not often at the front of people's minds. They are the people who keep our hospitals running: the cleaners, the orderlies, the personal care attendants, those people who cook meals, those people who clean those rooms.

The COVID pandemic has absolutely highlighted to us all—not that we needed it—just how critical those additional services are in our hospitals. I take this opportunity to once again thank those extraordinary workers for what they have done during the pandemic. Of course, it is unfortunate that this government, as we speak, is refusing to play ball with those workers. Those workers are currently trying to negotiate basic things, simple things, like job security. They are trying to negotiate with this government, on behalf of and for the entire public, things like stopping and galvanising against further privatisations in our healthcare system. I stand here very clearly and very proudly on the side of those workers as they continue their fight onwards and upwards.

I also want to touch on, similarly to the member for Light, the key importance of anything we consider in this place and what it means for on-the-ground outcomes. Along with my Labor colleagues and opposition colleagues in the western suburbs, I have been eagerly awaiting the work to begin on the upgrade to The QEH—articulated, funded and planned by Labor in 2017. We are still waiting—at last count for 2½ years now. We have been waiting for an upgrade which was always important and continues to be important for the western suburbs. It continues to be important for the delivery of health care in our west.

You would have thought that, at the time of a pandemic and in a time when shovel-ready projects are critical, starting to build that much-needed upgrade in our west and to get those trades and jobs happening in the western suburbs, supporting local businesses around the hospital, would have been a priority for this government. Unfortunately, like so many other things in our western suburbs, it is on the backburner. It has been put to the side as an afterthought. The western suburbs are sick of that. But, let's be honest, the Liberals' relationship with the western suburbs has not just

been damaged by their completely appalling treatment of the upgrade of The QEH; it has been years and decades in the making.

There are a couple of things with respect to my contribution on this that I want to touch on—a very important one to me and my community, and I know to the member for Kaurna, the shadow opposition health spokesperson—and that is the change of scope to The QEH upgrade and the years that it took for that to become public. I know it took years because we have interrogated this through the Public Works Committee. The member for West Torrens and myself interrogated this through the Public Works Committee, and we found out that the conversations about the change of scope, the work to downgrade, to pull back, started back in late 2018.

It was not too long ago that we were hearing from the government that the scope was good—nothing to see here. The delays were a natural course of their planning for this project, and then we find with the drop of a press release that the outpatient upgrade was gone, the outpatient upgrade was off the table. At the same time we also saw, again with a drop of a press release, that the delivery of cardiac services, the cath labs—a huge part of the Minister for Health's and this government's pitch—was halved.

We know it was halved because the new plans showed one cath lab, but we also found out that in this period of the last couple of years of government the cath labs have been utilised only to an average of about 64 per cent, 65 per cent—a lot of spin, a lot of hot air from the Minister for Health—and then, with the drop of a press release, those cath labs are halved.

What I do want to touch on in more detail is the scrapping, the cutting, of the upgrade to the outpatient facility at The QEH. I would never accuse the government of doing this, but if they came down to The QEH, if they came down past Mile End and visited the western suburbs—we might do a passport check on a few of them on the way through, but we would invite them down—and set foot in The QEH outpatient facility it would become clear and apparent immediately about the bottleneck that has been caused because of a very old and outdated facility.

You need only talk to doctors, nurses and specialists who continue to do what they can in this facility. They tell us, they tell me, they tell patients, that they can do no more because that facility is old, it is not fit for purpose, and the only way we can utilise the true potential of a QEH upgrade, which sees an upgrade to new operating facilities, is to actually improve the way that we get people through the outpatient department, seeing specialists and referred off to surgery. That is what we need.

We have also seen a peculiar and odd situation where the oldest, most tired and the most noncompliant facility across any SA Health asset, The QEH tower block, remains. It is so old, it is so tired and it is so noncompliant that it is going to sit there in large parts empty—37,000 square metres of space that in time will be decommissioned but sat there. Why? Because the outpatient facility is going to stay there.

When it comes to healthcare governance arrangements, the true limit test is about what a government is willing to do on the ground to listen to patients, listen to the community and deliver on their key promises. When it comes to The QEH, when it comes to the western suburbs, no amount of legislative reform is going to save any face for this government that have abandoned the west and abandoned The QEH.

The Hon. J.A.W. GARDNER (Morialta—Minister for Education) (16:29): I thank members for their contributions and their enthusiastic support for the bill. I commend it to the house and I look forward to the committee stage.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

Mr PICTON: I ask the minister: what consultation has there been in relation to this legislation with the Independent Commissioner Against Corruption? I draw attention to the fact that, as I mentioned in my previous remarks, this piece of legislation has been going for two years since it was first introduced. Almost a year ago, I made contact with the commissioner, concerned as to whether

or not there had been consultation with the commissioner—this is the previous commissioner—and received a reply on 23 July 2020. It reads:

Dear Mr Picton,

Re: Health Care (Governance) Amendment Bill 2020

Thank you for your invitation to comment upon the Health Care (Governance) Amendment Bill 2020, which is currently before the Parliament for consideration.

As you will be aware governance in SA Health and the various local health networks is something with which I have long been concerned, as evidenced by my releasing the recent report 'Troubling ambiguity: governance in SA Health'.

I am not ordinarily in a position to advise or comment on Bills before Parliament. I usually restrict myself to advising or commenting on legislation as a direct bearing upon my statutory position, such as the Independent Commissioner Against Corruption Act 2012, the Police Complaints and Discipline Act 2016, and the Public Interest Disclosure Act 2018. I cannot take a political position on any legislation.

I have occasionally commented on legislation unrelated to my functions, when one of my corruption investigations has uncovered some legislative flaw or weakness that enabled or encouraged some suspected instances of improper conduct.

Other than these I am restricted by section 7(3) of the ICAC Act, which states: 'The Attorney-General may request the Commissioner to review a legislative scheme related to the public administration and to make recommendations to the Attorney-General for the amendment or repeal of the scheme.'

It is sometimes difficult to comment on any hypothetical risk of corruption, misconduct or maladministration that a piece of proposed legislation may engender. I do not wish to prognosticate on how legislation may encourage certain forms of conduct, especially when departmental policies, practices and procedures may impact on or control those same possibilities.

I am also mindful of not unduly encroaching on the supremacy of parliament as the appropriate place to discuss and decide upon policy or legislation.

However, relaxing the eligibility criteria for membership to a local health network Governing Board will tend to heighten the risk of actual, perceived and potential conflicts of interest emerging for those Board Members who may provide services to a relevant local health network.

An actual, perceived or potential conflict of interest is not in itself wrong or unethical. Many public officers will encounter circumstances where their personal interests will or might conflict with their public duties. The key is to identify, declare and manage the actual, perceived or potential conflict.

This Bill could heighten the possibility that a Governing Board member will have a conflict of interest. Whether the number and types of conflicts that emerge for a particular board member makes their position on that board unmanageable, or indeed untenable, is impossible to determine in advance of any individual appointment.

My overriding concern about governance at SA Health was encapsulated in the title of my recent report on that agency, the troubling ambiguity that exists in the regime of practices, policies and procedures in that agency. That is why I requested funding to undertake an evaluation of those practices, policies and procedures in SA Health. As you know the Government determined to take a different path for reform of public health services, which is their prerogative.

I understand that the Governing Boards are all subject to the Charter for Local Health Network Governing Boards: Volume One, which outlines board members responsibilities regarding members acting in the public interest, registering their pecuniary and personal interests, and their obligations to declare conflicts of interest and abstain from proceedings. I am unsure of the effectiveness or otherwise of this Charter and it is probably too early to know. But in light of the existence of this control measure, I regard it as a question for the Parliament if the Parliament wishes to retain or remove eligibility criteria that would further reduce the risk of the occurrence of conflicts of interest.

The other Australian jurisdictions have decided to enshrine conflict of interest provisions for their health boards within the principal health care Acts, rather than use policy or ministerial directives as has been done here. Those jurisdictions do not have a criterion for eligibility for membership to health boards that would prevent someone who provides services to a health service from being appointed.

Once again, the precise legislative and policy framework for the management of local health Governing Boards is a question for Parliament.

Your letter also voices concerns with the Bill's proposed dissolution of the Health Performance Council. I have not had occasion to appreciate or assess the functions of the Health Performance Council with regard to corruption, misconduct and maladministration risks, with which I am concerned. While the Health Performance Council is an SA Health oversight body, its functions do not appear particularly aligned to my jurisdiction, and in those circumstances it would not be appropriate for me to comment on its proposed dissolution. I regard it as a question of institutional design and government policy which is a subject for the Parliament to decide.

Yours sincerely,

The Hon. Bruce Lander QC

Independent Commissioner Against Corruption

Clearly, there was a concern from the previous Independent Commissioner against Corruption on a particular section of this bill that would potentially dilute the conflict of interest regime. There has been a report that the commissioner wrote in relation to the governance of SA Health, and I believe there is now also, still underway, a process of responding to that report.

Since this letter and those concerns, particularly now that we have a new commissioner against corruption, has the government sought advice from the Independent Commissioner Against Corruption in relation to the provisions of this bill, particularly those related to conflict of interest? What has been the outcome of those consultations? If there has not been any consultation, why wouldn't we, given that the commissioner has clearly raised concerns both in the report and in this letter?

The Hon. J.A.W. GARDNER: I counted three questions and a rather extensive set of context. I am happy to answer the three questions in two brief sentences, or I could provide some further context as well in addition to providing the direct answer. If the member is comfortable for me to provide a little bit of background, then I will proceed.

Our LHN governing boards are improving the efficiency with which our LHNs deliver high-quality care to our community, establishing improved governance, leadership, financial controls and management protocols. The centralisation of the governance of health services over the last decade has significantly impaired effective control, undermined compliance and increased the risk of corruption, maladministration and misconduct.

The health system is too large for one person sitting in a CBD building to provide local oversight and scrutiny of operational governance and control systems across 12 separate entities, they being 10 LHNs, the department and the SA Ambulance Service. That is why having governing boards with a local level of accountability for overall governance and strategic oversight of their LHN has allowed local focus and intimate scrutiny of important governance processes and controls.

The devolution has transferred governance to the boards and management to the frontline so that local decisions can be made locally rather than attempting to observe and control finances and administration from an office building in the CBD. Each board consists of members with expertise beyond the health system who provide independent oversight of the LHN, and the boards are supported by audit and risk committees that have a strong focus on culture and compliance.

Governance reform is leading to a reform of policy development and enforcement. Before devolution, the department applied generalised policies on LHNs, which often failed to take into account specific local issues and which presented challenges in consistency of implementation and application, given the size and diversity of the health system. Under the governance reforms, and working with LHN boards, the department is repositioning the policy framework to allow the boards and local management teams to develop procedures that both reflect consistency with the policy framework while allowing flexibility to adapt to the local environment and context.

The recommendations of the ICAC report into SA Health are even more reasons why we implore the opposition to pass this bill, which will increase transparency in roles, responsibilities and accountabilities for the governance and management of our public health system.

The member has asked specifically in relation to consultation with the ICAC commissioner. I am advised that since the briefing the member for Kaurna had in relation to this matter, at which he also expressed his view that the consultation should have taken place, the Minister for Health and Wellbeing has since engaged with the current ICAC commissioner, the Hon. Ann Vanstone QC, who has advised that she would prefer not to express a view on the proposed legislation outside her functions under the Independent Commissioner Against Corruption Act 2012.

In addition to that, I am advised that in late 2019 the minister referred the board eligibility clauses of the bill to the Cross-Agency Implementation Taskforce established to oversee implementation of the state government's response to the ICAC's report into SA Health for consideration. with no issues raised by the task force at that time. I am pleased that the member quoted fully from former Commissioner Lander's letter. I understand that was not necessarily the

case when this was raised in the Legislative Council, and there was some selective quoting. As the member read—

Mr Picton: I read the whole thing.

The Hon. J.A.W. GARDNER: Yes, I just congratulated you on that. Your colleague in another place did not. The former ICAC commissioner in doing so, as the member himself read out, noted that an actual perceived or potential conflict of interest is not in itself wrong or unethical, and the key is to identify, declare or manage the actual, perceived or potential conflict. I think the particular concern raised by the former commissioner on which the weight of the concern by the member for Kaurna fell was in relation to the suggestion that South Australia has not enshrined conflict of interest provisions for the governing of boards within our health legislation as other jurisdictions have done.

The fact is that, through the provisions of the Health Care Act 2008 that commenced on 1 July 2019, our LHN governing boards have the most extensive disclosure and conflict of interest requirements in the state, far exceeding those requirements for other South Australian government boards, including the SA Water board, the Essential Services Commission and the Super SA Board, as I am advised. It was this parliament that saw those provisions come into place.

Under the existing provisions of the act where there may be a conflict of interest, board members are required to disclose these at a board meeting in accordance with the requirements under the act. The former ICAC commissioner's letter notes that South Australia is currently an outlier nationally and that no other state or territory prevents from membership of their health boards persons who provide a service to the local health network.

Mr PICTON: The minister made reference to the cross-agency interdepartmental task force or whatever it is called on addressing the ICAC report that the Premier established after it came out. There has been very little news on the progress of that task force since it was put in place. I believe there was an interim report that came out a few months after it was established. Can the minister outline what progress has happened on that task force and what tangible things have been delivered to address the very significant concerns that were raised in the ICAC commissioner's troubling ambiguity report?

The Hon. J.A.W. GARDNER: I thank the member. For the member's assistance, we are talking about the Cross-Agency Implementation Taskforce, which was, as I said in the last answer, established to oversee the implementation of the state government's response to the ICAC's report into SA Health. That was established to independently and critically review the adequacy of SA Health's implementation following the release of the commissioner's report in late January 2020. Sorry, that was in relation to SA Health developing the program implementation plan to target and address those issues raised, and the task force is reviewing the adequacy of that implementation.

Since that time, I am advised that significant work has been undertaken and implemented by SA Health in direct response to the report, notwithstanding the challenges posed by the coronavirus outbreak in March last year, when particularly the rubber hit the road. In the areas of industrial reform, cultural reform and practice reform, work has included implementation of a contemporary policy governance framework for SA Health; revision of a broad range of SA Health policies, including those related to information classification; records management; procurement frameworks and research governance amongst others; improvements in conflict of interest declaration management; release of SA Health's cultural revolution pathway, Mentally Healthy Workplaces framework; and various associated policies, such as a policy on the prevention and management of workplace bullying and harassment.

The program of work has enabled the delivery of a number of outcomes, with recognition that the work is part of a long-term strategy to continuously improve accountability and integrity across the SA Health portfolio. The bill further strengthens the government's response to the report by placing obligations on the LHN governing boards and SA Ambulance Service to stamp out bullying within our health services, promoting a healthy workforce culture and promoting the health and wellbeing of SA Health staff by requiring the chief executive of the department to maintain policies around workplace bullying and harassment and ensuring that there is no doubt as to accountability, roles and responsibilities of the respective parties in the public health system.

Mr PICTON: Has that interagency task force, or whatever its name is, been invited to consider this bill and amendments to the bill? Have they given any input to the government in relation to this and, if so, what was that input?

The Hon. J.A.W. GARDNER: The body that the member is referring to, to refresh the member's memory, is the Cross-Agency Implementation Taskforce, which was established to oversee the implementation—

Mr Picton interjecting:

The Hon. J.A.W. GARDNER: Yes, and I am sure that we will have it correctly by the end. As I was saying, the Cross-Agency Implementation Taskforce was established to oversee the implementation of the state government's response to the ICAC's report into SA Health—that was its purpose, its function and its body of work. If there is anything further that is relevant that I can add to that, I will bring it back to the house, but for the moment that is the body of work that was described in its establishment.

Clause passed.

Clause 2.

Mr PICTON: Presuming that this legislation were to pass today, when would it be the government's intention that this be enacted?

The Hon. J.A.W. GARDNER: I imagine that will be as soon as is practical and possible.

The CHAIR: Excellent answer. It invites no further questions.

The Hon. J.A.W. GARDNER: I should say, I do not want to presume that we will finish this afternoon, but I very much hope that we finish this afternoon.

Clause passed.

Clauses 3 and 4 passed.

Clause 5.

Mr PICTON: I move:

Amendment No 1 [Picton–1]—

Page 3, after line 20 [clause 5(1)]—After paragraph (e) insert:

(ea) to establish and maintain a body that independently represents the interests of consumers and patients;

As I mentioned in my second reading contribution, one of the very short-sighted cuts that this government has made is that in their first budget they made a cut to withdraw all funding from the Health Consumers Alliance, a body that was set up to independently advocate on behalf of health consumers and health patients in this state. That body has now ceased to exist in South Australia, and we are now the only state in the country not to have an independent body representing patients and consumers in the healthcare system.

There was a coalition put together of different health stakeholders, led by the South Australian Council of Social Service. That coalition of groups put together some recommendations for the parliament in terms of what they believed needed to be put in place to ensure that this bill, in particular, would deliver improvements for health care in South Australia. A key recommendation of that was to make sure that there be a voice for consumers as part of this.

I should note that this was a group that included Health Consumers Alliance, which existed back when this was put together, Aboriginal Health Council, Lived Experience Leadership and Advocacy Network, Australian Association of Social Workers, Occupational Therapy Australia, SA Network of Drug and Alcohol Services, Australian Health Promotion Association SA, Public Health Association of SA and the Mental Health Coalition, led by the South Australian Council of Social Service.

In mid last year, they recommended that parliament amend the act to give consumers and those with lived experience an independent voice. This could be done by inserting in the bill that the chief executive shall ensure that a percentage, to be set by regulation, of the funding amount

allocated to local hospital networks through their service agreements is directed to an independent, non-government health consumer organisation for individual and systemic representation and advocacy, and to enable evidence-informed consumer and community engagement in healthcare services, policy, planning and services.

Obviously, with the potential for drafting such amendments and the need to avoid becoming a money bill, etc., we could not achieve the full intent of what the coalition recommended within the frame of the bill. However, I have introduced this amendment along those lines, which seeks to establish a fund with which the board is established. I believe this is followed through in amendment No. 6, so this is connected to amendment No. 6.

This amendment requires the government to maintain a body that independently represents the interests of consumers and patients. It was born from the government's \$1.5 million cut to the Health Consumers Alliance in its first budget, a move that ultimately led to the alliance being completely disbanded and closing just in the past few months. The government's decision to cut the alliance's funding makes South Australia the only state not to have an independent consumer body for the rights and interests of patients. South Australia desperately needs such a body to independently represent the interests of patients and consumers in our healthcare system. We seek to get the support of the committee to ensure that we can have such funding and such a body in place.

The minister in the other place suggested independent consumer consultation is required in various pieces of legislation, thus rendering such an independent body null and void. However, I would argue that those comments completely miss the point. Having LHNs and saying that part of your job is consulting with consumers is entirely different to having a body which represents consumers, independent of government, to be able to speak on their behalf and to train consumers to be advocates. This is a missing key element in the healthcare system at the moment that this would seek to address.

By making it the job of the chief executive to establish and maintain a body that independently represents the interests of consumers and patients, we would make sure that the government is addressing this wrong. I do not think the government should be afraid of having in place such a body. It might cop criticism from time to time. Certainly, that is what happened with the Health Consumers Alliance.

Governments cop criticism, but tough governments should be able to manage that. We want to hear from consumers and we do not want to cherry-pick information and have a system of consumer engagement that is totally dependent and under the wing of local hospital networks, as this government is proposing to do. Independence is the key here; therefore, I am happy to move this amendment.

The Hon. J.A.W. GARDNER: I thank the member for putting forward this suggestion. The government does not support establishing a separate body. We believe it would result in unnecessary duplication and confusion, given the existing statutory mechanisms to ensure consumer engagement within the Health Care Act. The fundamental principle of devolution of the public health system is to bring clinicians and consumers closer to the decision-making process in their local health services to create a truly integrated approach to community engagement to support patients, carers, families, consumers and clinicians at the local level to inform service delivery.

We do not believe it is appropriate, under a devolved governance structure, for the department to lead consumer engagement processes relating to local health service delivery, as the department is no longer directly accountable for these services or for determining how they will be delivered. Through their existing statutory functions, which commenced on 1 July 2019, the local health network governing boards are responsible for establishing strong relationships with health consumers, local communities and frontline health professionals, particularly through the development of a clinical engagement strategy and a consumer and community engagement strategy.

Mr PICTON: I will just add that that is completely wishy-washy. To say, 'We will just ask the local hospital networks to do some consumer engagement,' completely misses the point. This is about having an independent voice for consumers that is not just some committee of a local hospital

network that people may or may not listen to. This is about an independent voice that is established for the whole state.

There is also a key element that this minister and the minister in the other place miss as well, which is that there are systemic issues across the whole state. If your entire approach to consumer engagement is, 'We're going to have some committees at a local hospital network,' that misses the connection of many of these issues across the whole state. Ramping is an issue across the whole state. Elective surgery is an issue across the whole state. Mental health care is an issue across the whole state.

If you are segmenting this down to local hospital networks, you are diluting the issue, you are diluting the ability of consumers to have a voice, it is not an independent process and it also does not bring those issues to where the key decisions are being made. As we have pointed out through the course of this debate, all the key critical decisions are still being made centrally by the minister, by the Treasurer, by the Premier and by the department.

Local hospital networks get told what to do, particularly after the passage of this legislation where service level agreements will be able to be superseded by the will of the minister. Not to have a central voice for consumers at a state level really denigrates the voice of consumers, but perhaps that is what this government is seeking to do.

The Hon. J.A.W. GARDNER: I note the member's comments and I note his insult to my contribution, so I will provide some further material. I will not respond to the insult with further insult, other than to say that I disagree with the member.

I talked before about the strategies and functions that are required to be delivered in LHNs. The minimum requirements for these strategies are outlined in the Health Care Regulations. Amongst other elements, the regulations require that strategies have regard to national and state standards and policies relating to consultation with clinicians and health consumers, and to describe the relationships between the two engagement strategies and the LHN's engagement with providers of health services, including providers of primary care.

The LHN governing boards have either completed or are well on their way to completing these strategies. All LHNs and the SA Ambulance Service have a range of consumer adviser committees, each providing vital consumer input into service planning, designing care, and measuring and evaluating healthcare services. Consumers are also engaged and partnered with at all levels of service delivery within LHNs and the state Ambulance Service.

Data on the National Safety and Quality Health Service Standards accreditation outcomes for public, private and day surgery services across Australia show that, of 17 South Australian public hospitals surveyed between January 2019 and February 2020, none received 'not met' actions at initial assessment, compared with 88 per cent in other states and territories. That indicates that we believe our public hospitals surveyed during the period satisfactorily met the actions in accreditation standard 2, partnering with consumers.

This bill includes an additional function of the chief executive to engage with consumer, carer, community representatives and other interested parties in the development of healthcare policy, planning and service delivery. This clause passed the Legislative Council in December 2020. The Commission on Excellence and Innovation in Health's Consumer and Clinical Partnerships directorate is focused on developing systems and capability to build and sustain partnerships between clinicians and with communities, consumers and carers. It aims to support health services to deliver safer, more innovative and efficient health care through empowering consumers and clinicians, and there is a range of things that they have done.

The newly established Wellbeing SA and reformed SA Mental Health Commission also play important roles in the engagement of consumers, including those with lived experience, and clinicians to drive statewide strategies, policies, programs and models of care, and demonstrate transparency and accountability to the public. As a system leader, the department is responsible for setting statewide strategic policy for the public health system, which has included setting the high-level policy frameworks for consumer, carer and community engagement, and partnerships across SA Health. We still believe that the amendment is unnecessary. We remain unconvinced that it does other than duplicate other work.

The committee divided on the amendment:

Ayes 20
 Noes 24
 Majority 4

AYES

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

NOES

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

PAIRS

Brown, M.E.	Cowdrey, M.J.
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Amendment thus negated.

The CHAIR: We will now deal with clause 5 as printed. Any questions on clause 5, member for Kaurua?

Mr PICTON: There are. Perhaps first I might give the opportunity to the minister to outline exactly what the key changes are here for the role of the chief executive. Presuming this bill passes and gets royal assent and comes into operation tomorrow, how would the chief executive's role be different tomorrow from what he is currently doing in the healthcare system today?

The Hon. J.A.W. GARDNER: I thank the member for the question. I admire his optimism that we can go from passing the bill this afternoon to royal assent tomorrow. I will give it a crack but it might take a little bit longer. Prior to 1 July 2019, under the Health Care Act, the chief executive had direct authority and accountability for the whole public health system. That system is too large, as I have said, to operate optimally with all authority and accountability resting with one person.

So since 1 July 2019, with amendments to the act, responsibility for overall governance and oversight has transferred to governing boards and the local health networks. The chief executive, as a result, is now the system leader focused on the strategic direction of statewide policy as well as performance of the public health system. This role is outlined clearly in the functions proposed in this clause. Inherent in this role is the ability of the chief executive to enter into service agreements with the LHNs and the SA Ambulance Service outlining the moneys allocated for services to be provided.

Reflecting current practice, the amendments will mean the chief executive also has the express ability to issue binding policies and directives to LHNs and the Ambulance Service, setting the required statewide standards for performance of their functions. The chief executive will be able to issue directions or take remedial action if agreed performance measures and operational targets, as outlined in the service agreements, are not met.

The ability of the chief executive to issue statewide service plans will also contribute to the governance of the public health system and serve as a means of achieving integration and coordination across the system. The amendments proposed to the role of the chief executive will ensure that this role and that of the governing board and the chief executive officer of the local health network are clear to avoid duplication or omission.

The role of the chief executive of the department as a system leader is outlined in the National Health Reform Agreement where the role of the states and system management of public hospitals is outlined to include systemwide public hospital service planning and performance; purchasing of public hospital services and monitoring of delivery of services purchased; planning, funding and delivering capital planning funding with the commonwealth, and delivering teaching training and research; managing local health network performance and statewide public hospital industrial relations functions, including negotiation of enterprise bargaining agreements; and establishment of remunerations and employment terms and conditions to be adopted by local health networks.

The system leader role, sometimes known as system manager, has been adopted in other states where boards oversee the role of their hospitals consistent with the National Health Reform Agreement. The revised functions for the chief executive of the department bring South Australia in line with other Australian states and the role of the chief executive envisaged under the National Health Reform Agreement.

Mr PICTON: I want to look at new paragraph (j) which compares to the current paragraph (c). Current paragraph (c) is to ensure that appropriate standards of patient care and service delivery are adopted and applied in the delivery of healthcare services. That is proposed to be changed to (j) which would oversee, monitor and promote improvements in the safety and quality of health services provided by incorporated hospitals and SAAS.

So we have gone from ensuring that standards of patient care are delivered to overseeing improvements and promoting improvements in safety and quality of health care. This is obviously a key area of concern for all South Australians that we maintain safe and quality healthcare services. I acknowledge what the minister is saying in terms of the government's decision to downgrade the role of the chief executive in the healthcare system to not be responsible for as much. But what we are seeing here is a very significant step-down in terms of who is responsible for making sure that people have a good, safe and quality healthcare system being delivered.

If it is now no longer the chief executive's role to ensure that appropriate standards of patient care and service delivery are adopted, then whose role is it now in the healthcare system to ensure that patient care and service delivery are adopted? If I was to go to a hospital tomorrow and have a bad outcome, whose job is it legally to ensure that the appropriate care was delivered to me or to any other patient?

The Hon. J.A.W. GARDNER: I will answer directly the direct question that was put at the end. In relation to the preamble, I invite the member to reflect on the *Hansard* with respect to what I answered in relation to his first question. The direct answer is that as per section 33 of the Health Care Act in relation to the governing board.

Mr PICTON: We are saying that now the board is responsible for the delivery of healthcare services being safe and high quality, even though the boards have no ability to set their own budgets. We are now giving the minister the power to override any dispute about the service level agreement in place.

I guess I would ask the question of the minister: how is it that the boards—that cannot set the budget, that are not responsible or employ the staff under the act, that can be forced to agree now to their service level agreement—are now wholly responsible for the delivery and ensuring the safety and quality of the healthcare services when all those other inputs into it, particularly including the setting of the budget, the service level agreement and the employment of staff, are all still centrally determined and we are now saying that the chief executive is only overseeing, monitoring and promoting improvements?

Specifically where in section 33 are we making clear that this is now the boards' responsibility? Presumably up until today, if that is the case, there has been a dual responsibility that they are both legally responsible for ensuring the safety and quality of healthcare services because

section 33 is already in operation in conjunction with the boards and in conjunction with the current section 7.

The Hon. J.A.W. GARDNER: Again, I encourage the member to reflect on the *Hansard* and my first answer, in which I set out the government's view that it is not necessarily an optimal situation for one chief executive sitting in an office in the CBD to have that responsibility for absolutely everything there, and particularly the words of section 33 of the act, which are pretty clear.

South Australia is actually the last Australian state to implement board governance, which was a key platform of the federal Labor government's 2010 health reforms under the National Health Reform Agreement. The shadow minister, I imagine, would be well aware of this having been an adviser to the federal health minister, the Hon. Nicola Roxon, at the time.

The National Health Reform Agreement sets out the roles and responsibilities of the governing boards and health departments as system leader, including funding arrangements and content of service agreements. While there are some differences between jurisdiction nationally, devolved health systems governance is modelled on these nationally agreed requirements. This includes South Australia, albeit we are very late to the party.

I note that in the second reading speech the shadow minister also took issue with some of the roles and responsibilities between the department and the LHNs. In particular, I noted that the chief executive remains the employing authority for staff. The governing boards do not set their own budgets or performance metrics, and he has repeated a number of these criticisms in the form of this question that he has now asked as well.

As a general comment, I would say that I am unaware of any government department or entity that is responsible for setting its own budget, except for the Department of Treasury, I imagine, but that is still responsible to cabinet, although I am sure that many of them would indeed prefer this were the case. From a health system governance perspective, I reiterate that the service agreements and their content are based on national requirements, including the National Health Reform Agreement.

I am advised that this includes a requirement that states monitor election performance based on nationally consistent performance indicators in the Australian Health Performance Framework. This allows national comparison of hospital and health service performance. In addition, I am advised that nationally the way in which LHNs are funded by the service agreements with their respective health department is also based on national requirements. I quote directly from the National Health Reform Agreement. The role of the system leader, referred to as a system manager—the chief executive—includes:

- i. ensuring the legislative basis and governance arrangements for Local Hospital Networks are consistent with the objectives of [the agreement]—

I think that is what it means—

- ii. system-wide public hospital service planning and performance;
- iii. purchasing of public hospital services and monitoring delivery of services purchased;
- iv. planning, funding and delivering capital;
- v. planning, funding (with the commonwealth) and delivering teaching, training and research;
- vi. managing Local Hospital Network performance; and
- vii. State-wide public hospital industrial relations functions, including...establishment of remuneration and employment terms and conditions to be adopted by the Local Hospital Networks;

Hence, our reforms.

Clause passed.

Clause 6.

Mr DULUK: I move:

Amendment No 1 [Duluk-1]—

Page 5, lines 38 and 39 [clause 6, inserted section 28C(5)]—Delete 'must advise the parties of the decision in writing' and substitute:

must—

- (a) advise the parties of the decision in writing; and
- (b) cause a copy of the decision to be tabled in each House of Parliament within 7 sitting days after the service agreement to which the decision relates is entered into or varied.

To my reading, the government's bill contains a provision to the effect that if parties cannot agree on a term of, or variation to the service agreement, the minister may make a decision about the term or variation and must advise the parties in writing.

My amendment that I move today inserts a new requirement that, where the minister makes a decision about a term and variation of a service agreement, he must advise parties in writing and must also cause a copy of the decision to be tabled in each house of parliament within seven days after the service agreement to which the decision relates is entered into or varied.

The Hon. J.A.W. GARDNER: I thank the member for Waite for this constructive suggestion. The government supports the amendment.

Mr PICTON: I thank the member for Waite for moving this amendment, which is similar but slightly different from the amendment that I had previously moved and I believe the opposition had moved in the other place, which I believe the government opposed at the time, if I am correct.

I believe the key difference here is that instead of what my amendment said—which was to cause a copy of the decision to be tabled in each house of parliament within 12 sitting days of making the decision—it is now within seven days after the service agreement to which the decision relates is entered into or varied. Obviously, it is a tighter time in which it needs to be tabled in parliament. There may well be a longer period between when the decision is made and when the service agreement that it relates to is entered into or varied. I am not sure how long those gaps may tend to be, but that could potentially be a significant gap.

Certainly, this is something that we have been pushing for. I am glad we are now at the stage where there is something that the government will support. Essentially, through this legislation, we are now giving the minister the right to override decisions in relation to agreements between the chief executive and the local hospital networks. When this legislation was originally passed through the parliament, we raised concerns about how this was going to be put in place if disagreements occur. The answer was, 'We will work it out. They will all come to an agreement.'

The truth is that they did not come to an agreement, and there were many instances over the past couple of years where service level agreements were not entered into for very significant periods of time because that was the only way that local hospital network boards, under the legislation, had the right to say, 'We are not happy with what you are proposing with governance. This is an unreasonable request on us. The only ability that we have is to hold out signing the service level agreement.' So I believe we went a whole year without service level agreements even being in place, which is obviously such a central element of the legislation.

The minister is now seeking to fix that situation by giving him the power to override that, and I think it is good that we will now at least have the ability to know when he makes such a decision to override what those objections were because, under the original proposal that the minister brought forward, no-one would have been aware that such a decision had been made.

So a brief question to the member for Waite: what is the key difference in terms of the amendment he has moved and the amendment I had previously moved regarding why we are now looking at after the service agreement is entered into or varied as opposed to the time after the minister made a decision?

The CHAIR: Before I call the member for Waite, a point of clarification, member for Kaurna: you have not actually moved your amendment, it has merely been tabled.

Mr PICTON: Sorry; after I previously tabled it. I understand that the parliamentary convention is that even though I tabled mine first, because the member for Waite has a lower number on his it is going first. Technically, of course, I had not moved it in the parliament but I had certainly tabled it and circulated it, and obviously it was also moved in the other place.

The CHAIR: Yes so we have clarified that. You are exactly right in relation to standing order 363.

Mr DULUK: In relation to the member for Kaurna's question, there are some key differences. One is the time frame of the tabling of the document: mine is a seven-day turnaround and the member for Kaurna's is a 12-day turnaround. Whilst I support the member for Kaurna's desire—I think the whole parliament does—for greater public transparency on this issue, I think one of the key differences is around 'entering into' or 'varied'.

When the document is actually signed is a key difference. In my amendment it is when the actual document is signed that it is tabled before the parliament. Just looking at the member for Kaurna's amendment, it is advising the parties of the decision in writing. There is a difference between a decision being made and the actual execution of that decision and the formulation of that execution, which is what I am seeking to have tabled in parliament.

The Hon. J.A.W. GARDNER: I can offer some further reflections, now that the member for Kaurna has identified the detail of his amendment, on why the government prefers the member for Waite's suggested compromise—and I appreciate his wisdom in doing so.

The government's view, as expressed in the upper house in relation to the amendment drafted by the member for Kaurna—and, I suspect, put by the Hon. Mr Maher or one of his colleagues in the upper house—was that we did not believe it was practical or workable to table a decision of the minister about a clause of the service within 12 days that might compromise ongoing negotiations. If the minister were to make a decision about a term of the service agreement, this may occur before the service agreement has been agreed in completion. Tabling such a decision in parliament before that service agreement has been agreed in completion may, we believe, compromise the negotiation process and create confusion published in isolation.

I am advised that the minister does not intend to exercise ministerial interventions in negotiations as a matter of course. To the best of the government's knowledge, no other state or territory requires the publication or tabling of instances of such ministerial intervention. However, this government does support the principle of public transparency. Given the suggestion of the member for Waite that once the matter is concluded there is still a benefit to having that transparency, we are happy to support the suggestion of tabling at that point, in a very brief period of time but after the negotiations have been completed.

Mr PICTON: While the questions may be to the member, if the minister will indulge us and provide some context. When such a notice is tabled, how much detail will go into what the minister tables in terms of his decision-making? Will it just note that a decision was made to intervene or will it provide detail in terms of the exact criteria that were made to intervene?

The Hon. J.A.W. GARDNER: I note that the amendment as put forward—making this as a contribution formally for standing orders; one of my three, the last of my three actually, I think, on the amendment—I note the amendment sets out that it requests a copy of the decision to be tabled, the decision itself, whatever form that takes, I assume.

Amendment carried.

Mr PICTON: Have all the 2020-21 service level agreements been signed with governing boards and, if so, where is progress up to in relation to negotiations for the 2021-22 service level agreements?

The Hon. J.A.W. GARDNER: I am advised that all 10 LHNs have signed their service agreements for the Department for Health and Wellbeing for 2020-21, and these are published on the SA Health internet. In relation to the 2021-22 year, we are not up to that stage yet, and I expect they will be published when they are.

Mr PICTON: What is the legal status in terms of the operation of local health networks where there is no service level agreement in place? I note that the minister is saying that we are not up to that stage in terms of the next financial year, but we are not very far away now from that being in operation and there may potentially not be service level agreements in place at that time.

I also note that we have had over the past 24 months very extensive periods of time, perhaps even up to a year, where service level agreements have not been in place. Legally, how does the health system operate when there are no service level agreements in place under what is going to be part 4A of the Health Care Act?

The Hon. J.A.W. GARDNER: In instances where service agreements relating to the current financial year—whichever financial year that is, whichever one you are in—are not yet signed, quarterly performance meetings and ongoing discussions continue to take place between the department and local health networks under the same format as if the service agreements were signed. The service agreements are important governance documents that ensure that the department and the LHNs are transparent and clear as to commissioned services, performance targets and expectations, allowing the department to undertake its important role in performance monitoring support.

Directly to the member's question about legal status, regardless of the signature of service agreements, under the Health Care Act the governing boards are accountable for managing their allocated budgets so that performance targets are met and the operations of the LHNs are carried out efficiently, effectively and economically.

Mr PICTON: Have any board chairs in the past 12 months expressed concerns with the minister or the government in relation to their service level agreements and, if so, what were those concerns?

The Hon. J.A.W. GARDNER: The member has put a time frame on the question. Maybe if I give the information that I have, and if the member has further specific questions about specific time frames that are not addressed by the information I have, then I encourage him to seek further clarification.

My advice is that in 2019-20, which was the first year of operation of the governing boards, while the six rural LHNs signed parts of their agreements, the three metropolitan and the one statewide LHN, the Women's and Children's Health Network, did not. I am advised that the 2019-20 service agreements were issued to local health networks at a time when the new governing boards were indeed being established, and this resulted in significant delay in commencing communication and negotiation with the networks.

Key issues in negotiations between the department and the LHNs were focused on funding provided under the agreements as well as the format of the service agreement and the negotiation process—establishing a new process and boards, effectively. Although the CALHN and WCHN service agreements were unsigned for 2019-20, quarterly performance meetings and ongoing discussions took place between the department and LHNs under the same format as if the service agreements were signed. To develop 2020-21 service agreements, a significant review was undertaken that focused on changes based on the LHN feedback and a review of service agreements in other Australian jurisdictions.

This resulted in a condensed, tailored and streamlined agreement that was prepared in close collaboration with each LHN. We know that health service delivery and the way it is commissioned and funded are complex, so it makes sense that governing boards in their first year of operation took the time to immerse themselves in their role, undertake the appropriate due diligence and gain an understanding of the lay of the land within their LHN prior to agreeing to the service agreements.

Clause as amended passed.

Clause 7.

Mr PICTON: Clause 7 inserts that, as part of the governance arrangements, an incorporated hospital—i.e., an LHN—operates programs that promote preventative and primary health care, including primary health care of Aboriginal and Torres Strait Islander people within their communities. As I mentioned in my second reading contribution, an initiative of the government has been to set up Wellbeing SA outside the framework of this legislation, in which Wellbeing SA is running significant primary healthcare programs, in particular, a Hospital in the Home program, which is a rival program to the offering that has been in place for some time from local hospital networks and is run by a private provider.

Given that the governance always has asked and is continuing to ask local hospital networks, through the addition of this section, to run primary healthcare programs, does the government mandate that they use in addition to that the Wellbeing SA programs? What are the mechanics by which that operates? Is there a direction from the CE that they must use those programs, or do local hospital networks have complete discretion that they can choose to use a Wellbeing SA Hospital in the Home program if they want to or, if they do not want to, they do not have to?

The Hon. J.A.W. GARDNER: They are not mandated to use them; however, the chief executive could set policy directions and frameworks in relation to the proposition the members has put.

Mr PICTON: Are there any policy requests or frameworks in place at the moment in relation to the use of Wellbeing SA programs by local hospital networks or incorporated hospitals under the act?

The Hon. J.A.W. GARDNER: I will take that on notice and check.

The CHAIR: A question from the member for Kaurna—sorry, Narungga.

Mr ELLIS: Thank you, Mr Chair. I hope I can do as good a job as the member for Kaurna has done in asking questions. I have a question about governance and management arrangements. Correct me if I am wrong, minister, but I believe that the boundaries on which the regional LHNs are based originate from the former centralised model Country Health SA. Will there be an opportunity to review those boundaries?

By way of background, I provide the following example. In our LHN, Yorke and Mid North, we have Port Pirie Hospital and the Wallaroo Hospital situated quite closely together, within an hour of one another. We find that on the Copper Coast they are often competing against one another. We feel that they are competing against one another for resources, and I am sure there is a view amongst some that it might be best if the Pirie one was separated and that Wallaroo was the hub in that LHN, and that it was the major hospital and treated as such, whereas right now it might be treated as secondary to the Pirie hospital. My question succinctly is: will there be an opportunity to review the boundaries of the regional LHNs?

The Hon. J.A.W. GARDNER: I thank the member for Narungga for that probing question and I understand as the local member of parliament the connection he has to health networks in his community. I remember that when I was in the member for Narungga's electorate not so long ago we were reflecting on the services that were provided at the Kadina hospital and the extraordinary work that is done on Yorke Peninsula. In relation to the specifics of the question, I do not have that information here. We will check, we will take that on notice and we will bring back an answer to the member so that he can share that with his community.

Clause passed.

Clause 8 passed.

Clause 9.

Mr PICTON: I indicate that the opposition is opposing clause 9. We have outlined some of the reasons before, but we will raise them again. This proposal by the government loosens the conflict of interest provisions in relation to the membership of boards. The wording that was originally in the legislation was the wording the government put forward; in fact, I believe we had different wording and the government in the other place suggested this wording.

They are now seeking to weaken that to what we believe would create additional risks of conflict of interest. You do not even have to take our word for it, as I read out earlier the full letter from the Independent Commissioner Against Corruption Bruce Lander when he was in office. He believed that this amendment could heighten the possibility that a governing board member will have a conflict of interest. He said:

...relaxing the eligibility criteria for membership to a local hospital network Governing Board will tend to heighten the risk of actual, perceived and potential conflicts of interest emerging for those Board members who may provide services to a relevant local health network...in light of the existence of this control measure, I regard it as a

question for the Parliament. If the Parliament wishes to remove eligibility criteria, that would further reduce the risk of this occurrence of conflict of interest.

Therefore the opposition is opposing this clause and encourages the government to also agree to remove this clause based on the views of the ICAC about the conflicts of interest in place.

This was raised in the other place and this has been raised by the SACOSS-led coalition of health groups, who sought to delete the clause because, in their view, people who are on the boards of, for instance, a private pathology company or part of a consultancy to a local hospital network could therefore be part of a governing board. SASMOA also provided a submission on this point and said:

There are various personnel levels within the South Australian hospital system, employees and executives of both hospitals and the Department, fee for service contractors and hospital Board Members. Employees and service providers, up until now, have not had the ability to participate on a public hospital board. It is assumed that this inability to participate is because the potential conflict of interests of the individual's agenda both internally and externally, may be inconsistent with the priorities, accountabilities and responsibilities of a public incorporated hospital.

The newly proposed change to this section now places significant risk that the interests of an individual's non-pecuniary and pecuniary interests could have priority over the public hospital interests and the community who subsidise our State hospital services eroding confidence in the governance.

SASMOA submits that the removal of section 33B(5)(b) dilutes the current protections afforded to our hospitals and increases the individual—

I have lost the page, so I might have to leave that quote there because I cannot find the second page. I think it is very clear—

The Hon. D.C. van Holst Pellekaan: It was very powerful.

Mr PICTON: It was very powerful.

The CHAIR: Member for Kaurana, perhaps you can provide it later to Hansard?

Mr PICTON: That's right; I can provide it later to Hansard.

The CHAIR: No, you cannot do that, apparently.

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

Mr PICTON: Exactly. I think even if we look at what I was able to have from their letter, it said very clearly that it places a significant risk that:

...the interests of an individual's non-pecuniary and pecuniary interests could have priority over the public hospital interests and the community who subsidise our State hospital services eroding confidence in the governance.

I think there is a very clear question as to why is the government now looking to erode confidence in the governance arrangements, looking to remove this protection that it itself drafted in the original debate on this legislation and allow a possibility that you could have people who are contractors to a local hospital network who are also on the board of that hospital network.

For instance, in the case of the most famous consultancy that we have had in the past three years, KordaMentha, which was appointed at the local hospital network of central Adelaide and paid \$37 million, you could have those employees working in that administration and at the same time, under this proposal, be sitting on the board of that hospital. Why is the government looking to do this?

The Hon. J.A.W. GARDNER: I thank the member for the question. Under the current provisions in the Health Care Act, it was intended that persons who work in the department or an LHN be excluded from eligibility on the governing board for that LHN and people who are engaged, of course, to work in our health services, in various ways outside of traditional employment arrangements, whether through visiting arrangements or contractual arrangements, such as fee for service arrangements in regional services—these things happen.

To ensure such persons are precluded from appointment, the Health Care Act provides a person is not eligible for appointment if 'the person provides a service to the incorporated hospital'. The key rationale for that was to ensure that those who have involvement in patient care at the LHN, either directly or through clinical governance processes and who may be in a position to influence a governing board that there is no risk or anomaly in patient care, are excluded from board member eligibility.

I am advised that an example of where such influence within a board contributed to tragic consequences occurred at the Djerriwarrh Health Services in Victoria, which experienced a high number of abnormal baby deaths that were potentially avoidable. The report of the review of hospital safety and quality assurance in Victoria, which followed this tragedy, recommended that the relevant Victorian health legislation be amended to include a requirement that at least one member of every public hospital board have contemporary knowledge of clinical practice and is at least somewhat experienced in clinical governance and that no person appointed to the board have an appointment as a clinician or be employed at the same hospital or health service.

The legal interpretation of the current provisions have taken a much wider application than intended, which has resulted in persons who may provide any form of service being ineligible for appointment, including those who own or work for local businesses that supply to regional hospitals and in certain circumstances somebody who works for a company that has a contract with the LHN. This proposed amendment through the bill removes that overly broad interpretation.

Any person who is employed or engaged by an LHN to work at that network either directly or through a commercial arrangement will not be eligible to be appointed to the governing board in line with the original intent. A person considered to provide a service to the LHN but who does not work at the network could therefore be considered on a case-by-case basis for a board vacancy as part of a merit-based selection process through which one aspect considered would be an assessment of any potential conflict of interest.

It is the government's view that there are sufficient statutory and other checks and balances to ensure that situations in which persons who do not work within the LHN, but who may have potential pecuniary or personal interests in matters associated with the LHN, are dealt with appropriately. The state government strives to appoint persons of a very high calibre to the government boards, and by their very nature this means persons appointed will be likely to hold several other senior positions and have broad expertise and interests.

The health system is complex. If members have experience into the knowledge of the public health system, we believe this will benefit the board, the LHN and the community. We do not believe that it is in the best interests of our state and our health system to limit the ability to appoint talented persons with valuable and relevant skills, qualifications and experience to our governing board. Our LHN governing boards have the most extensive disclosure and conflict of interest requirements in the state, far exceeding those requirements for other SA government boards, including SA Water, the Essential Services Commission and Super SA.

We believe that this clause, the amendment to the act, the bill that we are putting forward, strikes the right balance when coupled with the extensive legislative disclosure requirements, duties and offences.

Mr PICTON: That certainly outlined why you need protections, and it certainly outlined some of the reasons why protections should be put in place, but it does not really seek to outline why the government is now weakening it to allow people who are service providers, perhaps consultants, perhaps private pathology companies or the like, to be able to sit on boards.

I have good news. I found the second page of the SASMOA letter and, given the interest in it, I think it is worth touching on. They stated:

...increases the individual interests of appointed hospital board members to dominate decision making and outcomes to the provision of hospital services for self-interest, as individuals or directors of private companies, they seek to utilise their position on the hospital board to tender for hospital contracts.

There has been no definitive explanation why a member of a hospital board, who may be engaged to provide a service to the incorporated hospital, and be appointed to a hospital board, are less likely to undermine the function and confidence in our hospitals in contrast to the judgement of an employee of a Hospital or the Department. SASMOA submits an individual who provides a service to the incorporated hospital and is a member of the hospital board could reasonably be expected to either knowingly or unknowingly utilise the information and their position to gain an advantage by their appointment to the hospital board resulting in an unfair advantage over competitors. The closer the individual is to influence the outcome of a hospital tender or procurement process, in provision of a service to the hospital or selection of senior executives, the greater the public requires protection from such misconduct.

Additionally, an appointed hospital board member, to whom a Chief Executive Office is accountable and responsible, may face challenges ignoring the tender of a hospital board member's private interest/company to provide a service for the hospital.

Public health care is paid for by the community. The community must have the right to assume a robust process and confidence in the spending of public money free of self-interest and misconduct. This amendment increases the risk for corruption, clashes of interest and anti-competitive behaviour.

If there are exceptions, then the legislation and regulations should deal with the exceptions, not increase the risk that an appointed individual to a hospital incorporated board who also may provide a service to the hospital, may be compromised by their public and private responsibilities/interests.

Yours sincerely,

Bernadette Mulholland

SASMOA Chief Industrial Officer

So clearly we have a very strong argument from the union representing the doctors who work in our public hospitals, saying that they are very concerned that what the government is seeking to do here will allow people who are on boards to have an unfair advantage in terms of procurement and that that potentially increases the risks of corruption, clashes of interest and anticompetitive behaviour.

Again, I ask the minister: is there some example that he can point to of a person who is providing a service—a contractor or a consultant—who we really need to have on a hospital board and why that will not create the potential for conflicts of interest and the potential for corruption that we have heard about through the ICAC letter and through the SASMOA letter?

The Hon. J.A.W. GARDNER: I thank the member. I was going to reflect, in relation to his first contribution, that, when he talked about the ICAC having concerns, he was of course talking about the letter from the former ICAC commissioner. I previously advised the house of the response we have had from the current ICAC commissioner in which she has declined to put forward a position.

In relation to the member's characterisation of my earlier contribution, I respectfully disagree. I think I made quite clear the purpose of the original restrictions—a very significant example of why the desire for there to be a level of restriction was in place—but particularly that the purpose for which the restriction was originally put in place has indeed been significantly broadened in the interpretation of that restriction.

I think there are a number of categories of people who might operate at a high level and for one reason or another would actually be of value to boards, but it would be a merit-based selection process and very appropriate for conflicts of interest. I do not believe that I have a great deal to add to my earlier answer, and I invite the member to reflect further on the *Hansard* of the original answer.

With the indulgence of the house, I would like very briefly to provide a response to the member for Narungga's earlier question in which I am pleased to share with the house that, as board governance provisions in the Health Care Act will be reviewed, as required by the first bill, the government is happy to include in that review the issue of boundaries. So I invite and encourage the member to write a letter to the health minister, if he has not already, to get that in writing, but I have shared that with the house.

Mr ELLIS: Regarding the composition of governing boards, in my view the devolution of decision-making has been a tremendous step forward for the health system. But, clearly, as a part of that there were considerably important jobs that needed to be filled, and it is absolutely sensible that those positions be filled on skills-based criteria. Will localised positions on that board be given some priority? The inspiration behind this initiative was to return local decision-making to local hospitals. As these boards develop and mature, it would be pleasing to see them populated by local people making decisions about their local hospitals. So is some priority given to local decision-making?

The Hon. J.A.W. GARDNER: I thank the member for his question and note that, as part of his advocacy, he made this point in his second reading speech, and he has followed through on his commitment made during that speech to seek this assurance in the committee stage. As the member is aware, one of the fundamental principles behind the government's commitment to decentralise the public health system and establish local health network governing boards was to put responsibility and accountability for our local health networks at the local level to ensure that clinicians and communities are engaged in making decisions about their local health service. We believe that

decisions made at the local level by people with local knowledge and experience will be better and more informed decisions.

I consulted with the Minister for Health and Wellbeing after hearing the member for Narungga's second reading contribution. He has advised that, under section 33B(1) and 33B(2)(g) of the Health Care Act, the minister is required to appoint 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, to enable the effective performance of the board's functions.

The minister has also advised that, in his opinion, for boards serving in regional areas of the state, having at least one member with the knowledge and experience of the local region served by the governing board, including through residing or working in the local region, is of great value to the effective performance of the board's functions and would assist the board to make well-informed decisions about local health service delivery.

In making appointments to the six regional local health network governing boards, the minister has assured me that, where possible, he seeks to appoint persons who are local residents who have deep connection to the local region. As they are skill-based boards rather than representative boards, which the member for Narungga recognised in his second reading speech, this is of course balanced with the need to maintain a broad skills mix of the governing board.

Progress reported; committee to sit again.

Personal Explanation

SOUTH EASTERN FREEWAY

The Hon. C.L. WINGARD (Gibson—Minister for Infrastructure and Transport, Minister for Recreation, Sport and Racing) (17:53): I seek leave to make a personal explanation.

Leave granted.

The Hon. C.L. WINGARD: Earlier today, in response to a question from the member for Kavel, I made a statement, and I quote:

The last time any surfacing work was done there was 20-plus years ago, so we know that we are adding to safety on that road.

The member from West Torrens subsequently brought to the attention of the house that some works had been undertaken in 2016. For clarification, the context in which that comment was made was with respect to the \$35 million of resurfacing works on the South Eastern Freeway that we are undertaking between the Tollgate and Crafers. There was indeed 5.5-lane kilometres of repair work undertaken in 2016 at a cost of around \$1 million between the Heysen Tunnels to Crafers, with various resurfacing treatments. However, the work we are undertaking between the tollgate and Crafers amounts to significantly more.

It is 45-lane kilometres of pavement rehabilitation, with deep-lift asphalt surfacing, fixing all lanes. The asphalt will also reduce the noise, improve drainage and make the roads safer and more comfortable. As I said in my response, this project is creating 165 jobs. As of approximately two weeks ago, the team out there has already done about 12-lane kilometres and laid more than 35,000 tonnes of new asphalt. We look forward to that deep-lift asphalt resurfacing continuing.

Bills

COVID-19 EMERGENCY RESPONSE (EXPIRY) (NO 2) AMENDMENT BILL

Final Stages

The Legislative Council agreed to the bill without any amendment.

Matter of Privilege

MATTER OF PRIVILEGE, SPEAKER'S STATEMENT

The SPEAKER (17:55): I rule, having given consideration to the matter of privilege raised by the member for West Torrens in the house earlier this afternoon. I will cite the oft-referred passage of McGee on parliamentary practice at page 664 and perhaps slightly more fulsomely because, for

two reasons, I rule that the matter is not a matter of privilege meeting the test set out in McGee, that it might genuinely be regarded as tending to impede or obstruct the house in the discharge of its duties.

I will refer perhaps more specifically to the matter that was raised and the observations of the minister giving rise to an answer to a question from the member for Kavel during question time. I will quote relevant parts of the minister's answer that form part of the materials that were provided to me by the member for West Torrens. The minister referred to the following:

The last time any surfacing work was done there—

that is, on the South Eastern Freeway—

was 20-plus years ago...

The member for West Torrens referred to and subsequently provided to me a bundle of documents, four pages, one of which is a document that appears to have been published by the then Department for Planning, Transport and Infrastructure and dated 4 April 2016 and which refers relevantly to resurfacing works being conducted on the South Eastern Freeway at or about that time. I note also in the circumstances the personal explanation given by the minister in the house just now.

In all of those circumstances, it is appropriate that I remind members of the dual tests that are set out in McGee: first, that only if conduct complained of can genuinely be regarded as tending to impede or obstruct the house in the discharge of its duties or is otherwise of some moment should the house bother to deal with it as a question of privilege; secondly, and in these circumstances, even in the event that I found that it was of such moment, I would anyway determine that it is not a matter for the house to resolve by way of a matter of privilege.

Where the matter has been dealt with by the minister, there is no reason for the house to take corrective action because the matter has been resolved. It is appropriate in those circumstances, and I quote from the passage of McGee, that the Speaker determine that no question of privilege is involved, even though it may be clear that the conduct which has been raised might otherwise amount to such a matter of seriousness.

In my view, this is not a matter of privilege for the reasons I have stated. It does not meet the test and has otherwise been resolved. I therefore decline to give the matter the precedence that would otherwise allow the member immediately to pursue the matter. My ruling, as members will be aware, however, does not prevent any member, including the member for West Torrens, from pursuing the matter by way of substantive motion.

At 18:00 the house adjourned until Tuesday 25 May 2021 at 11:00.

*Answers to Questions***TARGETED VOLUNTARY SEPARATION PACKAGES**

437 The Hon. S.C. MULLIGHAN (Lee) (4 May 2021). As at 31 March 2021, how many targeted voluntary separation packages have been accepted across the public sector in the 2020-21 financial year?

(a) What is the total estimated cost of targeted voluntary separation packages accepted in 2020-21 financial year so far?

(b) What is the department or agency, position title, and total employment cost of each position in which a TVSP offer was accepted?

The Hon. S.S. MARSHALL (Dunstan—Premier): I have been advised:

Information on TVSPs is based on data collected from agencies by the Department of Treasury and Finance.

In the 2020-21 financial year to 31 March 2021, 323 TVSPs have been accepted, representing 308.7 FTEs, for a total TVSP cost of \$30,607,180.26.

Details of the agency, number of positions and total TVSP cost for the 2020-21 financial year (up to 31 March 2021) is provided in table 1. Detailed information on TVSPs funded by agencies during the year was not collected by Treasury and Finance and as such the additional information requested, including position title and total employment cost, is not readily available.

	Totals by Agency		
	Headcount	FTEs	\$
General Government Sector			
Child Protection	1	1.00	133,034.80
Correctional Services	16	16.00	1,365,692.50
Courts	4	3.80	471,929.00
Defence SA	1	0.60	37,499.63
Education	12	11.50	982,361.31
Environment and Water	4	3.60	357,214.00
Health	30	29.00	2,779,640.75
Local Health Networks	41	36.30	4,230,214.80
Human Services	26	25.30	2,035,865.00
Infrastructure and Transport	105	103.30	9,331,975.48
Innovation and Skills	2	2.00	179,948.41
Premier and Cabinet	2	2.00	315,053.98
Primary Industries	3	3.00	340,601.28
SA Police	1	1.00	83,097.00
TAFE SA	22	19.90	1,618,084.30
Treasury and Finance	3	2.60	270,807.15
Public Non-Financial Corporation Sector			
Forestry SA	1	1.00	85,261.57
Public Trustee	2	2.00	203,054.08
SA Housing Authority	41	39.20	3,731,918.55
SA Water	5	4.60	1,768,192.67
Urban Renewal Authority	1	1.00	285,734.00
Total Payments to Employees (Excluding Accrued Leave)	323	308.7	30,607,180.26