

LEGISLATIVE COUNCIL**Tuesday, 3 March 2020**

The PRESIDENT (Hon. T.J. Stephens) took the chair at 11:00 and read prayers.

The PRESIDENT: We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of this country throughout Australia, and their connection to the land and community. We pay our respects to them and their cultures, and to the elders both past and present.

*Parliamentary Procedure***PAPERS**

The following papers were laid on the table:

By the President—

Reports of the Auditor-General—

Adelaide Oval Redevelopment for the designated period 1 July 2019 to
31 December 2019, Report No. 1 of 2020

Examination of Credit Card use and Management: City of Charles Sturt,
Report No. 2 of 2020

Examination of Credit Card use and Management: City of Playford,
Report No. 3 of 2020

Examination of Credit Card use and Management: Coorong District Council,
Report No. 4 of 2020

Consolidated Financial Report Review, Report No. 5 of 2020

By the Treasurer (Hon. R.I. Lucas)—

Regulations under Acts—

Building Work Contractors Act 1995—SACAT

Dangerous Substances Act 1979—Dangerous Goods Transport—SACAT

Plumbers, Gas Fitters and Electricians Act 1995—SACAT

Second-hand Vehicle Dealers Act 1995—SACAT

By the Minister for Trade and Investment (Hon. D.W. Ridgway)—

Regulations under Acts—

Architectural Practice Act 2009—SACAT

Heavy Vehicle National Law (South Australia) Act 2013—

Amendment of Law

Expiation Fees

By the Minister for Health and Wellbeing (Hon. S.G. Wade)—

Regulations under Acts—

Controlled Substances Act 1984—Pesticides—SACAT

Health Practitioner Regulation National Law—Definition of Repealed Regulation

Health Practitioner Regulation National Law (South Australia) Act 2010—

Amendment of Law

ANSWERS TABLED

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

*Citizen's Right of Reply***CITIZEN'S RIGHT OF REPLY**

The PRESIDENT (14:20): I have to advise that I have received a letter from the Chief Justice, the Hon. Chris Kourakis, on behalf of the justices of the Supreme Court of South Australia, requesting a right of reply in accordance with the sessional standing order passed by this council on 6 February 2020.

In his letter dated 20 February 2020, the Chief Justice considers that comments by both the Hon. M.C. Parnell and the Hon. C. Bonaros during debate on the Supreme Court (Court of Appeal) Amendment Bill on 5 December 2019 were based on information that was 'misleading because it was either incomplete or removed from its proper context' leading to assertions concerning the standing operations of the Supreme Court that were wrong.

Following the procedures set out in the sessional standing order, I have given consideration to this matter and believe that it complies with the requirements of the sessional standing order. Therefore, I grant the request and direct that the Chief Justice's reply be incorporated in *Hansard*. The Chief Justice's reply refers to attachments providing statistical information and graphical representations of those statistics. The statistical information will be incorporated in *Hansard*; however, the graphical representations are not able to be incorporated.

Dear President

I write on behalf of the Justices of the Supreme Court and request that this letter be incorporated into *Hansard* by way of reply to the criticisms of the Supreme Court in its appellate jurisdiction made by the Honourable Mark Parnell and the Honourable Connie Bonaros in the course of the debate on the Bill for the establishment of a Court of Appeal (1).

I have spoken to those Honourable members privately and it appears that they accepted at face value information provided to them by the Attorney-General and some members of the legal profession. Unfortunately, the information on which some of their comments were based was misleading because it was either incomplete or removed from its proper context. As a result, the speeches of the Honourable members wrongly asserted that the Supreme Court was poorly regarded by the High Court, that a disproportionate number of the Supreme Court judgments were overturned by the High Court and that the Supreme Court did not determine a large proportion of the appeals it heard in a timely manner. All three assertions are wrong.

Regard for Supreme Court

First, I raise the anecdote related by the Honourable Mark Parnell. It was that, on an application for special leave to appeal, the High Court first asks 'Where is [the appeal] from?' and if counsel responds 'South Australia', the Court immediately grants permission to appeal. I acknowledge that the Honourable Mark Parnell himself recognised that the anecdote was 'likely overstating the case' but nonetheless he suggested that it was indicative of what he described as a 'quality control' issue. In fact, there is not even a grain of truth in the anecdote. Indeed, the person who relayed the anecdote to the Honourable Mark Parnell appears mischievously to have adapted an old joke often swapped amongst barristers about judges whom they wish to disparage. Its falsity is obvious because the extensive documentation, including the judgment against which the appeal is brought, provided to the High Court before it sits to hear an application for special leave to appeal will have already made it very clear which court delivered the judgment. I also know it to be false because I have frequent contact with interstate judges, including the Justices of the High Court, but have never heard an adverse comment made about the quality of the judgments of the Supreme Court of our State. The anecdote is also falsified by the extremely low percentage of judgments of the Court overturned on appeal to the High Court in recent years. Of the judgments delivered in each of the years 2016 to 2018 which have been overturned by the High Court, the percentage ranges from zero to 0.65 per cent. That percentage compares more than favourably against the other Australian jurisdictions. The percentage over the three years combined is 0.43 per cent, which is the lowest of any mainland State or Federal jurisdiction. I explain these statistics in greater detail by reference to the speech of the Honourable Connie Bonaros.

- (1) I understand that, by resolution passed for the current session of the Legislative Council, in accordance with a long-established practice, the President is authorised to deal with complaints made by persons whose reputations have been adversely affected by statements made in the Council: Enid Campbell, *Parliamentary Privilege* (The Federation Press 2003), pp 75-76.

High Court Appeals

The Honourable Connie Bonaros informed the Legislative Council that between 2004 and 2015, of the 30 matters appealed to the High Court, 19 judgments were overturned. I observe at the outset that much of that statistical information is more than a decade old. The Attorney-General, at my request, has provided me with the document, prepared by her Department, which appears to have been the Honourable Connie Bonaros' source of information. Unfortunately, the document does not anywhere place that information in its proper context. Using as the

only statistic the proportion of successful to non-successful appeals after special leave has been granted gives a completely inaccurate picture about the performance of the Court for the reasons which I explain below.

The only relevant measure of frequency of error is the rate of judgments overturned to total judgments delivered by a court. It is well understood by legal practitioners, with an understanding of the appellate practice of the High Court, that special leave to appeal is only infrequently granted and, when it is, it is generally because the proposed appeal appears to have merit to the Justices of the High Court who granted leave. It is not surprising, therefore, that once special leave is given, the appeal is often successful. For that reason, the significance of the number of appeals allowed depends not on its proportion to the number of applications for special leave granted, but on its proportion to the total number of judgments delivered by the Court.

The tables and graphs attached to this letter show the number of judgments delivered in each year from 2016 to 2018, and the number of those judgments subsequently overturned by the High Court. In 2016, the percentage of successful appeals, to total judgments delivered by the Full Court of the Supreme Court of South Australia, was 0.65 per cent. South Australia ranked second behind New South Wales in holding its judgments. The highest percentage of successful appeals in that year was in appeals from the Full Court of the Federal Court of Australia, not because the standard of that Court is less than any other, but because the matters heard by it are primarily in the Federal jurisdiction, in which, therefore, the High Court is likely to take a closer interest.

For the 2017 year the percentage of successful appeals against the total judgments delivered by the Full Court was 0.58 per cent. In that year, judgments of the Supreme Court of South Australia were less likely to be overturned than any other court in Australia.

For the 2018 year there was no successful application for special leave to appeal against a judgment delivered by the Full Court and accordingly judgments of the Supreme Court of South Australia were, once again, the least likely to be overturned.

The tables and graphs attached also consolidate those years which show that for South Australia the percentage of appeals to the High Court allowed, out of the total judgments delivered, was lower than any other jurisdiction. Obviously enough, the relative proportion in each of the jurisdictions will vary depending on the years selected. It does so for a number of reasons, primarily dependent on factors other than the legal standard of the intermediate courts of appeal. That is not surprising. Governments across Australia are well aware of the importance of maintaining proper standards in the administration of justice of the nation's highest courts and make appointments accordingly. Reasons for variations in the percentage of judgments against which appeals are successfully brought from year to year include statutory changes and emerging general law principles argued in a particular jurisdiction which may attract the interest of the High Court. It must also be remembered that some judgments are reversed only in part, that the grounds of appeal may raise issues not fully argued in the intermediate court of appeal, and that some appeals turn on a fine evaluation of the evidence, on which different views may reasonably be taken.

Judgment Delivery Times

On the question of judgment delivery times, again the information provided was incomplete. The Judges accept that there have been occasional substantial delays in the delivery of reserved judgments by the Full Court. The reason for those delays is usually the high judgment writing demands of appeal courts and the under-resourcing of the Court to which I refer further below.

However, the attached table shows that, despite that under-resourcing, the average time for delivery of Full Court judgments after they have been heard is about three months. The table also shows that appeals are listed for hearing within about two months of the parties or their lawyers asking the Court to set down the appeal for hearing. I understand, albeit from anecdotal evidence, that the time from when the parties and their lawyers are ready to set down an appeal to the delivery of judgment compares favourably with other Australian jurisdictions.

The Honourable Connie Bonaros referred to backlog benchmarks for the time taken to dispose of actions. The backlog statistic is based on the amount of time an action is before the Court. That time is primarily a function of the action or inaction of the parties or their lawyers. I have been provided with a document prepared by the Attorney-General's Department which may have been the Honourable Connie Bonaros' source of information. The Honourable Connie Bonaros appears to have mistakenly quoted from a graph setting out backlogs for civil trials, not appeals. The mistake is understandable because the Attorney-General has informed me that copies of the documents were not left with Ms Bonaros to study for herself, and because the document does not explain that an action may remain in a court list because of the time it takes the parties or their lawyers to prepare it for hearing. If the backlog statistic was a reliable indication of court delay, the measure mentioned by the Honourable Connie Bonaros would have supported an increase in the judicial resources of the trial division, not the appeal division. It is evident from the Attorney-General's document that the benchmark statistics for the appeal division were much lower. If the document had been left with the Honourable Connie Bonaros, she would have seen that the criminal appeal backlog was generally within, or close to, the benchmark and that the civil appeal backlog benchmark was exceeded by between six per cent and 25 per cent, depending on the particular year.

However, and more fundamentally, the backlog statistic is not a measure of the efficiency of the Judges. Matters are not listed before the Full Court until the parties or their lawyers indicate that they are ready to proceed. There are sometimes substantial delays, caused by lawyers or the clients, in reaching the point of listing a matter. The table I have attached shows that the Full Court has set down matters for hearing within about two months of the parties

or their lawyers notifying the Court that they are ready to have the matter listed. I acknowledge that the Honourable Connie Bonaros is not familiar with the Court backlog measure.

Court Resourcing

I return to the question of the proper resourcing of the Court. It should be noted that from 2012, due to budget cuts and in order to preserve sufficient Registry staff to deal with the work of the courts, the number of Supreme Court Justices was reduced from 13 to 12. In late 2013, Justice Parker was appointed as one of those 12 Judges, but at the same time was appointed President of the South Australian Civil and Administrative Tribunal (SACAT). He divided his time equally between SACAT and the Supreme Court. Effectively, the number of judges fell to 11.5, representing a reduction of more than 10 per cent in the judicial resources of the Court. In 2017, with the appointment of Justice Hughes as the full-time SACAT President, the judicial complement was again 12. However, from June 2019 the non-appointment of a replacement for Justice Vanstone reduced the complement to 11 and, later in the year, the appointment of Justice Hinton as Director of Public Prosecutions reduced it to 10. Nonetheless, as the attached table shows, the Court has met the three-month benchmark for the delivery of judgments in 2016, 2017 and 2018 in terms of the average time for delivery.

I provided a draft of this letter to the Honourable Mark Parnell and the Honourable Connie Bonaros. I accept unreservedly their assurances, given in their replies to that letter, that they relied on information provided to them in good faith. I thank them for engaging with me on this issue in the spirit of mutual respect which is to be expected in exchanges between our two branches of government. I am grateful to them for permitting me to convey to you their support for the incorporation of this reply into Hansard.

It is important that statements made within the institutional arms of government should not disparage other arms of government unless, after proper investigation, there is good reason to do so. To avoid difficulties of this kind in the future, I make myself available to provide, in an appropriate form, an explanation for, and a proper context to, any statistical information concerning the administration of justice in the courts of this State, should their operations become the subject matter of debate in the Legislative Council.

Yours sincerely

The Honourable Chris Kourakis

Chief Justice of South Australia

SUMMARY 2016

Jurisdiction	Percentage of Judgments which Proceeded to HC	Percentage of Judgments Overtured
SA	2.58%	0.65%
VIC	2.43%	1.82%
NSW	0.57%	0.14%
QLD	1.69%	1.40%
WA	1.17%	0.78%
FCAFC	4.16%	2.08%

Full Court of the Federal Court had the highest percentage of judgments overturned (2.08%)

NSW had the lowest percentage of judgments overturned (0.14%).

SA had the second lowest percentage of judgments overturned (0.65%).

SUMMARY 2017

Jurisdiction	Percentage of Judgments which Proceeded to HC	Percentage of Judgments Overtured
SA	1.16%	0.58%
VIC	1.56%	1.04%
NSW	1.39%	1.08%
QLD	0.95%	0.63%

TABLE 2B: Percentage of SC/FCAFC Judgments which Proceeded to the HC/Overtured on Appeal in 2017

WA	1.27%	0.85%
FCAFC	5.24%	4.37%

Full Court of the Federal Court had the highest percentage of judgments overturned (4.37%).

South Australia had the lowest percentage of judgments overturned (0.58%).

SUMMARY 2018

TABLE 3B: Percentage of SC/FCAFC Judgments which Proceeded to the HC/Overtured on Appeal in 2018

Jurisdiction	Percentage of Judgments which Proceeded to HC	Percentage of Judgments Overtured
SA	0.00%	0.00%
VIC	0.85%	0.57%
NSW	0.63%	0.31%
QLD	0.83%	0.28%
WA	0.88%	0.44%
FCAFC	2.93%	1.26%

Full Court of the Federal Court had the highest percentage of judgments overturned (1.26%).

Supreme Court of South Australia had the lowest percentage of judgments overturned (0.00%).

Number of judgments granted special leave and overturned which were handed down by SC between 2016-2018 as a percentage of the total judgments handed down by the SC during that period.

Table 4: Number of judgments granted special leave and overturned which were handed down by SC between 2016-2018 as a percentage of the total judgments handed down by the SC during that period.

Jurisdiction	Number of judgments proceeded to HC (SL Granted)	Number of judgments overturned	Total Number of Judgments Handed Down by SC 2016-2019	SL Granted as a Percentage of Total No. Of Judgments	Judgments Overtured as a Percentage of Total No. of Judgments
SA	6	2	461	1.30%	0.43%
VIC	17	12	1064	1.59%	1.12%
NSW	17	10	1988	0.86%	0.50%
QLD	12	8	1033	1.16%	0.77%
WA	8	5	717	1.11%	0.69%
FCFCA	27	17	660	4.09%	2.58%

Full Court of the Federal Court had the highest percentage of judgments overturned (2.58%).

Supreme Court of South Australia had the lowest percentage of judgments overturned (0.43%).

COURTS ADMINISTRATION AUTHORITY

Supreme Court average time from set down to hearing (in days) and hearing (judgment reserved) to judgment delivered (in days)

	2016	2017	2018
Set down to hearing			
CCA—time between permission granted and CCA hearing	53	40	67
Full Court—set down to hearing	52	60	27
Hearing (judgment reserved) to judgment delivery			
CCA—hearing to judgment	95	81	97

	2016	2017	2018
Full Court—hearing to judgment	101	69	77

Question Time

CORONAVIRUS

The Hon. K.J. MAHER (Leader of the Opposition) (14:22): My question is to the Minister for Health and Wellbeing. What contingency measures is the Minister for Health taking to ensure the normal operation of SA Health and, in particular, its commitments to patients on elective surgery waiting lists if the coronavirus outbreak intensifies here?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:22): I thank the honourable member for his question, particularly because it's the first direct question asked by the opposition in either house this parliamentary year.

For those who weren't aware, the coronavirus disease started to emerge in China in late 2019. It has received very significant public attention and particularly public attention by health authorities. In that regard, I would like to pay public tribute to the work of Associate Professor Nicola Spurrier, not only for her work in the public health response but, referring to the honourable member's question, for her work in—what I would call, broadly—preparedness.

If I could go to the first element, because the initial response is the foundation for preparedness: in the first period, from when the first case was detected in South Australia, the response of the public health team has been exemplary. In that regard, I seem to recall that the first two cases of people with coronavirus were admitted to the Royal Adelaide Hospital on 1 February 2020, and I am absolutely delighted to be able to inform the council that today the third confirmed case is to be discharged from the Royal Adelaide Hospital. That is great news for all three patients who have experienced coronavirus in South Australia, and it stresses to people what I think is often misunderstood, that coronavirus is a very threatening condition but the vast majority of people who suffer from it suffer relatively mild symptoms.

A nation such as Australia is very fortunate with public health clinicians of the calibre of Associate Professor Spurrier and Dr Chris Lease in the health protection space. We have seen that in this first wave. I can assure you that from the very earliest period of our public health response, planning was being done on scenarios. Of course, that does not happen in a state alone. My understanding is that the AHPCC, the lead group of clinicians and chief medical officers from around Australia, has been meeting through teleconference every day for the last month.

That work is just as Professor Spurrier's team is focused on both the public health response and the preparedness going forward, and it is also the work that is being done at the national level. Not only is it useful in terms of logistics, because many of the resources we draw upon are shared, it's also useful in terms of clinicians at the highest level being able to discuss the best response to the coronavirus.

In terms of the contingencies, as the honourable member refers to them—I call them preparation plans or business continuity plans—work is being done well beyond that of the public health team. All of the local health networks have been working on preparedness. For example, Dr Spurrier this morning indicated that every hospital in metropolitan Adelaide is planning for a coronavirus clinic.

This is an opportunity to manage an infectious disease in a way which minimises the potential disruption to the hospital as a whole. They are being managed by the local hospitals and the local health networks, with the oversight of the public health team, and, to be frank, linking in to a whole-of-government approach.

All my colleagues appreciate that their businesses, their departments, their agencies may well be disrupted by the coronavirus, just like every other business and activity in South Australia. I would urge people to be thinking about not only what plans they might need to make for whatever comes but it is also important for businesses to do the same.

CORONAVIRUS

The Hon. K.J. MAHER (Leader of the Opposition) (14:27): Supplementary arising from the answer: will the minister consider following Queensland's lead and ensure that operating theatres work across weekends so that elective surgery waiting lists are not too impacted by a potential coronavirus outbreak?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:27): I'm certainly happy to look at what other states are doing. As I said, the dialogue that is happening within the AHPCC is very valuable. There are quite different responses in different states. Perhaps this supplementary gives me the opportunity to do a bit more bragging for South Australia.

South Australia was very innovative in its SA Pathology response, in spite of the political games that were played by the Labor Party in last week's parliamentary committee. SA Pathology has been leading the nation in its testing regime. We are the only state in Australia where every person who presents for a respiratory virus test also has that sample tested for coronavirus. In terms of preparedness, I think that is an excellent initiative, because if you only test the people who present with the symptoms, you can't see the underlying level of viral load which is yet to present as symptoms.

One of the disturbing aspects of the coronavirus is the potential for it to be transmitted before the person themselves becomes symptomatic, so the work of SA Pathology has been extraordinary. A member in the other place criticised them for not having in place the regime to test. I would just like to remind those opposite that you actually can't test for a disease you don't know exists. Within weeks of the pathology being made available through the Victorian service, SA Pathology not only established that service but in the weeks following that developed a testing regime which meant that they could test every person with a respiratory condition.

My recollection is that they are currently doing about 250 tests per day. My understanding is that the proactive testing of the coronavirus samples has led to more than 2,700 samples being tested for coronavirus. In my discussions with medical personnel, that may well be one-third of Australia's national testing.

Yet again, I would commend Dr Tom Dodd and the SA Pathology team and Associate Professor Nicola Spurrier with Dr Chris Lease and other members of her team. They have worked tirelessly, and they have every right to be tired. They have worked very hard in the weeks past, knowing full well that this is likely to be a marathon, not a sprint. This is going to be a troubling time. They have put us in very good stead, and I would urge South Australians to heed the messages that Dr Spurrier and her team are broadcasting.

The Hon. I.K. Hunter: A supplementary.

The PRESIDENT: A supplementary question arising from the original answer.

CORONAVIRUS

The Hon. I.K. HUNTER (14:30): Yes, the minister, towards the end of his discussion in the original answer, said that every hospital—I think he qualified it to say every major hospital or metro hospital, I'm not sure—

The Hon. S.G. Wade: Metropolitan.

The Hon. I.K. HUNTER: Metropolitan hospital, I am corrected—will be setting up a COVID-19 clinic. How many patient beds will each hospital clinic provide?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:31): I thank the honourable member for his question because it gives me an opportunity to clarify. The clinic being referred to there is not a clinic as in a ward: it's a clinic as in an SA Pathology clinic, a sample collection facility. I thank the member for the supplementary because it gives me an opportunity to highlight another innovation by SA Pathology. One option is to allow a person to come to a clinic. There have been SA Pathology clinics, even dedicated SA Pathology clinics, for people to come and have a sample tested outside a hospital, but also an initiative of SA Pathology was to have what they call a domiciliary nursing service.

This is a service whereby a nurse goes out to a home or elsewhere and takes the sample. They don't expect the person to come to the clinic or come to the hospital. It's an outreach service. It goes to them, clearly significantly reducing the risk to a clinic-based service or a hospital-based service. My understanding is that we are heading towards 100 people who have been tested that way. Again, I commend the innovation and nimbleness of the public health services, both in pathology and in the communicable diseases branch.

CORONAVIRUS

The Hon. I.K. HUNTER (14:32): Further supplementary: in which case, in every metropolitan hospital, minister, how many hospital beds will be made available— isolation beds, I presume—for COVID-19 patients?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:33): The scenario planning obviously has a huge number of variables. As of today, God willing, this lady will be discharged. We won't have a single bed in South Australia being used by a person who has had confirmed COVID-19 or coronavirus. We are yet to see what the impact will be. I think the Chief Medical Officer of Australia has highlighted that the difficulty in being clear about scenarios is how quickly the disease spreads.

Obviously, if the disease spreads quickly, it will have a much higher impact on patient services. If it is a slower spread, it will have less of an impact on hospital services. Again, I would stress that not every person with coronavirus will have severe symptoms. A person who is dealing with coronavirus may not need to be hospitalised. These are all matters for public health clinicians and, for that matter, GPs, hospital networks and the like.

CORONAVIRUS

The Hon. C.M. SCRIVEN (14:34): My question is to the Minister for Health and Wellbeing. What assurance can the Minister for Health give to South Australians that all necessary medicines, supplies and equipment have been stockpiled to ensure the operation of our health system in the event of a potential coronavirus pandemic?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:34): I must say I find it rather galling that the opposition should ask me to give assurances to the people of South Australia. They are asking me to give assurances in terms of the work being done by our public health team. This is the opposition that, in the early stages of this outbreak in South Australia, was basically accusing that SA public health team of withholding information, not telling the people of South Australia information that they needed to stay healthy. How dare you!

This state, this nation, this world faces a significant viral threat. The last thing we need is politician commentators telling public health clinicians how to do their job. Then, they had the audacity last week to call a pathology business manager to a parliamentary committee and start asking him clinical questions on a pandemic plan and therefore undermine the public's confidence that SA Pathology was ready. Later that day, the Chief Public Health Officer and the clinical director of SA Pathology had to go out and provide reassurance.

So I think you have got a gall coming into this parliament asking me to provide reassurance when your party keeps playing political games to undermine the trust of South Australians in public health services. You have a gall!

CORONAVIRUS

The Hon. C.M. SCRIVEN (14:36): Supplementary: it appears that the minister didn't hear the question. The question related to: can the minister assure South Australians that all necessary medicines, supplies and equipment have been stockpiled to ensure our health system in the event of a coronavirus pandemic? Do we have a stockpile of medicines, supplies and equipment sufficient?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:37): I assure the council that Associate Professor Nicola Spurrier, the Chief Public Health Officer, is working both within South Australia and beyond South Australia to ensure that we have all the supplies we need for all the scenarios we face. That's not to say we don't have challenges, but we also don't need a political party that keeps playing political games and playing the politics of fear.

CORONAVIRUS

The Hon. C.M. SCRIVEN (14:37): Supplementary.

The PRESIDENT: I will be interested to hear your supplementary. I thought that was a reasonably comprehensive answer.

The Hon. C.M. SCRIVEN: Sorry, I wasn't sure if you were being humorous, Mr President. I should have known that you weren't, Mr President, given this is a very serious topic. Will the South Australian government stockpiles of necessary medicines, supplies and equipment, which the minister has assured are sufficient in the event of a pandemic, be available for general practice and aged-care sectors?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:38): The fact of the matter is that the government works across domains: federal, state and local government, to protect public health, particularly at times like these. We have certainly had discussions with the GP community about responding to the coronavirus. We will continue to work with them. Let me stress—and, in fact, I believe the member misquoted me in reading back—I made it clear: we will have challenges meeting some supply issues, depending on the scenarios, but it serves no purpose with members opposite trying to spread the politics of fear in the face of a very serious public health challenge.

CORONAVIRUS

The Hon. C.M. SCRIVEN (14:38): A supplementary: could the minister answer the previous question as yes or no: will the government make stockpiles available for aged care and general practice? It's a simple question.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:39): I know that the member would like health simplified to simple yeses and noes. That's not the way health is.

CORONAVIRUS

The Hon. E.S. BOURKE (14:39): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing.

Leave granted.

The Hon. E.S. BOURKE: The Minister for Health and Wellbeing has today highlighted the tireless testing regime being undertaken by SA Pathology. My question to the minister is: what will the minister do to protect SA Pathology from the threat of privatisation while it fights on the front line to protect the public from the coronavirus pandemic?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:39): This is like a conga line of shameless people. They want me to highlight to the people of South Australia and this chamber the gall of their political games in recent days. We have had Labor members of parliamentary committees, of a number of parliamentary committees—

The Hon. I.K. HUNTER: Point of order: the minister was asked a very direct question. It is a question of relevance. He has gone off on a tangent, where he is not even addressing the question that was asked of him.

The PRESIDENT: The Hon. Mr Hunter, it's not a point of order. As you know better than most, the minister is entitled to answer the question as he sees fit. The honourable Minister for Health and Wellbeing.

The Hon. S.G. WADE: Thank you, Mr President. As you could tell, I haven't even got to my introduction. Labor's scare campaign in relation to SA Pathology and coronavirus is absolutely shameless. Labor had an opportunity to hear from the Chief Public Health Officer at the very first committee meeting this year, and they gagged her; they did not let her speak. She was in the gallery for an hour. She did not get the opportunity to respond. Last week, they chose to ask questions of a clinical nature to a business manager and then use political campaigns to undermine public trust in the very clinicians who are working tirelessly to protect us.

In terms of the honourable member's suggestion that the reform process in SA Pathology has weakened its capacity to respond to coronavirus, that is patently untrue. In terms of

SA Pathology's general business, not only have performance treatment times and the like—key performance indicators—been maintained, in some cases they have been improved.

Then, when the coronavirus comes, rather than being an enfeebled organisation that couldn't rise to the challenge, what do we see? The domiciliary care nurse service I have already talked about being rolled out within weeks of the virus being detected in South Australia. Then, we had the panel. They worked with the Victorian pathology services to make sure they had the capacity to provide testing and then they introduced a proactive screening of tests of people who have viral conditions.

That does not sound to me to be the actions of a weak, enfeebled public sector authority. That to me is an organisation that has not only risen to the challenge of reform as laid down by this government but, much more importantly, has responded to the public safety needs of the people of South Australia in an innovative, forward-learning way.

CORONAVIRUS

The Hon. E.S. BOURKE (14:42): Supplementary arising from the answer: will the minister rule out privatisation of SA Pathology until the full impact of the coronavirus is known?

The PRESIDENT: Minister, I am not quite sure that that is arising from the original answer. I will give the minister the opportunity to respond. Otherwise, we will move on. Minister.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:43): The honourable member loves to use the word 'privatisation'. I would like to know where was she when Labor was privatising services left, right and centre when they were in government. In relation to—

Members interjecting:

The Hon. S.G. WADE: Was she?

The PRESIDENT: Order! Government members, Treasurer, let the minister answer.

The Hon. S.G. WADE: For example, in relation to radiology, not a dissimilar service to pathology, Labor outsourced widely. Radiology services at Modbury and Noarlunga are delivered through external providers. There are 14 country hospitals where radiology services were delivered during Labor's term through external providers. They can bleat about privatisation, but whenever they do that they highlight their own hypocrisy. It is 'do what we say, not what we did'.

HOUSING AFFORDABILITY

The Hon. J.S. LEE (14:44): My question is to the Minister for Human Services about the government's new housing strategy. Can the minister please provide an update to the council about the Marshall Liberal government's strategy for improving housing outcomes for South Australians and supporting the building industry?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:44): I thank the honourable member for her question and her interest in this area. As honourable members would recall, the housing strategy was released in December last year following on from a package agreed to as part of the land tax arrangements extracted from us by the hefty negotiations of the Greens.

What we have is a comprehensive strategy that will deliver a range of affordable housing options for South Australians. That includes capital programs for a thousand affordable homes, a neighbourhood renewal program, a range of supports in terms of HomeStart finance, preventive maintenance programs that are in addition to the budget announcement for 2019-20, and the Homelessness Prevention Fund, all of which will work towards assisting South Australians to achieve their dream of affordable housing.

The strategy provides a pathway over the next 10 years and will go a long way towards assisting South Australians who, we have identified through our partners and talking to the people of South Australia, are looking for affordable housing options. The neighbourhood renewal program is some \$54 million, looking at a range of areas including Felixstow, Kidman Park and, I think, Woodville Gardens. The capital maintenance is an additional \$75 million, and we also have the thousand affordable homes program.

Very recently, we have been able to release an expression of interest, which is the first part of these particular programs, at Dover Gardens. On 18 February, the South Australian Housing Authority released an expression of interest to the private sector to seek a partner to redevelop an existing site at Quintus Terrace at Dover Gardens. Some of those properties have been vacant for some time, as it has been an area that has become somewhat notorious. A number of the residents have been relocated to other locations while we work on the redevelopment plans.

We have certain places within South Australia, within the Housing Authority, that do need a lot of work. I have spoken previously about the walk-up flats program that was funded in the budget, and the upgrade of those walk-up flats is taking place as we speak. I'm looking forward to further announcements for additional sites where we will be redeveloping those properties into a range of new properties.

The building industry has welcomed the program within the Housing Authority. As we know, there have been some businesses in South Australia that have gone under, and they are certainly welcoming the addition of some new opportunities for the building industry. As part of that we are also looking for apprenticeship and traineeship opportunities. I look forward to announcing those further as time progresses.

SOCIAL HOUSING

The Hon. K.J. MAHER (Leader of the Opposition) (14:48): A supplementary arising from the answer: is there any requirement to announce planned or expected levels of social housing as part of any funding agreements?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:48): I think I responded to those questions in a previous question time, and my response to that stands.

KORDAMENTHA

The Hon. F. PANGALLO (14:49): I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question about SA Health consultants.

Leave granted.

The Hon. F. PANGALLO: It has been reported that KordaMentha—the consultants brought in to overhaul SA Health's biggest agency, the Central Adelaide Local Health Network, which includes the Royal Adelaide Hospital—has contracted a UK consultancy firm to assist to get CALHN back in the black. Under the contract, KordaMentha is flying in up to 10 British experts from a UK-based management consultancy firm, 2020 Delivery, and relocating them to Adelaide for up to six months. According to KordaMentha, the new team will:

...focus on supporting front-line staff to reduce delays in patient care and the harm resulting from unnecessarily long stays in hospital.

My questions to the minister are:

1. Did KordaMentha need to seek the approval of the state government before contracting the UK consultancy firm?
2. Were you aware of the UK consultancy firm being engaged before it was reported in the media?
3. Why does KordaMentha need to fly in and relocate UK workers for up to six months, at great expense to South Australian taxpayers and at the expense of Australian firms with similar experience?
4. What is the expected cost of this exercise?
5. Do you think South Australian taxpayers' money could be better spent than flying in and accommodating UK professionals for up to six months?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:51): The first point I would make is that my understanding is that those arrangements were made by KordaMentha within their contract with government. The questions the honourable member raises are detailed and I will take them on notice and provide an answer.

CORONAVIRUS

The Hon. R.P. WORTLEY (14:51): My question is to the Minister for Health and Wellbeing. How many times has the Minister for Health attended the emergency management committee of cabinet to consider planning for a coronavirus pandemic, and what advice has the minister provided to the emergency committee of cabinet?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:52): I would remind the honourable member of the last two words he said: 'of cabinet'. Cabinet proceedings are confidential.

CORONAVIRUS

The Hon. R.P. WORTLEY (14:52): Supplementary, Mr President.

The PRESIDENT: The Hon. Mr Wortley, with a supplementary arising from the original answer?

The Hon. R.P. WORTLEY: Yes. What action has the government taken to improve the preparedness of remote Aboriginal communities for the potential emergency of a coronavirus outbreak?

The PRESIDENT: The Hon. Mr Wortley, that is a very worthwhile question and next time you get the opportunity you could perhaps ask that question. The Hon. Mr Hood.

Members interjecting:

The PRESIDENT: Order!

SOUTH-EAST BUSINESSES

The Hon. D.G.E. HOOD (14:52): My question is to the Minister for Trade and Investment. Can the minister please update the council on how the government is working with industries in the South-East, including those impacted by the coronavirus?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment) (14:52): I thank the member for his ongoing interest in businesses, especially in the South-East. Last Tuesday—Monday night and Tuesday—I had the pleasure to spend some time with Nick McBride (member for MacKillop) and also Troy Bell (member for Mount Gambier). We looked at several important industries, such as the rock lobster industry, the timber industry, fresh produce (as in onions) and grain (mostly oats) at Blue Lake in Bordertown.

The reason I was particularly keen to get to the meeting that was organised by Nick McBride (member for MacKillop)—it was a new initiative where he had brought what we call the processors, the people who buy lobster on the beach from the fishermen, and the fishers all together in a meeting in Mount Gambier. I think it was a very good initiative.

Obviously, people and businesses in the supply chain don't talk to each other all that often, and so it was a chance to actually get those stakeholders in the room to have a decent discussion about the issues the coronavirus has created and the issues that have confronted the rock lobster industry.

Members opposite and other members in this chamber would know that in the rock lobster industry the southern zone and northern zone focus on the very lucrative Chinese New Year market in China. Of course, the coronavirus could not have happened at a worse time for them. A number of the processors had bought fish that were in storage and waiting to ship, so it has confronted them with a range of issues.

I think, as I have often heard the Premier say, never waste a good crisis. It was an opportunity to get all of these people together and have a look at the opportunities that exist when you have some problems, and so we discussed a whole range of issues.

Unfortunately, the minister for fisheries and primary industries had a prior engagement, so he couldn't be there, but I know that he is considering some changes to the management plan. The fisheries management advisory council representatives were at the meeting. I suspect some of the

things that were canvassed included carrying over a quota to the next season, potentially extending the season.

One of the options is for the rock lobster sector to look at mitigating against the chances of problems occurring again. I think we all realise that coronavirus has presented a problem. You can't turn the clock back. The problem is real. But maybe we could extend the season by a couple of weeks. We have the Moon Lantern Festival here at the time that there is another festival in China. There might be an opportunity to be fishing in September to supply that market to spread the risk a little. So I want to commend the member for MacKillop for bringing all the stakeholders together. I think it was an important initiative.

I also had a quick opportunity to go to Timberlink to look at the expansion of the second sawmill they are putting into that facility. It's great to see investment in the timber industry in the South-East, an increase in jobs and exports for that particular sector. I then had the opportunity to go to Dolling Produce at Padthaway, which I have a recollection of. As members know, I am actually from that part of the world.

I remember in the late seventies, early eighties that Dolling was starting to grow onions as a small crop alongside their potatoes. They now produce some 12,000 tonnes of potatoes. They have a large number of employees, permanent employees. I think it's a real tribute to a family that has worked hard to develop markets and are at the leading edge of technology, now producing some of the finest horticultural produce, some of which is exported. A lot of it's used for domestic consumption but some of it is being exported.

Finally, I went to the Blue Lake oat milling company in Bordertown. As members know, it's my old home town. I think I was 19 when I delivered my first load of oats there, so some 40 years later the company is going from strength to strength and diversifying into products such as other value-added products that continue to grow our economy.

SOUTH-EAST ROCK LOBSTER INDUSTRY

The Hon. C.M. SCRIVEN (14:56): I have a supplementary question: apart from attending meetings, what tangible assistance is the government giving to the rock lobster industry in the South-East?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment) (14:57): I thank the honourable member for her question. My department, as soon as the coronavirus impact was known, started to look for alternative markets. We had Sally Townsend in Tokyo, in our trade office, identify some markets in Tokyo. We had identified some extra markets in Singapore and Malaysia and have provided all of those contacts to the industry.

The industry then has to make a judgement whether they wish to sell lobsters at the prices being offered in those markets or try to hang onto them and sell them at a higher price. Of course, they have had a number of fish in tanks and in boats and I think they are dealing with them on a case-by-case basis for the Minister for Primary Industries as to whether the fish that are in storage in boats can be returned to the fishery, into the water. I know that the ones in tanks can't be, so they are working with them to try to place those fish.

SOUTH-EAST ROCK LOBSTER INDUSTRY

The Hon. J.A. DARLEY (14:58): A supplementary: can the minister advise, of the licence holders for crayfish licences, how many of those licence holders are still fishing and how many have stopped?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment) (14:58): I thank the honourable member for his question. From the notes from the meeting, I think most of them had stopped but there are some starting to fish again. I don't know the exact numbers of the fishers that haven't been fishing. I am just checking my notes here for the honourable member. There are 243 commercial fishing licences in the fishery, broadly across the whole state. I don't have the numbers of ones that are not fishing but there are about 330 tonnes of the annual quota that's not caught—about 180 tonnes in the southern zone and about 150 tonnes in the northern zone.

Mr President, as you would know, the season lasts until 31 May, so there is an opportunity, if things start to return to normal—clearly, the peak demand of the Chinese New Year has gone—so there is an opportunity for fishers to go back. Some are going to make judgements about whether they would fish at a lower price than the \$100 a kilo that they get at the peak times. That's an individual business decision. But we hope that, of the 330 tonnes, a fairly good percentage of that will be caught and sold at reasonable prices before the end of May.

POLLUTION INCIDENTS, PUBLIC NOTIFICATION

The Hon. M.C. PARNELL (14:59): I seek leave to make a brief explanation before asking the Minister for Trade and Investment, representing the Minister for Transport, Infrastructure and Local Government, a question about public notification of pollution incidents.

Leave granted.

The Hon. M.C. PARNELL: Sometime on Saturday afternoon it appears that some 500 litres of aviation fuel spilled on a ship in the Port River and that much of it ended up in the river. Residents reported strong odours, feeling nauseous; there were reports of vomiting; there were reports of people whose houses were full of fumes, making it very uncomfortable to live inside their homes. It appears the Department of Transport was informed around 5.30pm on Saturday about this incident, but the first notification I could find was from the EPA. It was on Twitter, and it was the following day at 1.12pm to their quite small list of 2,281 Twitter followers.

This notification was after most of the impacts of the fuel spill had dissipated. Coincidentally, I actually spent Friday afternoon meeting with the EPA to discuss public notification of pollution incidents, but that does not really help when it is a different agency that is the key agency with responsibility. My questions of the minister are:

1. What protocols does DPTI have in place to notify the public of such incidents?
2. Will the minister consider expanding the newly revamped Alert SA smart phone app to incorporate pollution incidents?
3. Does the minister consider it acceptable that the first official notification was narrow in scope and some 18 hours after the agency first became aware of the pollution incident?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment) (15:01): I thank the honourable member for his question and his very vigilant support of the environment, and I will take those questions on notice and refer them to my colleague the Hon. Stephan Knoll, Minister for Transport, Infrastructure and Local Government, in the other place and bring back a reply.

CORONAVIRUS

The Hon. I. PNEVMATIKOS (15:01): My question is to the Minister for Human Services. Could the minister outline what she has been doing to ensure the residents and staff are prepared for any coronavirus challenges that may arise in services for which she is responsible, including homelessness shelters and services, domestic violence shelters and services and supported accommodation for people with disability?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:02): I thank the honourable member for her question. We have asked our department to ensure that they have contingency plans for the coronavirus, including business continuity planning. I am expecting an update from my department very shortly, and I will obtain the details from that.

INFLUENZA VACCINATIONS

The Hon. J.S.L. DAWKINS (15:02): My question is to the Minister for Health and Wellbeing. Will the minister update the council on public health initiatives?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:02): I thank the honourable member for his question. The Marshall Liberal government has a strong, demonstrated commitment to public health. We introduced the meningococcal B vaccination program and catch-up, the first in Australia for children and infants and the first for young adults in the world. We also introduced free flu vaccines for under-fives, and we are working to have pharmacists give flu vaccines to children aged 10 years and above, dropping the threshold from 16 years.

Today, we added another program to the raft of measures that this government has and is taking to protect South Australians. I was delighted to be able to stand alongside Associate Professor Nicola Spurrier, the Chief Public Health Officer, and Minister for Human Services, Michelle Lensink, as we announced that South Australians experiencing homelessness will be able to get a flu shot free of charge.

Currently, more than 6,000 people are thought to be homeless in South Australia. Some of these people sleep rough, some in supported accommodation, others in makeshift shelters, including tents. Not surprisingly, people who are experiencing homelessness often face greater challenges in accessing health services than the general population. Providing people experiencing homelessness with the opportunity to have a free flu vaccine is a tangible way of helping them avoid the flu or minimising its impact if they do get the flu. It also contributes to stopping the spread of influenza through the broader community.

As part of this initiative all South Australian GPs and immunisation providers will be able to offer the vaccinations free of charge to people experiencing homelessness. In addition, drop-in services like Streetlink Youth Health services and RDNS will be able to provide the vaccine free of charge to any eligible clients.

This year, with the spread of COVID-19 across the globe, it's more important than ever to make sure that as many people as possible get a flu shot. The flu vaccine won't protect you against COVID-19, but it can help to prevent South Australians suffering both at the same time, or potentially facing COVID-19 weakened by exposure to the flu.

We don't know what level of severity this year's flu will bring, but the memory of last year's flu strain and the challenge of responding to COVID-19 are very much at the forefront of the minds of public health clinicians and reflected in the steps we are taking to minimise the impact of communicable diseases. The provision of free flu vaccines to people experiencing homelessness is another step towards herd immunity and a way of easing pressure on emergency departments as the flu season approaches.

I join with our public health officials in urging all South Australians to be vigilant in protecting themselves against the flu this year through vaccinations and good hand hygiene. It's more important than ever that everyone in our community practises 'Wash, wipe, cover...don't infect another.'

HOMELESSNESS

The Hon. T.A. FRANKS (15:05): A supplementary question: how many people have been discharged from our hospital systems to homelessness in the last year?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:06): I don't regard that as a supplementary question, but I—

Members interjecting:

The PRESIDENT: I will decide if it's a supplementary question.

The Hon. S.G. WADE: Sorry—well, let's put it this way: I wasn't referring to inpatients. These are people in the community who are receiving flu vaccines. If I could just respond to the spirit of the honourable member's question by saying that, as minister, I was pleased that health services were reminded recently that it is not our policy and it should not be our practice that people are discharged into homelessness.

Having said that, it is a challenge for health services. We are not, if you like, the homeless service of last resort, but we do try our best to make sure that people have an orderly, safe discharge from hospital, and health services are being reminded of that responsibility.

The PRESIDENT: The Hon. Ms Bourke, a supplementary question arising from the original answer?

SA PATHOLOGY

The Hon. E.S. BOURKE (15:07): Yes, thank you, Mr President. The minister referenced that we need to help minimise the impact regarding the pressure on the health system. Will the

minister immediately order no further job cuts to SA Pathology until the full impact of the coronavirus and the pending flu season is known?

The PRESIDENT: The Hon. Ms Bourke, I will let the minister answer if he chooses but, again, it was a bit of a long bow.

The Hon. E.S. Bourke: He referred to the impact—

The PRESIDENT: Minister.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:07): I make the point that COVID-19 is a communicable disease; so is the flu. In 2014, the Labor Party decided that they would launch a reform program for SA Pathology that talked about a 300 FTE job cut. Believe it or not that was at the beginning of 2014, believe it or not there was a winter in 2014, believe it or not there was flu. This government, by contrast, has in an orderly way, led by clinicians and business managers, instituted a reform process through SA Pathology which has led to a TVSP program, which has led to a modest reduction in FTEs.

But what you have seen is that, in stark contrast to the former government's management of SA Pathology—where the workforce was inflicted with the trauma of EPLIS—this government is going through an orderly reform process which has not only seen service standards maintained but in some areas improved.

LAND VALUATIONS

The Hon. J.A. DARLEY (15:08): I seek leave to make a brief explanation before asking the Minister for Trade and Investment, representing the Minister for Transport, Infrastructure and Local Government, a question about valuations.

Leave granted.

The Hon. J.A. DARLEY: Following the two Ash Wednesday bushfires in 1980 and 1983, the Valuer-General immediately revalued properties in bushfire-affected areas to appropriately adjust capital values to reflect destroyed improvements. These valuations took effect immediately, providing rate relief for affected owners. My question to the minister is: can the minister advise whether the current Valuer-General has given the same policy direction to Land Services SA in light of the recent bushfires and, if so, what was the direction given, when will it take effect and were owners advised of the amended valuations?

The Hon. D.W. RIDGWAY (Minister for Trade and Investment) (15:09): I thank the honourable member for his ongoing interest in the effects of the bushfires and, in particular, the questions on land valuations. I will refer them to the responsible minister, the Hon. Stephan Knoll, in the House of Assembly and bring back a reply.

CORONAVIRUS

The Hon. J.E. HANSON (15:09): My question is to the Treasurer. What funding has the government provisioned specifically to deal with the coronavirus outbreak, including additional support for SA Health?

The Hon. R.I. LUCAS (Treasurer) (15:10): The government has indicated that its priority will be finding the additional funds, whatever they may well be, and is determined to meet two priorities: one is bushfire recovery costs and also the coronavirus. It's a movable feast and we will continue to respond as we need to.

The PRESIDENT: Supplementary question arising from the answer, the Hon. Mr Hanson.

CORONAVIRUS

The Hon. J.E. HANSON (15:10): Will any of the responses outlined by the Treasurer, in terms of provision, be providing financial assistance to businesses that are impacted by the coronavirus outbreak?

The Hon. R.I. LUCAS (Treasurer) (15:10): We will consider the need for additional assistance and support and respond as required. At this stage there have been no specific provisions

made in relation to businesses impacted, but clearly in the broader spectrum of operations the government's response, both federal and state—for example, to tourism marketing campaigns, both federal and state—will be interpreted by many in the tourism industry and sector as a government response funded by governments, federal and state, in terms of impacts both as a result of bushfire but also coronavirus.

Equally, the government's response in relation to the challenges confronted by the international education industry will need to be considered depending on the length and final impact of the coronavirus in terms of the impact on international education. The state government again, as required, will consider what might need to be done and, again, will need to work with the commonwealth government in relation to appropriate responses. If the import of the question is what specific provisions have been made at the moment, the answer to that is we have not made budget allocations or provisions but we will respond as we would imagine the community wants us to respond. As budget and financial circumstances permit, we will do the very best we can on behalf of the taxpayers of South Australia.

CORONAVIRUS

The Hon. J.E. HANSON (15:12): Further supplementary question: I understand the scope provided in the answers already, but what I am after is a little bit further in terms of—if the Treasurer is willing to go there—is there a funding boost to any South Australian researchers to combat coronavirus similar to what was performed in Victoria to do so?

The Hon. R.I. LUCAS (Treasurer) (15:13): I am not in a position to add anything further to the answers I have given to the two earlier questions in relation to the government's willingness and preparedness to provide assistance where we deem it appropriate.

CORONAVIRUS

The Hon. K.J. MAHER (Leader of the Opposition) (15:13): Supplementary question arising from the original answer, where the Treasurer outlined specific extra commitments made for bushfire responses: has there been any extra allocation of funding for SA Health at this stage in a direct response to the coronavirus outbreak?

The Hon. R.I. LUCAS (Treasurer) (15:13): We continue to work with SA Health on its continued budgetary pressures across the broad ambit of challenges it confronts, part of which will of course be the coronavirus. The challenges that SA Health faces in terms of the challenges for its hospitals and its public health services, and a whole variety of other things, comes within the totality of a \$6 billion-plus budget. We collegially work together in this cabinet to meet the challenges as best we can, and we will continue to do so.

CORONAVIRUS

The Hon. K.J. MAHER (Leader of the Opposition) (15:14): Final supplementary: I might word it slightly differently in case the Treasurer didn't understand. Is there any extra money allocated to fight coronavirus so far at this stage?

The Hon. R.I. LUCAS (Treasurer) (15:14): I understand the member's question, and I can't add anything further to the three or four previous answers I have given to the range of questions on the issue.

DISABILITY HOUSING

The Hon. J.S. LEE (15:14): My question is to the Minister for Human Services about new disability accommodation in South Australia. Can the minister please provide an update to the council on the launch of AnglicareSA's new long-term accommodation in northern Adelaide?

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:15): I thank the honourable member for her question. It was a great privilege to be invited to help launch AnglicareSA's new Bridgeview long-term disability accommodation at Elizabeth East last week. The member for Hurtle Vale was there, as was Mr Lee Odenwalder as the local MP. People may be familiar with that particular site, which was formerly known as Tregenza aged care. It is quite close to the Lyell McEwin Hospital.

Bridgeview is the new site there. It has supported living units that offer short-term and long-term 24-hour supported accommodation for adults and children living with disability, which is part of AnglicareSA's disability support services. Anglicare advises that the units are staffed by experienced and trained personnel to assist residents to live as independently as possible by supporting the learning of new skills, broadening of current skills, development and building of relationships and connection and participation in the community. Anglicare supports some 300 or 400 NDIS customers at any one time.

We had the great privilege of assisting George, one of the residents there, who has been an Anglicare client for some time. I understand that the three particular dwellings we saw are all fully SDA compliant, which is supported disability accommodation. That attracts a subsidy from the National Disability Insurance Scheme. I understand that George is now employed and is going to greatly enjoy his accommodation. He is also going to have the opportunity to choose his fellow tenant, which is part of the NDIS philosophy of choice and control for residents.

The use of technology was one of the features that really stood out with this particular site because people who are quite limited in terms of their physical mobility can use an iPad to control blinds, air conditioning, kitchen appliances and the like, and I understand they also have voice activation. Anglicare is to be commended for developing this new site, which has brand-new accommodation. We are trusting that, as providers continue to achieve that SDA funding for their clients and capital works proceed, we will see more of this fantastic type of accommodation in South Australia.

PORT PIRIE, BLOOD LEAD LEVELS

The Hon. T.A. FRANKS (15:18): I seek leave to make a brief explanation before addressing a question about the lead levels in children's blood in Port Pirie to the Minister for Health and Wellbeing.

Leave granted.

The Hon. T.A. FRANKS: We have heard the disturbing news reported today that the average amount of lead in the blood of children living in Port Pirie is at its highest point in 10 years, which the latest testing data has recently revealed. South Australia Health's full-year testing for the past year, 2019, shows that the average blood lead level in children who are aged under five is 5.4 micrograms per decilitre of blood. This is a 20 per cent increase on the results for the previous year and the worst since 2010. As we know, the World Health Organization has noted and repeatedly warned that there is actually no safe level of exposure to lead. My questions to the minister are:

1. What actions will SA Health take in response to this latest news?
2. What is the framework that we can expect that SA Health will implement to work with Port Pirie's Targeted Lead Abatement Program?
3. Are any additional moneys to be expended on addressing this serious health concern?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:20): I thank the honourable member for her question. The analysis of children's blood lead levels in Port Pirie has been released. The analysis shows improvement in two of the reported blood measure levels and ongoing deterioration in five of the measures, despite lower average airborne lead emissions in 2019. These trends are attributable to a combination of high lead emissions in three years prior to 2019, including unprecedented dry windy weather patterns, the physiological delay in absorbed lead being excreted from the body and improved laboratory precision in test results.

SA Health's primary response to lead levels is through the environmental health program and it was my privilege to visit there recently and see the excellent work being done with families and children, not only to test in terms of monitoring but also in terms of education and support. The fact that we have had deteriorating blood lead levels soon after there have been improvements at the plant highlights that the lead burden on the city is substantial and it will take time to recover. In terms of each individual child, once the lead is absorbed it takes time for the lead levels to come down again.

It is a long-term project. When I was visiting Port Pirie to discuss the issues with public health clinicians, they highlighted the diversity of issues. Certainly, there are issues in terms of the emissions from the plant, but Port Pirie is not alone compared with other South Australian families who might be living in a house with lead-based paint. There are also issues in terms of supporting families to maintain practices around the home, both inside the house and in the surrounds, and in terms of public spaces to make sure that we use environmental strategies to minimise the presence of lead and the absorption of lead.

SA Health will continue with its environmental health program approach. My understanding is that SA Health is not a formal member of the Targeted Lead Abatement Program (TLAP), but we are there as observers. We will certainly be continuing to advocate within government to support Nyrstar and the Port Pirie community in a long-term lead abatement program. This isn't an issue that's arisen overnight. My understanding is that the smelter has been in operation for more than 100 years and it certainly won't be fixed overnight either.

Parliamentary Procedure

STANDING ORDERS SUSPENSION

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:24): I move:

That standing orders be so far suspended as to enable me to introduce a bill forthwith.

The PRESIDENT: I note the absolute majority.

Motion carried.

Bills

**SOUTH AUSTRALIAN PUBLIC HEALTH (CONTROLLED NOTIFIABLE CONDITIONS)
AMENDMENT BILL**

Introduction and First Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:24): Obtained leave and introduced a bill for an act to amend the South Australian Public Health Act 2011. Read a first time.

Second Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:25): I move:

That this bill be now read a second time.

Public health officials around the globe are currently dealing with the COVID-19 outbreak, and South Australia is no exception. As the world prepares for the possibility of the situation escalating, the bill that I am introducing today seeks to amend the South Australian Public Health Act 2011 to allow the Chief Public Health Officer additional powers to pre-emptively control the spread of notifiable conditions such as COVID-19.

The proposed amendments will provide the Chief Public Health Officer with greater capacity to rapidly respond to and contain public health risks related to infectious diseases while maintaining appropriate protections for individuals, such as case reviews and the capacity to appeal to the courts.

The proposed amendments include:

- allowing a more timely and rapid process for the Chief Public Health Officer to detain a person engaging in conduct that presents a risk to the public;
- allowing detention, in urgent circumstances, where there have been no prior breaches or noncompliance, or the service of a direction;
- expanding the application of controls under the act to people who could have been exposed to a controlled notifiable condition (previously limited to people who have, or have been exposed to a case of, a controlled notifiable condition);

- where necessary, allow verbal orders or directions to require testing, counselling or actions to prevent the spread of infection, or detention, to be followed with a written notice; and
- clarify that an order to remain at a specified place could include a hospital or quarantine facility.

I commend the bill to the council.

EXPLANATION OF CLAUSES

Part 1—Preliminary 1—Short title 2—Amendment provisions

These clauses are formal.

Part 2—Amendment of South Australian Public Health Act 2011

3—Amendment of section 73—Power to require a person to undergo an examination or test

This clause amends section 73 to enable a requirement under the section to be given by oral order where the Chief Public Health Officer considers that urgent action is required in the circumstances of the particular case. When such an order is made the Chief Public Health Officer must confirm the order by notice in writing served on the person as soon as practicable, but in any event within 48 hours, after giving the order. A failure to serve a notice in accordance with the section will not affect the validity of the oral order.

4—Amendment of section 74—Power to require counselling

This clause amends section 74 to enable a requirement under the section to be given by oral order where the Chief Public Health Officer considers that urgent action is required in the circumstances of the particular case. When such an order is made the Chief Public Health Officer must confirm the order by notice in writing served on the person as soon as practicable, but in any event within 48 hours, after giving the order. A failure to serve a notice in accordance with the section will not affect the validity of the oral order.

5—Amendment of section 75—Power to give directions

This clause amends section 75(1)(a) to add to the circumstances in which the Chief Public Health Officer may make a direction under the section. The additional circumstance is where the Chief Public Health Officer has reasonable grounds to believe that a person could have been exposed to a controlled notifiable condition. In order to make a direction the Chief Public Health Officer must also, under the current section 75(1)(b), consider that an order under the section is reasonably necessary in the interests of public health.

This clause also amends section 75 to enable a direction under the section to be given by oral order where the Chief Public Health Officer considers that urgent action is required in the circumstances of the particular case. When such an order is made the Chief Public Health Officer must confirm the order by notice in writing served on the person as soon as practicable, but in any event within 48 hours, after giving the order. A failure to serve a notice in accordance with the section will not affect the validity of the oral order.

This clause also amends section 75(4)(a) so that a person may be directed to remain at a specified place including, without limitation, a hospital or quarantine facility.

6—Amendment of section 77—Power to require detention

This clause substitutes section 77(1) which provides the circumstances in which the Chief Public Health Officer may make an order under the section. The substituted subsection is in the same terms as the current subsection (1) with the following amendments:

- (a) subsection (1)(a) of section 77 may additionally be satisfied under proposed section 77(1)(a)(iii) if the Chief Public Health Officer has reasonable grounds to believe that a person could have been exposed to a controlled notifiable condition;
- (b) subsection (1)(b) of section 77 may additionally be satisfied under proposed section 77(1)(b)(iii) if the Chief Public Health Officer is satisfied that urgent action is required in the circumstances of the particular case such that a direction under section 75 is not appropriate.

Amendments consequential to the substitution of section 75(1) are included to provide that where an order is made under proposed section 75(1)(a)(iii), on the basis that a person could have been exposed to a controlled notifiable condition, the maximum period of detention that may initially be imposed will be 48 hours with periods of extension up to 30 days. Further, where an order is made on this basis and the Chief Public Health Officer considers that an extension of the order will be necessary, the Chief Public Health Officer must, before the expiration of the 48 hour period, apply to the Magistrates Court for a review of the order. Once an application is made the order may be extended and the Magistrates Court should seek to hear and determine the application as soon as is reasonably practicable at which time the Court may confirm, vary or revoke the order.

This clause also amends section 77 to enable an order under the section to be given by oral order where the Chief Public Health Officer considers that urgent action is required in the circumstances of the particular case. When such an order is made the Chief Public Health Officer must confirm the order by notice in writing served on the person as soon as practicable, but in any event within 48 hours, after giving the order. A failure to serve a notice in accordance with the section will not affect the validity of the oral order.

Section 77(4) is proposed to be amended to simply state that an order under the section will be that the person 'be detained' at a specified place while the order is in force rather than 'submit to being detained.'

7—Amendment of section 79—Warrants

This clause adds to the circumstances in which the Chief Public Health Officer may apply to a magistrate for a warrant of apprehension under section 79. The proposed new circumstances in which a warrant may be sought are as follows:

- (i) in respect of a person who is the subject of an order that has not been served on the person despite reasonable efforts to do so;
- (ii) in respect of a person who—
 - (A) has a controlled notifiable condition, has been exposed to a controlled notifiable condition or could have been exposed to a controlled notifiable condition; and
 - (B) is engaging in, or has engaged in, conduct that creates a risk to others in respect of the controlled notifiable condition.

8—Amendment of section 101—Service of notices or other documents

This clause amends section 101 as follows:

- (a) to provide that, in the event that personal service of an order under Part 10 is not reasonably practicable, such an order may be served on the person in the additional manners contemplated by sections 101(1)(a), (b) and (c) which are that the order may—
 - (i) be served on, or given to, an agent of the person; or
 - (ii) be left for the person at their place of residence or business with someone apparently over the age of 16 years; or
 - (iii) be sent by post to the person or an agent of the person at their last known address;
- (b) to provide that subsection (4) (requiring personal service of an order under Part 10) does not apply in respect of a written notice confirming an oral order made under Part 10.

The Hon. K.J. MAHER (Leader of the Opposition) (15:27): I rise to indicate the opposition's support for this bill. We firmly believe that all reasonable measures must be taken so that we are as prepared as possible to protect South Australians against the impact and spread of coronavirus. This should be the case for any dangerous controlled notifiable disease.

A decade ago, former health minister John Hill introduced the SA Public Health Bill, which modernised our approach to such public health issues. The current minister and his department have both said that this legislation is still a modern approach to public health law that will help to protect our state. The government has now proposed a series of amendments that retain the original legislation as the foundation of such public health responses.

The opposition—the member for Kaurana and the shadow health minister in the other place—received a briefing on this legislation late yesterday afternoon and there we indicated our support for it. We expect the new measures to pass through this chamber today and the other place as quickly as possible. This legislation gives the Chief Public Health Officer a range of tools to respond quickly by issuing verbal directions in time-critical situations. This supports rapid and decisive action where it is justified to prevent the further spread of coronavirus.

Importantly, the bill extends the powers to allow for the detention of individuals whom the Chief Public Health Officer suspects could have been exposed to coronavirus, where the situation necessitates swift action. It also provides for the Chief Public Health Officer to seek warrants in circumstances where a person has been exposed to, or could have been exposed to, coronavirus. The proposed changes apply more broadly than coronavirus. They apply to all controlled notifiable conditions.

The government informed parliament that its preparation for a potential coronavirus pandemic has warranted the bill's introduction to the parliament and a request for swift passage. This

is an important step in improving our preparedness as a state and ensuring we can best manage a potential pandemic. Therefore it has our complete bipartisan support.

We will continue to advocate for other measures necessary to improve the state's preparedness for managing an immediate coronavirus pandemic. We remain concerned over the fears expressed by SA Pathology staff last week that a lack of resources could impact on their ability to effectively respond to an outbreak. This is happening with the threat of privatisation hanging over this vital service.

We will continue to seek information in relation to the government's plan for voluntary separation packages for doctors and nurses in our public health system. These are people we may desperately need in the coming months if we reach a pandemic stage. We remain concerned over the warnings from paramedics that they do not have the capacity to manage demand in the event of a pandemic. The crews are already severely overstretched.

We do have several questions regarding how this legislation will work in practice and what other actions will be taken, and we look forward to exploring those as the bill makes its way through this place and, particularly, in the other place, where the shadow minister for health has some questions. However, as I said we indicate complete bipartisan support.

Lastly, the opposition wishes to place on the public record a note of thanks to public health officials: Chief Public Health Officer Dr Nicola Spurrier; Dr Chris Lease, Executive Director of Health Protection; Dr Louise Flood and Dr Ann Koehler from the Communicable Disease Control Branch; and every other public health official, clinician and administrative worker working hard to protect our state.

The Hon. F. PANGALLO (15:31): SA-Best supports this bill in principle but with a caveat, as I realise that we will not have the numbers to defer progress of the bill today. Last year, I beat myself up when the Treasurer introduced a last-minute bill from the Attorney-General, which was rushed through that day without proper consideration by honourable members. You always run the risk that there could be unintended or unforeseen consequences to what, on the surface, is legislation with the right intent—and I have no doubt this is.

The first I knew about this was late yesterday through a typical government spin doctor drop to the media. I scanned the bill this morning just before a briefing by the health minister's able staff. I am always wary when governments, with the support of the opposition, want to rush things through, particularly when a bill contains some pretty draconian measures, such as this one does.

What we are talking about here is something that civil libertarians would take umbrage at; that is, a forced deprivation of liberty on suspicion that you may have come across someone with COVID-19 or come from a place that has an outbreak, like China, South Korea, Italy or Greece. There is something like 60 countries now.

Even in Japan, let us take the extreme scenario—just as this bill does—that there is a major outbreak in the Olympic Games athletes village, assuming that the games do take place. We could see a situation where the entire Australian team faces mandatory isolation for between 30 and 60 days or, simply, ordinary people locked away. What are the industrial consequences here? They could lose their jobs, their incomes, their businesses. What guarantees are in place that employers will not discriminate against them?

I am hoping that both the state and commonwealth governments are mindful that there will be unintended consequences like this and will work to protect people and businesses from this type of fallout. I have already spoken to the health minister about that this morning and he indicated that the commonwealth as well as the state is aware of this potential situation.

In saying this it also needs to be counterbalanced with the serious public health interests of the community at large. That, of course, must take priority. It is paramount as this epidemic spreads and will, if we are to believe reports from some scientists, infect most people at some time. I certainly hold concerns for the aged, particularly in nursing homes, or those with chronic illnesses, because they are the ones who are most at risk. We must do everything to protect them and I trust the authorities will exercise these powers with a great deal of responsibility.

To have this type of legislation before us today indicates to me that COVID-19 is a far more serious illness than we have been led to believe. I do not remember this action being proposed when we went through the SARS and swine flu outbreaks or when there was the threat of Ebola and HIV in the late seventies and eighties.

Perhaps there is sensitive information about COVID-19 that the minister or his SA Health chief executives are yet to disclose to us. I trust that they will be open and transparent, unlike the Chinese, who have failed in their attempts to, firstly, downplay the effects of COVID-19, then its spread, and now in their desperate measures to contain it.

The World Health Organization and its Director-General, Tedros Adhanom Ghebreyesus, also need to take a good, hard look at themselves for their initial complacency. I have been following this story very closely since the first reports emerged. So far, more than 3,040 people have died, including an Australian here, and more than 90,000 have been infected. Again, I do not believe those figures. Not many do; particularly when a country like China decides to build a hospital in seven days—and I do not believe it is a hospital—because something grave must be happening in that country.

World Health Organization officials said on Friday that they were increasing the risk assessment of coronavirus to 'very high' at the global level. In January, the World Health Organization declared the virus a global health emergency, while urging the public against overreacting to the virus—overreacting! That was their attitude then. The organisation has yet to classify the virus as a pandemic and has maintained that its attention is on containing the spread, even though the virus has substantially moved beyond China and has now been found, as I mentioned, in nearly 60 countries.

The OECD warns that the world economy faces its greatest danger since the GFC. The Reserve Bank has today cut official interest rates by a quarter of a percentage point to a low of 0.05 per cent because of COVID-19 and to protect our fragile economy nationally, internationally and in this state. Global markets are in turmoil.

As I often say in this chamber, we often fail to heed the lessons of history. If history is any guide, this virus is so far out of the bag and out of control that it is not likely to be halted until we see an effective vaccine. There are of course nine times more cases of COVID-19 outside of China; although, even that, I still cannot believe. With that, SA-Best supports the bill and we will also be asking questions of the health minister during the committee stage.

The Hon. T.A. FRANKS (15:38): I rise on behalf of the Greens to support this bill, and indeed to support the suspension of standing orders to debate this bill. This bill is the amendment of the South Australian Public Health Act 2011. I actually well remember the debate on this act back in 2010 and beyond. It was quite extensive, it was very consultative, and it was certainly very cognisant of civil liberties as well as the importance of public health.

I am very pleased to see that we have appointed a public health officer, and I commend her on her fine work in this situation. I also remind members that it was, in fact, former minister Holloway who originally spoke to the South Australian Public Health Bill, with these words:

This is the legacy and the foundation on which South Australia's public health system has been built. Public health law and public health practitioners can rightly lay claim to changing the world for the better. But the world keeps changing and not always for the better. And because this is so, we must be ever vigilant and must keep making sure that our public health laws and our public health powers not only keep pace with our changing world but can anticipate those changes and influence them for the better. This is the core of this new legislation; the ability to keep pace with a rapidly changing world, anticipate the unexpected and have sufficient powers to take action to protect and promote health.

This was back in 2010. The minister then said:

A few short years ago no one had heard about Severe Acute Respiratory Syndrome or SARS. The prospect of a global pandemic of unknown proportions sounded more like something out of a science fiction novel, but it was real and it was dangerous. The threat of SARS provided the world with a wake up call. As a result of SARS, many nations, states and provinces reviewed their public health laws to strengthen their capacities to deal with public health emergencies. The health impacts of terrorism and other mass casualty events as well as the direct possibility of pandemic influenza also spurred governments around the world to strengthen public health laws and public health capacity. Members will recall that this House dealt with emergency public health provisions when amending the Public

and Environmental Health Act 1987 in 2009. These new emergency provisions have been preserved and incorporated into this Bill.

These global reviews of public health laws identified that it was not just the clear and present danger of a pandemic or other public health emergencies which confronted societies like ours. The most profound public health challenges facing us at the start of this century have changed in character from those facing 19th Century public health campaigners and those that we subsequently faced in the mid twentieth Century. This is not to say that problems with infectious diseases, sanitation, clean water and other traditional public health concerns have disappeared, far from it. They remain continuing concerns, always requiring vigilance but in many instances these classic challenges to our health are well controlled or effectively prevented by existing public health strategies and regulations.

There are now more far reaching and insidious public health challenges facing us this century.

I note the words of the World Health Organization's chief—and I am not quite sure how to pronounce his name either, so I will not even try—who has stated in previous days:

We are in uncharted territory. We have never before seen such a respiratory pathogen that is capable of community transmission but at the same time which can also be contained with the right measures.

He has noted that this has seen countries, once at odds, work together and has been a bridge for peace; for example, with the US and Iran.

I would hope that in that spirit we come together similarly to the way we debated this bill when it was in its formation of the act, with the bulk of the work in the committee stage. The principles are set out in the second reading and, with that, I indicate that we will be supporting the second reading and are looking forward to the committee stage.

I note that this is not a significant change to our current act. In fact, the piece of legislation we have before us is some six pages, including a title page. It has a series of tweaks, if you like, to what is currently operating and it has the benefit of the amendment that was made the last time we debated the bill that then became this act that the Hon. Michelle Lensink moved at the time regarding the review by the Social Development Committee to form much of the basis of the recommendations that have been made.

There has been a lot of media conjecture about coronavirus. I note the Hon. Tung Ngo posted today a picture from the Costco supermarket of an enormous amount of toilet paper being purchased by one local resident—hundreds and hundreds of rolls of toilet paper apparently. People are prepping as if the end of the world is nigh. I think there is an overreaction in the community but we are wise to take this very seriously.

It is something that does demand urgency and our attention, but I am not sure that we need to over-egg the pudding or be buying hundreds and hundreds of toilet rolls at Costco—rather, taking safe and sensible precautionary measures, as are outlined in this bill, as are supported by the work of the Social Development Committee and as has been brought to our attention by the fine work of our health professionals in this state, including the public health officer.

I note the Hon. John Darley has flagged an amendment, and the Greens will be supporting that particular amendment. I note those who have expressed concerns—and I shared those concerns upon reading media reports of this particular piece of legislation before viewing the legislation itself—that civil liberties will be impinged upon. That was certainly one of my concerns the first time I was involved in a debate on the bill that formed this act that we are now looking at amending.

I note and draw to the attention of members the enormous amount of work that was done in the formation of this act, back almost 10 years ago, by a number of members of the parliament and many stakeholder groups that ensured that there was the appropriate balance between civil liberties and public health. We are not starting from scratch here. We are not creating the wheel; we are simply allowing that wheel to operate upon this new road. And that new road is, as has been outlined by the head of the World Health Organization, a situation that we did not anticipate

We have in this act before us and in previous debates on this act before us, debated SARS, debated HIV/AIDS, debated many public health challenges and concerns and have been informed by not just decades but well over 100 years of information and advancement in public health. We are not starting from scratch with this very small, six-page bill. We are not throwing out our civil liberties.

While I would agree with Claire O'Connor, who said that it would be wonderful to have a human rights bill in this state, I note that this is not a significant impingement upon civil liberties contained within this bill that has not been well canvassed and is not already present in our current legislation. It is not without recourse. People do have the ability to appeal decisions through a variety of formats. People are accorded human rights and civil liberties, but also we are addressing this new challenge in public health that was not foreseen 10 years ago and is now currently presenting itself as a challenge before us.

So I would hope that people will enter this debate with the history that has gone before in the development of this act clear and present in their minds or, if it is not, that they will acquaint themselves with that history very quickly before we proceed into the committee stage.

The Hon. J.A. DARLEY (15:48): I rise to indicate my support for the bill. I understand the bill will allow for verbal orders and directions to be made requiring people to take certain action such as undergoing a medical examination, remaining at a particular location or to be detained in cases where urgent action is required. These verbal orders will then be followed up with a written order within 48 hours.

The bill also allows for notices to be served in ways other than directly to the person. I understand this is to facilitate serving the order to a person via their doctor or other third party. Where detention orders need to be extended, application will need to be made to the Magistrates Court rather than the Supreme Court, under the bill.

I find it peculiar that the government has said that this bill is not a knee-jerk reaction to the coronavirus and yet we have suspended standing orders specifically to deal with this bill as a matter of priority. I do not disagree that the Chief Public Health Officer should be given these powers and I commend the government for acting on this community health issue so quickly. However, I have a small issue with clause 6 of the bill, which refers to the power to require detention. The bill currently allows an oral order for someone to be detained which will be followed up with a written order within 48 hours.

Forty-eight hours is a very long time to leave a person waiting for information as to why they have been detained and what their rights are. The person is unlikely to know or understand what act they have been detained under or what their appeal rights are. I have no issue with the 48-hour window in clauses 3, 4 and 5, which relate to oral orders requiring a person to undergo an examination or test, requiring a person to undertake counselling, or the power to give directions; however, clause 6 could see a person be detained for up to 48 hours with no (or very little) information as to why they were detained, other than what is said when a verbal order is given.

I would hate to be detained and have to wait two days in order to find out why I have been detained and what I can do about it. The Chief Public Health Officer should be able to provide this information within 24 hours. Given the verbal order still stands even if the legislated time frame is not met, it will not pose any public health risk to have this changed to 24 hours. This will set the standard as to when this information should be provided to those who have been detained. I would be interested in hearing the government's response to this concern and flag that I may move an amendment to this provision.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:51): I would like to thank honourable members for their contributions on the bill. I appreciate that members only received access to the bill in a briefing in the last 24 hours, so I thank them for their support in facilitating passage of the legislation. In that regard—and this is partly in response to the comments from the Hon. Mr Pangallo—the government indicated that we were happy to let the bill lay on the table and be considered in the next sitting week but on the understanding that, if public health circumstances required it, we reserved the right to recall parliament.

It was the consensus of the parliament that this bill should be supported this week, and we thank the parliament for turning its mind to that. In that regard, I might segue to the comments from the Hon. Tammy Franks in terms of the history of the bill. In considering this legislation, I was mindful, because I think I was there when it happened, and it was to the great honour of this council that we said, yes, public health is very important. So are civil liberties. I would make the point that perhaps one of the most significant innovations in this bill is actually a civil liberties initiative.

Under the 2011 legislation, all the decisions are reviewable, either by the South Australian Civil Administrative Appeals Tribunal or by the Supreme Court, but they are only reviewable—they are not authorised by. One of the protections we put in place in these amendments is that, in relation to a case where a person could have been exposed to a controlled notifiable condition, if their detention is to go beyond 48 hours then that needs to be confirmed by a magistrate. That is completely a civil liberties initiative to have the actions reviewed. At the same time as we believe it is necessary to increase the scope of people who can be subject to orders, for that wider circle we believe it is appropriate to have an additional form of oversight on the potential impact on their civil liberties.

If I could continue to reflect on the Hon. Tammy Franks' contribution, I completely agree with her that the 2011 bill is a good foundation. This bill builds on that foundation. It is completely within the spirit of the 2011 legislation passed by this parliament and the honourable member does us a service by reminding us that when we passed that legislation in 2011 it was in recognition that it would not be set in stone. Public health laws cannot be set and forget, they have to evolve with the wider environment.

In relation to communicable diseases, we have seen in recent years that they are very challenging. Whether it is HIV/AIDS or SARS, whatever it might be, many of the challenges that we now face in public health are related to communicable diseases. I can recall an historian telling me that the most significant public health initiative that had saved the most lives was actually reticulated water.

We had a very bad health record, particularly amongst infants, in the late 1800s. It was through reticulated water and sewerage that Adelaide became a much healthier place. Public health historically has been a key component in protecting and saving the lives of South Australians: it was last century, it will be this century and beyond. The challenges change and so does the environment, and the Hon. Tammy Franks, I think, did us a service by reminding us of that.

In relation to the comments of the Leader of the Opposition as to whether or not the reform measures that the government is pursuing are consistent with the capacity of the health system to respond to the challenges in front of it, right from day one the government has made it clear that patient safety and high quality and sustainable health services are a priority, and that will continue to be the case. The health authorities, as I said in question time, are developing scenario plans at both the public health level and the LHM level.

In relation to the comments of the Hon. Frank Pangallo on whether this government is being honest and whether, to be frank, a whole conga line of governments in the world are being honest with people, the people of Australia, the people of South Australia, as is my responsibility, or not, I have never sought to downplay the risk of COVID-19 and neither have I sought to overstate it because, to be frank, I do not know. Nobody knows what the impact of COVID-19 will be on this community and communities around the world.

The fact of the matter is that while we hope for the best we need to plan for whatever eventuality might ensue. I am very confident that our clinicians, led by the Chief Public Health Officer, are well prepared to deal with a range of scenarios. Key to being prepared is to ensure that our public health experts have the tools they need when they need them.

As the Hon. Tammy Franks said, we need to keep evolving the laws to respond to the challenges. The amendments before us draw both on the experience of the public health officials in recent years but particularly on their reflections about what tools they might need in the months ahead. It is very important that when swift action is required our health experts will not be tied up in red tape. In my view, the laws are a strengthening of public health laws to better equip South Australia. They are tough but they are measured. They are necessary to protect public safety and they respect the need for appropriate protections for individuals.

I reiterate my thanks to the council for taking briefings and being willing to consider this legislation expeditiously. I make the point that the Social Development Committee is undertaking a review of the Public Health Act and it may well be that the committee considers the wider implications of emerging public health challenges and—again, picking up the Hon. Tammy Franks' remarks—they may not just relate to communicable diseases.

As a parliament, we need to be forward-looking and to anticipate the changes that we will face in the future. Of course, from time to time we will need to come back and tweak the legislation to strengthen it where new challenges emerge, and I thank the council for facilitating consideration.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. K.J. MAHER: Stakeholders have raised with the opposition that section 66 of the act appears already to give rise to the powers that are required to manage the response to public health emergencies. I have a few questions on that. I might ask them all as they are interrelated, which may help in providing answers:

1. Can the minister outline how these amendments interact with the Chief Public Health Officer's broader powers under section 66?

2. Does the Chief Public Health Officer already have the power to detain somebody under section 66?

3. Is there any limitation on the actions of the Chief Public Health Officer that can be taken under section 66?

The Hon. S.G. WADE: Sorry, can you repeat the last one?

The Hon. K.J. MAHER: The last of those three questions was: is there any limitation on the actions the Chief Public Health Officer can take under section 66?

The Hon. S.G. WADE: I am advised that the primary distinction between section 66 and part 10, which is where this bill focuses its attention, is that section 66 relates to notifiable conditions and part 10 relates to controlled notifiable conditions. Controlled notifiable conditions are conditions that are likely to have pandemic potential, so there is a more acute need for a public health response. Can you repeat number 2?

The Hon. K.J. MAHER: Does the Chief Public Health Officer already have the power to detain somebody under section 66?

The Hon. S.G. WADE: On the reading of the section, section 66(2) provides that, without limiting the generality of subsection (1), the Chief Public Health Officer or authorised officer can take a range of actions. I imagine that, in the broad sense in relation to a notifiable condition, there could be a detention—that is the advice I have received—but part 10 is the detailed detention provisions. As a person with a distant law degree, I suspect the courts would say, 'Parliament has been clear that, in relation to controlled notifiable conditions, part 10 applies. We are not going to let you use part 6 to avoid part 10.'

The Hon. K.J. MAHER: We were told this legislation was born out of some of the department's recommendations to the Social Development Committee's review on the Public Health Act; however, I think it is clear the recommendations provided to the review are much less extensive than what is included in the legislation. From the briefing, the opposition understands a much broader list was formed in 2018, but this list at the time was not recommended to the Social Development Committee. Can a copy of that broader list of recommendations from 2018 that was not provided to the committee be provided to the council?

The Hon. S.G. WADE: I am happy to do that and I might do that, if it is agreeable, through the Social Development Committee. It is relevant because, as I said in my summing-up remarks, it may well be that the Social Development Committee, in its current consideration of the social development act, perhaps might even reflect on what we have done here today to see if there is more that needs to be done. In anticipation of some concerns that have been raised with me by other members, there may well be other issues that come out of debate. I am more than happy to provide that 2018 summary.

The Hon. K.J. MAHER: Can the minister outline if there have been any instances of individuals in South Australia exposed or potentially exposed to coronavirus where this legislation may have been able to be used?

The Hon. S.G. WADE: We certainly know of some. There have been people with—sorry, are you talking in relation to coronavirus or are you talking generally?

The Hon. K.J. MAHER: I might clarify for the minister. Have there been instances of any individuals who have either been exposed or potentially exposed in South Australia where the provisions that we are debating today may have come into operation and been utilised?

The Hon. S.G. WADE: I think that is hypothetical. As the government has indicated, there have been three confirmed coronavirus cases in South Australia. All three of them were admitted to the Royal Adelaide Hospital and put in isolation until they were clear of symptoms and, for that matter, tested negative to coronavirus. As the government has indicated, there were investigations undertaken, particularly in relation to the first two because they were present in the community. The third case did not raise the same issues because the person was admitted to Australia through the repatriation of Australians from the *Diamond Princess* cruise and housed at Howard Springs until the end of the isolation period.

Of course, one of the cases was a South Australian who actually developed symptoms whilst she was in Howard Springs and she was brought to Adelaide, as was the undertaking by states and territories in relation to the establishment of the Howard Springs facility. Certainly, the act is relevant to those first two cases and it is relevant in the general application.

In terms of directions, detention and its coercive or mandatory elements, this is legislation that we think is likely to be very rarely used because South Australians trust their public health clinicians. If public health clinicians give them advice that, for their own health and those of others, they need to take a certain action, overwhelmingly they will accept that advice and comply. In the rare cases, though, it is important for legislation to be in place to require actions to be taken to protect public safety. That is what the legislation is here for.

The Hon. K.J. MAHER: Was the Courts Administration Authority consulted on the legislation prior to its introduction?

The Hon. S.G. WADE: The Attorney-General's department has been involved, and we assume that all appropriate conversations were had within their portfolio.

The Hon. K.J. MAHER: Is the minister aware if SA Police have been consulted on the legislation and what has been their reaction, including whether they are prepared to undertake the duties prescribed to them?

The Hon. S.G. WADE: Yes, the police were consulted. There is no fundamental change in the expectation on police in this legislation, and I acknowledge and thank the Commissioner of Police for his public comments today that police are happy to continue to work with SA Health in implementing public health law. It has been the case for some time that 'authorised people' under the South Australian Public Health Act include a police officer.

The Hon. T.A. FRANKS: In the briefing that I attended yesterday, I did ask the minister this, but I would like to repeat it for the public record. He has alluded to it. What provisions will there be to review these particular changes, and how will the Social Development Committee be involved in that? If you could clarify your commitment to ensuring such a review takes place on the public record, I would appreciate that.

The Hon. S.G. WADE: I should say that I am predicating my comments on the understanding that the Social Development Committee has not finalised its consideration. I would certainly hope that there is still a window of opportunity for the committee to consider any suggestions that might come out of this debate or elsewhere.

In terms of the review of the legislation, one of the things the committee might want to consider is whether an ongoing review, in other words a review every five years, might be appropriate. The review that the Social Development Committee has undertaken was initiated by a clause of this act?

The Hon. T.A. FRANKS: Yes. I note that that review that the Social Development Committee has undertaken was initiated through an amendment made in the committee stage of the debate when this act was a bill that was moved by the Hon. Michelle Lensink and supported by the crossbenches. At the time, it was not put into the original legislation by the government. I find that usually opposition members of parliament are much more open to seeing such reviews, but I would like a commitment now from the government that that spirit they had in opposition will continue in government.

The Hon. S.G. WADE: I was a bit bemused as to why a review of an act that was passed in 2011 and required a review after five years was being done in 2020. Even though I have been in this place a long time, I have not understood all the mysteries yet. Let me reiterate that I would encourage the Social Development Committee to think about the value of an ongoing review. I suppose, considering that this review is expressed in terms of five years since the commencement of the act, you would have to find some time frame, but in the context of evolving public health challenges, I would be interested to hear the Social Development Committee's view.

The Hon. F. PANGALLO: I was not suggesting that the minister was deliberately withholding any information in relation to COVID-19, although when we get to framing legislation like this, particularly after commonwealth ministers meet, I am sure that they are given a whole series of scenarios and reports about the severity or what impacts an epidemic could have on this country. Does the minister or SA Health have information on how many deaths could occur in Australia and in South Australia in a pandemic?

The Hon. S.G. WADE: I personally have not seen it, but there have been discussions amongst health ministers about the work of the Doherty group or Doherty institute, I think it is called, in Melbourne, a group of highly skilled clinicians who do modelling. That is extremely valuable, but let us be clear that they are modelling a huge range of scenarios. It is my understanding that some of them would predict a coronavirus response that, if you like, is within the realm of a major influenza event, and some of the scenarios are much more significant.

As I said earlier, our public health officials are considering a range of scenarios. The burden on the public health system and on the South Australian community generally may well be significant, it may well be challenging. That is why we need to be taking the steps that we can now to prepare.

In terms of preparation, I really stress how important the small things are. If we as a community can be particularly diligent in being vaccinated against vaccine-preventable diseases, if we as a community can lift our game in terms of personal hygiene practices—washing hands, coughing into elbows—and basically just try to make our community a healthier place, that is very important preparation for whatever comes.

That is why we are continuing—and when I say 'we' I would like to reference again Associate Professor Nicola Spurrier and the public health team—to take the lead and are encouraging South Australians to be prepared for coronavirus, and part of that starts at home.

The Hon. F. PANGALLO: Can I just take you back to the worst-case scenarios. Are you aware of a report by the former Reserve Bank board member Professor Warwick McKibbin that shows that up to 96,000 Australians could die in the event of a worst-case epidemic? In a mild epidemic it would be 21,000 Australians, globally 68 million. You are saying that you have not seen any figures. Have any been put to you?

The Hon. S.G. WADE: I do not think it is helpful to go through a series of scenarios. I am not aware of Professor McKibbin's report. There is a wide range of speculation about what scenarios South Australia, Australia and the world will face, and I think is important for us to plan for a wide range of scenarios. Certainly do not assume a relatively light impact and do not assume the Armageddon scenarios some are predicting.

I would like to take the opportunity to reassure South Australians that Australia has a world-class public health fraternity. There was a report prepared late last year that assessed the relative readiness of nations around the world for a pandemic. My recollection was that it rated 196 countries and Australia was rated number four. We do face challenges, but I believe that we have invested

heavily—through laws, through public health teams, through health networks—in a world-class health system in all its breadth, from public health right through to intensive care units.

We are well placed to respond to whatever comes. It is really important that people back their public health clinicians. There is no need to be alarmed. We appreciate that people are anxious, but the people of South Australia should be assured that their safety is our paramount priority. This parliament is today making its contribution towards that preparedness, which I believe will help protect and save lives.

The Hon. F. PANGALLO: I do not think anyone is at all questioning the quality of care that we have in our medical institutions. You spoke about an Armageddon-type situation. This legislation actually addresses Armageddon-type situations. This is quite draconian legislation. I was asking whether you have the modelling that could justify this type of legislation in the event that we had quite a serious pandemic, which it looks like we are approaching at this point.

Also, in the event that we have large numbers of people self-reporting for the likelihood of COVID-19, where will these people go? Where would they be housed over a period of time? Is there a contingency plan for where large numbers of people will be contained?

The Hon. S.G. WADE: I would just like to make the point, which I think I made in question time, that most people who experience COVID-19 will have relatively moderate symptoms and their symptoms may not require them to be hospitalised. I would just like to challenge the assumption in the honourable member's question that a person with coronavirus needs hospitalisation.

In particular, the bill relates to steps to avoid the spread of disease, so it is often people who, as far we know, may not have COVID-19 or any other controlled notifiable condition. What we are trying to do is be prepared to isolate those people while we await analysis of their condition and monitor the progress of their condition.

The Hon. F. PANGALLO: The bill seeks powers of detention. What I am asking is: if there are large numbers—and we have to assume that, considering the implications of this bill—where will these people be detained?

The Hon. S.G. WADE: I make the point that the powers in terms of detention and direction are already in the legislation. They are already used for controlled notifiable conditions. It is my expectation that the vast majority of people who have COVID-19 (coronavirus) are likely to have moderate symptoms. In terms of detention, the coercive use of detention, which is a power that is currently in the act and is being maintained through these amendments, will be used extremely rarely. As I indicated earlier, the vast majority of people who receive advice from public health clinicians comply with that advice and there is no need to pursue warrants for people who are willing to be there.

The Hon. F. PANGALLO: The honourable member is not answering the question. The question quite simply is: where will these people be detained? If they are in large numbers, where will they be detained? Will there be a specific facility that will be established, much like we saw in China that they established in seven days? Will they be required to be at home and how will that be monitored? Surely, under this contingency, the government is looking at where large numbers of people will be detained? Where will they be detained? At home, in a hospital, in another facility?

The Hon. S.G. WADE: I want to reiterate what I have said. Some people who are subject to orders will be asked to self-isolate at their own home, wherever that might be. There will be people who will be asked to go to a specified place such as a hospital or a quarantine facility. We are taking steps to prepare for an increasing number of cases and that will include dedicated facilities.

The Hon. F. PANGALLO: Where would those quarantine facilities be? Also, if people are required to self-detain, how will they be monitored to ensure that they do not breach those orders?

The Hon. S.G. WADE: I think it is important to see the act as it was intended to offer a staged approach, so a person could be asked to self-isolate and not have an order imposed. It is only likely that an order would be imposed under the act if there was some concern about the willingness of the person to comply, particularly if they have demonstrated noncompliance. In those circumstances, an order under the act may well be imposed and an order under the act would be monitored.

Initially that could be facilitated by the Communicable Diseases Control Branch within the Department for Health and Wellbeing, but it could be supplemented as needed. If the risk to public health could not be managed by an order requiring self-isolation, then detention may be required. As the amendments to the bill make clear, that detention could be in a hospital or a quarantine facility.

The Hon. F. PANGALLO: Could people be required to wear monitoring devices to ensure that they do not break orders?

The Hon. S.G. WADE: I am not in a position to rule out any particular strategy—rule it in or rule it out. Obviously, every case has to be seen as a case-by-case matter. Again, my expectation would be that the courts would see the use of a home detention bracelet as a form of detention and therefore subject to the provisions of section 77, but I would need to seek more detailed advice on that.

The Hon. F. PANGALLO: So just to clarify that, that could be an option?

The Hon. S.G. WADE: As I said, I do not think I am in a position to rule anything in or rule anything out.

The Hon. F. PANGALLO: Can I ask the minister what other jurisdictions—the other states—are doing about detainment orders? Are their measures consistent with what is being proposed in South Australia?

The Hon. S.G. WADE: It will not surprise the council that the provisions in other legislation are quite diverse, but all of the relevant health legislation does involve provisions for people to be detained, isolated or quarantined.

The Hon. T.T. NGO: Just a quick question to the minister: what is the current message from the government in terms of if people are suspecting they have got coronavirus? What is the general message right now?

The Hon. S.G. WADE: We ask people who have been at particular risk of possible exposure and think they might have symptoms of coronavirus to contact their GP ahead of time and let them know that they would like to come in and be assessed for coronavirus. The GP may well make arrangements to receive them or alternatively, as I said earlier, the domiciliary nurse service for SA Pathology could be engaged.

The Hon. T.T. NGO: So the message is to ring their own GP or to rock up at their own GP?

The Hon. S.G. WADE: We are asking them not to present at a GP clinic without having contacted the GP in advance, then arrangements can be made.

The Hon. T.T. NGO: Following on from that answer, currently there is no panic yet, but I assume that if this virus gets out of hand the government needs to be clear on the message, because currently people are quite unclear about what to do.

The Hon. S.G. WADE: I thank the honourable member for his question. It is certainly my hope that South Australians will stay calm and will not panic. In terms of the honourable member's question about if there is a situation where we have an escalating need for testing and assessment, that is where the dedicated clinics at the hospitals would be valuable. In those circumstances, the clinics would be set up—they would be opened up—and then, as you say, we would need to communicate clearly to the public in those circumstances that no longer is your primary pathway to a GP, we would suggest you go to one of the dedicated clinics.

The government certainly recognises that we need to continue to communicate with the public. In that regard the world has changed, and one of the ways that social media can actually earn its place in the world is by putting out information for people to keep them up-to-date with public health messages. In that regard, we are learning something every day. WeChat, the Chinese social media platform, has been extremely useful to get public health messages out to the Chinese community in their own language.

The Hon. T.T. NGO: Following with another question from that answer: do our GPs understand or know what to do? If they have someone rocking up or if someone calls on the GP, do

they know what to do in terms of are they passing on that patient to another area, or do they know what to do in terms of welcoming them into the surgery room, or what is next?

The Hon. S.G. WADE: In terms of both advice for professionals and for health consumers, the commonwealth has a dedicated helpline on coronavirus, which is recommended. Also, the commonwealth government website has fact sheets and updates both general and industry specific. In relation to GPs in South Australia, GPs are regularly updated on developments, including what measures they should take within their own surgeries if they are to look to test a person who is suspected of having coronavirus.

In terms of specific clinical advice, the public health clinicians of the Department for Health and Wellbeing maintain an ongoing series of public health alerts and they are provided to GPs to provide them with any relevant clinical updates.

The Hon. F. PANGALLO: Can I ask the minister how many daily tests can be conducted by SA Pathology for COVID-19?

The Hon. S.G. WADE: I might attempt to answer that question and one of my good officers might check the answer and perhaps provide an update to the honourable member and to the other place if I am not correct. My understanding is that SA Pathology is currently testing around 250 people a day and that it has the capacity to test 1,000.

The Hon. F. PANGALLO: What is the turnaround for the results?

The Hon. S.G. WADE: I was talking to one of my constituents today who said that they got their test within a day. To my understanding, it is a day or two, which is a significant advancement. When we first needed to start testing for coronavirus earlier this year we needed to send our samples to Victoria which led to a delay, so I am delighted that SA Pathology not only stepped up to acquire the technology through their Victorian counterparts but has gone above and beyond in terms of establishing a domiciliary nurse service and introducing the broader testing that I mentioned earlier in relation to respiratory conditions.

The Hon. F. PANGALLO: Has SA Pathology requested additional staff for tests to be carried out in the event of a pandemic situation?

The Hon. S.G. WADE: My recollection is that it is standard practice for SA Pathology to ramp up in relation to the influenza season. I am sure that they will flex as needed.

The Hon. F. PANGALLO: So are you saying, yes, they have requested or will put on extra staff? Is that the answer?

The Hon. S.G. WADE: No, sorry, I am not aware if there has been a request.

The Hon. F. PANGALLO: When you say they will ramp up, does that mean that they will require extra staff to cope?

The Hon. S.G. WADE: What I was suggesting was that SA Pathology already has flex capacity. My understanding is that the additional staff who are put on in relation to the flu season are within its ongoing budget. Obviously, depending on what the impact of coronavirus is in South Australia, the health sector, the Department for Health and Wellbeing, the health portfolio will need to look at whether they need to make requests for additional resources.

The Hon. F. PANGALLO: As we are approaching the flu season, is there a concern in SA Health that there could be a lot of confusion between the common cold, flu and coronavirus?

The Hon. S.G. WADE: To be frank, we already face that dilemma. There is a range of symptoms that are common to a range of medical conditions. That is why we ask people to be alert to their symptoms but to take the opportunity to have their symptoms tested either with a local GP or at an emergency department. Also, a lot of Australians use online services such as Symptom Checker. It certainly is important for people to be alert to symptoms.

The Hon. J.A. DARLEY: Can the government give an assurance that all medical clinics in South Australia will have the necessary protective clothing, etc., to protect the doctors and staff in those clinics?

The Hon. S.G. WADE: It goes to the discussion we were having in question time about preparedness. Our state public health officers are working—within South Australia we have a range of stakeholders and particularly with our interstate and federal colleagues, the main medical stockpile is actually a national one which I understand is managed by the commonwealth government. A lot of work is being done collaboratively to meet the ongoing needs. As I said earlier, there are challenges and there will be challenges.

Clause passed.

Clause 2 passed.

Clause 3.

The Hon. K.J. MAHER: My question to the minister is: the legislation across this and subsequent clauses requires a written direction to follow oral directions within 48 hours, but that includes a caveat that a failure to serve a notice will not affect the validity of this order. What, then, is the purpose of requiring a written direction when the validity of an oral direction is not affected, regardless of that?

The Hon. S.G. WADE: I am advised that the provision that the honourable member refers to is a fairly standard legislative provision. I think it is important to understand that the written notice to be given within 48 hours is a written notice of confirmation. In terms of the validity provision in parentheses, it is our expectation that normally the noncompliance would relate to timing.

The provision makes it clear that the timing of the written confirmation does not affect the validity of the order. The less common circumstance would be that the written confirmation has not been served. One of the scenarios one can imagine is that it has not been served because the person who is subject to the order seeks to avoid it being served, but it is written primarily to underscore that it is written confirmation and to ensure that an issue in relation to timing does not call the order into question.

Clause passed.

Clauses 4 and 5 passed.

Clause 6.

The Hon. J.A. DARLEY: I move:

Amendment No 1 [Darley-1]—

Page 4, line 25 [clause 6(2), inserted subsection (3a)]—Delete '48' and substitute '24'

I have spoken about the amendment in my second reading speech and my concern was that a maximum of 48 days for a person to be detained without having reasons is an extraordinarily long time and therefore my amendment is to change that from a maximum of 48 days to 24 days.

The Hon. S.G. WADE: The provision relates to people who could have been exposed to a controlled notifiable condition. Public health officers are likely to need time to investigate the circumstances and assess the scale of the risk. The government is advised by public health clinicians that 24 hours would not be sufficient for this investigation. By way of clarification, the honourable member referred to 48 days and 24 days. I would stress: this is 48 hours or 24 hours.

The Hon. T.A. FRANKS: Can the government provide some further information about why 24 hours is not adequate, as opposed to 48 hours? And we are talking about hours, not days.

The Hon. S.G. WADE: We are talking about trying to anticipate what is needed. In relation to people who have a controlled condition and people who may have been exposed to a person with a controlled notifiable condition, the Chief Public Health Officer has the capacity to put orders in place without having this, shall we say, confirmation process. As I was saying in my comments earlier, the government is supporting respect for individual rights by providing for a confirmation of the order within 48 hours.

Because the contact is not as direct, the public health officers will be faced with a dilemma of having to collect information. For example, that might be information from the commonwealth

government about seating arrangements on an incoming flight. It might be information from a shipping line about the configuration of cabins on a cruise.

I think it is quite foreseeable that it may be challenging for public health officers to obtain the relevant information within two days. I would not be surprised if they go to the magistrate seeking an extension, not having all the information they need. In that context, the magistrate may well have to say, 'I am willing to grant an extension of the order for the following period,' to allow that further work to be done.

The advice to me is that 48 hours is an appropriate time frame within which public health officials should be expected to be able to gather at least the basic information to go before a magistrate. I would also highlight the point that I suspect this 48-hour period does not discriminate between the weekend and weekdays. It would be very challenging to prepare a case for a magistrate within 24 hours.

The Hon. F. PANGALLO: SA-Best will not be supporting this amendment, and I concur with the comments made by the health minister. Certainly, knowing the backlog that occurs in our courts, it would be a very difficult and onerous task to expect that to happen within such a short period of time, so we will not be supporting the amendment.

The Hon. K.J. MAHER: I rise to indicate that the opposition will not be supporting the amendment.

Amendment negated.

The Hon. K.J. MAHER: The legislation specifies that the Chief Public Health Officer can detain individuals in hospitals or quarantine facilities. Which of our public hospitals are fully prepared to immediately roll out a coronavirus specific clinic at present, and what will be the specific locations and the intake of each of those clinics?

The Hon. S.G. WADE: I am advised that all of our metropolitan hospitals have the capacity to be quarantine hospitals.

The Hon. K.J. MAHER: In addition to all our metropolitan hospitals being able to be quarantine facilities, what other facilities have been identified as part of the government's preparedness to date as quarantine facilities under the act?

The Hon. S.G. WADE: I am not going to go into all the scenarios and all the plans within each of the scenarios, but as well as the SA Health network, we are looking beyond.

The Hon. K.J. MAHER: I will make it a much more targeted question. Is the minister aware of any facilities outside our metropolitan hospitals that will be able to become quarantine facilities, to date?

The Hon. S.G. WADE: If the leader is agreeable, I would suggest that we take that on notice and provide it to the house for its consideration tomorrow. I will provide him with a personal copy as well.

The Hon. K.J. MAHER: I might just place some further questions on notice, so that a full and comprehensive answer can be given. I place on notice:

1. What is the intake capacity across all the clinics or facilities that have been identified as quarantine facilities?
2. What categories of people are staffing these clinics or facilities?
3. How secure and contained are these clinics or facilities?
4. What decontamination resources and protocols have been established at these clinics and facilities?
5. Who will be responsible for providing security over individuals subject to detention orders in hospitals or secure facilities, and who is responsible for ensuring these people are adequately protected from contracting the disease when they provide this security?

I put on notice the question about providing security at clinics. Do we have a specific body or group in mind that will provide security to enforce these detention orders?

The Hon. S.G. WADE: Our primary body of enforcement is authorised officers under the Public Health Act.

The Hon. K.J. MAHER: Can the minister please outline who they are?

The Hon. S.G. WADE: Under the South Australian Public Health Act 2011, section 43 provides that a minister may appoint a suitably qualified person to be a state authorised officer. The powers of the act are expressed in terms of authorised officers being empowered to act. In relation to warrants, police are identified as authorised officers. Section 47(2) provides:

In the exercise of powers under this act, an authorised officer may be accompanied by such assistants as may be necessary or desirable in the circumstances.

The Hon. K.J. MAHER: Has any planning commenced into how, if authorised officers will be needed and if they are needed in significant numbers, the other areas of government will manage backfilling the people who have to act as authorised officers?

The Hon. S.G. WADE: I am advised that most, if not all, state authorised officers are officers of the Department for Health and Wellbeing.

The Hon. K.J. MAHER: I understand that, but I assume these are not officers who are just waiting to become authorised officers? I assume they have a day job at the moment and they are doing important things and functions for the state. Has there been any preparedness and planning as to how those functions would be backfilled?

The Hon. S.G. WADE: The planning that has been undertaken anticipates that the state authorised officers would be able to engage a range of resources. I would also highlight that the act talks about local government authorised officers. Depending on what scenario we will actually face, we may well engage local government authorised officers.

I suppose it is reminiscent of the recent bushfires. The capacity for Australian governments and communities to work together collaboratively was demonstrated by the response to the bushfires, and I think we are seeing the same spirit of collaboration in relation to the coronavirus.

It was a privilege to be part of the COAG Health Council last Friday, when political leaders across Australia and across the full spectrum of political opinion were working together hand in glove to make sure that we protect Australians in the face of COVID-19. I would certainly highlight the public health expertise of local government. There are other resources that public health would look to engage and that, as I said earlier, is covered by section 47.

The Hon. K.J. MAHER: What procedures are in place for decontamination where an individual subject to a detention order needs to be physically restrained? Will those responsible for restraining the individual then be subject to a quarantine period themselves?

The Hon. S.G. WADE: The Department for Health and Wellbeing would not put somebody in a situation where they need to engage with somebody who might have a controlled notifiable condition without personal protective equipment. The issue of that personal protective equipment being breached would need to be assessed on a case-by-case basis.

The Hon. K.J. MAHER: The minister probably would have seen concerns raised publicly by Dr Rod Pearce this morning regarding contamination procedures. What assurances can the minister provide clinicians like Dr Rod Pearce that appropriate protocols and protections will be put in place for clinicians and other personnel visiting individuals who have been detained in their place of residence?

The Hon. S.G. WADE: I refer back to the comments I made in question time which highlighted the innovative approach of SA Pathology by introducing a domiciliary nursing service. This reduced the need for people in need of testing to come into the clinics and the like. We will continue to work with GPs and other primary healthcare services in terms of responding to COVID-19. That will include working cooperatively on personal protective equipment and other

services that are required. As I have mentioned a number of times, the range of scenarios is significant and broad.

The Hon. F. PANGALLO: I just have one question in relation to children. Children are defined in section 72 of the South Australian Public Health Act 2011 as being 'under 16 years of age'. How will they be detained? Will they be detained as adults? Will they be apart from their families? Will families be kept together?

The Hon. S.G. WADE: I thank the honourable member for his question. In part 2 of the act, under section 14—Specific principles—Parts 10 and 11, there is a whole range of objects, principles and interactions with other acts that are detailed. In section 14, where it talks about the specific principles for parts 10 and 11—and what we are considering tonight is part of part 10—it provides:

...a person who may be the subject of an order, direction or requirement under either Part is entitled to expect—

- (c) insofar as is reasonably practicable and appropriate, to be given a reasonable opportunity to participate in decision-making processes that relate to the person on an individual basis, and to be given reasons for any decisions made on such a basis; and

Subsection (8):

- (8) Any requirement restricting the liberty of 2 or more members of the 1 family should ensure, so far as is desirable and reasonably practicable and so far as is appropriate to the requirements for the protection of public health, that the family members reside at the same place.

Clause passed.

Clause 7.

The Hon. F. PANGALLO: Are there any provisions like other legislation to ensure that people detained under this act cannot be laid off, discriminated against or can be assured of receiving paid sick leave during periods of detention?

The Hon. S.G. WADE: The matter of workplace laws is a matter for the federal government. On the Fair Work Ombudsman website, in relation to coronavirus and Australian workplace laws, it states in a Q&A format:

What if an employee is stuck overseas or required to be quarantined?

The answer offered is:

Employees should contact their employer immediately if they are unable to attend work because they can't return from overseas or are required to enter quarantine because of the coronavirus.

You can find up-to-date information on quarantine requirements on the Department of Health's website.

The Fair Work Act does not have specific rules for these kinds of situations so employees and employers need to come to their own arrangement. This may include:

- taking annual leave
- taking any other leave available to them (such as long service leave or any other leave available under an award, enterprise agreement or contract of employment)
- arranging any other paid or unpaid leave by agreement between the employee and the employer.

It then gives reference to a range of fact sheets in relation to different forms of leave. This is an issue that has been highlighted in the COAG Health Council. We certainly appreciate that complying with orders might have a significant impact on the lives of individuals. The South Australian Public Health Act recognises that in considering an order the circumstances of the individual need to be considered because of that very reason.

The Hon. F. PANGALLO: In the examples the minister was quoting earlier in relation to the fair work commissioner and people who were stranded overseas, people were asked to take 14 days' time off in order to ensure that either they were or were not contaminated by COVID-19. Fourteen days is a bit different to what we are talking about here in a forced detention situation of between 30 and 60 days. So should there not be protections built in to ensure that people's livelihoods—jobs—are going to be protected?

The Hon. S.G. WADE: I would refer honourable members again to the principles in section 14, which includes in subsection (5)(f) the principle:

that the least restrictive means necessary to prevent the spread of disease be adopted when isolating or quarantining a person at the person's home or on other premises under this Act;

On my understanding that would also relate to duration. The current understanding is that the incubation period for coronavirus is 14 days, so in that context, whilst the act says orders of up to 30 days or up to 60 days, my expectation would be a typical order would be 14 days.

The Hon. F. PANGALLO: In the event that it is longer than 14 days, and this is what I alluded to in my second reading speech, does the minister concede that there could well be unintended consequences here for individuals?

The Hon. S.G. WADE: As I said, governments across Australia are aware of the potential impact on individuals of a response to the coronavirus. At this stage, as I quoted from the Fair Work Ombudsman's fact sheet, it is not dealt with under Australian workplace laws. I believe we will need to consider the challenges for people as they comply with orders as we move forward.

The Hon. F. PANGALLO: Minister, how will you consider those challenges to people? By way of further amendments to protect them?

The Hon. S.G. WADE: I think it is there in section 14. When it talks about what is reasonably practicable, that includes how the person is going to support themselves. We are talking about 30 and 60 days, and you are acknowledging that 14 is well below the maximum of the act, but still it is not without challenge for a person to self-isolate for 14 days.

The Hon. F. PANGALLO: Again, there are issues there. What do you consider is 14 days? They may not have 14 days of accrued sick leave or holiday pay. They may have just returned from a holiday. They could quite possibly be penalised financially as a result of an order that says that they could have been exposed rather than that they are exposed or that they do have it. In the event that you do have large numbers of people caught in this, what would be the situation for them to explain that to their employers? Their jobs could well be at risk. While we say that, perhaps I should also not just look at the private sector but what would apply in the Public Service sector?

The Hon. S.G. WADE: I thank the honourable member for his question. We have been advised by the Commissioner for Public Sector Employment on the public sector workplace guidelines for coronavirus that employees may be entitled to access various types of unpaid and paid leave, depending on the circumstances, including sick leave, annual leave, carer's leave, special leave with or without pay, long service leave and retention leave. Notice and evidence requirements may need to be relaxed, and the commissioner's determination in relation to leave will be relevant.

The Hon. F. PANGALLO: That is quite generous and good for public servants to know, but what about private sector employees?

The Hon. S.G. WADE: As I said, Australian workplace laws are primarily the province of the federal government. We would certainly hope that Australian businesses would work supportively with their employees. As I said before, this is a challenge that we face collaboratively. Just as the response to the bushfires demonstrated cooperation across the different levels of government and across different sectors of the economy, I am sure that would be the case with coronavirus as well.

That does not mean that we will not have challenges, but I certainly put it to the council that to have a prescriptive entitlement regime under a public health piece of legislation would be extremely problematic. If we have to face a range of scenarios for this condition alone, then consider the range of conditions and the scenarios that might flow from each of them and try to draw together from all of those what the various entitlement permutations might be required, I think that is not manageable within a statutory regime. We have to rely on the goodwill and the common sense of governments and other employers to be supportive of their employees and the rest of the community as these challenges are faced.

The Hon. F. PANGALLO: That is all well and good if that happens, relying on the goodwill, but we know that that does not always apply in the workplace. Will you give at least an assurance

that you will undertake further discussions with your commonwealth counterparts in relation to at least trying to look at ways that jobs and incomes could be protected?

The Hon. S.G. WADE: As I said, this issue was specifically discussed at the COAG Health Council, and I am more than happy to give the council an undertaking that I will write to the relevant federal minister highlighting these issues.

The Hon. F. PANGALLO: I have one last question that probably also relates to a previous question in a previous clause. In terms of ages, do we assume that over 16 is considered an adult under this legislation?

The Hon. S.G. WADE: Under section 72(4) a child is defined as a person under 16 years of age. Again, referring to the specific principles in section 14 which relate to part 10, which we are currently discussing, subsection (5)(d) provides:

...a person who may be the subject of an order, direction or requirement under either Part is entitled to expect—

- (d) to be allowed to decide freely for him or herself on an informed basis whether or not to undergo medical treatment or, in a case involving a child under the age of 16 years, to have his or her parent or guardian allowed to decide freely on an informed basis whether or not the child should undergo medical treatment;

So 16 is the threshold for this act.

The Hon. K.J. MAHER: I have one question on clause 7. Are there any changes to the Chief Public Health Officer's powers over directing the police commissioner or other police officers or any changes to the level of force sanctioned when executing a warrant?

The Hon. S.G. WADE: I am advised that there is no change to the relationship between the CPHO and the police under these amendments.

Clause passed.

Remaining clause (8) and title passed.

Bill reported without amendment.

Third Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (17:31): I move:

That this bill be now read a third time.

Bill read a third time and passed.

Address in Reply

ADDRESS IN REPLY

Adjourned debate on motion for adoption.

(Continued from 20 February 2020.)

The Hon. C.M. SCRIVEN (17:32): I rise to reply to the Governor's speech. I want to talk in particular about my portfolio areas within the Governor's speech for which I have responsibility, the first being industry and skills and the second being forestry. Yet again, the Marshall Liberal government started the year in chaos and dysfunction. We have seen the Premier failing to show leadership when it was needed most. We have heard the government's plans for the state, yet they are light on detail and full of spin.

As has been the case in the industry and skills portfolio for the last two years, there was very little detail and no real plan for how the Marshall Liberal government will deliver their promised 20,800 new apprenticeships and traineeships by 2022. I will speak to that shortly. There was no mention of how the Marshall Liberal government will support small business. I have hosted small business roundtable events over the past year, and one of the most consistent grievances I hear is how disappointed they are with the lack of focus and support from the Marshall Liberal government and the lack of focus and support that minister Pisoni has provided to the sector.

Upon being elected to office, the Marshall Liberal government scrapped the small business portfolio and merged it into a superportfolio, mixed with many other areas of government. It is a fact that small business is the single biggest employer in South Australia, with 98 per cent of businesses being small businesses. The Marshall Liberal government, in the lead-up to the state election in 2018, promised everything to everyone in regard to small business.

They promised to investigate breaking down big construction contracts into smaller contracts so that small businesses could successfully tender for contracts. This is a really important aspect that is needed to ensure that, when we have big infrastructure projects in our state, our local businesses are able to tender and are able to be competitive for that work. However, it was confirmed in parliament's Budget and Finance Committee that this promise has been broken.

The Marshall Liberal government, in the lead-up to the election, promised to establish a unit to assist small and medium businesses in preparing tenders for state government contracts. This has not been done. They promised to improve transparency in the tender process, yet this is not happening. They promised to introduce a requirement that at least one local supplier must be involved in every selective tender process and, again, this has not been delivered. They also promised to establish a pre-registration system where small and medium businesses' details could be preloaded and saved, making it easier for them. But again it was confirmed in a recent committee that this has not yet been delivered. If it has not been delivered then it is a broken promise.

These commitments to support small business were spelled out clearly in the Liberal Party's election manifesto. The Marshall Liberal team committed to implement all of these proposals prior to the state election, but the Marshall Liberal government has not implemented them now that they are in government. Their lack of action has drawn criticism from the Civil Contractors Federation, which has notified its members about the government's lack of action to support small business in the state.

Minister Pisoni has had nearly two years to implement these measures to support small business in the state and so far he has sat on his hands and watched while small businesses continue to struggle to be involved in large government contracts. The only thing the Marshall Liberal government has delivered for small businesses is higher taxes, higher fees and higher charges. Prior to the election, the Marshall Liberal opposition promised lower costs and better services, and we have all heard the slogans ad nauseam. But after almost two years of the Marshall Liberal government, you really cannot blame voters who backed them in the last state election who now feel quite duded about their performance.

Despite the Marshall Liberal government committing to delivering lower costs for the people of South Australia, what we have seen is increases in car registrations, up by 5 per cent; increases to driver's licence renewals, up by 4 per cent; and increases to hospital car parking, up by a whopping 20 per cent. We have seen increased public transport costs, individual contractors' licences have risen by 10 per cent, and registration fees for tradies have increased by 10 per cent. This is not lower costs; this is not better services. All of the increases are well above CPI and they are increases that are further evidence of more broken promises by the Marshall Liberal government.

There was no new spending identified in the Minister for Innovation and Skills' most recent departmental budget that indicated any additional support for small business. This is grouped with the fact that his department has undergone huge cuts, which must raise a question: what support is available for small business in his department? The minister has struggled to explain just who is responsible within the department for small business. In the Premier's speech, in regard to the government's agenda, we saw more lies, more spin and more shifty numbers when it comes to apprenticeship and traineeship figures.

Every time another company closes down or when minister Pisoni cuts deeper and deeper and removes funding for good projects, his excuse for one and for all is Skilling South Australia. It does not matter what the question is, the answer is, 'Skilling South Australia'. It does not matter if you are a school leaver or if you are 60 years old, the answer is, 'Skilling South Australia—get an apprenticeship.' It does not matter if you have a family to support and a mortgage, his answer is, 'Go get an apprenticeship.' But, unfortunately, we cannot take a one-size-fits-all approach when it comes to addressing skills issues in our state.

When minister Pisoni cut funding for retraining programs for workers who had lost their job at Castalloy, many of whom had been working there for decades, minister Pisoni's response was, 'Skilling South Australia.' So, supposedly, these workers could just go and get an apprenticeship. This one-size-fits-all approach, which is clearly not working, is evidence of why we see minister Pisoni and the Marshall Liberal government consistently failing to reach their targets when it comes to apprenticeships in South Australia. We have seen spin upon spin upon spin but the figures tell the truth.

The Marshall Liberal government went to the election promising an additional 20,800 new apprenticeships and traineeships on top of what is called the baseline figure, which was 9,975. It has now been almost two years since the Marshall Liberal government came to office, and how many additional apprenticeships above the baseline figure have they created?

Remember, 20,800 is the goal over four years. Should we see 5,000? One would think so. Maybe that is a bit hard in the first year, maybe it is 4,000. After all, minister Pisoni has said over and over how they are hitting their targets and how well they are doing. Of these 20,800, what has been delivered? One hundred and thirty-five extra apprenticeships on top of the baseline. Promises of 20,800 and what we have so far, almost two years into this government's term, is 135.

The Hon. T.T. Ngo: Shame.

The Hon. C.M. SCRIVEN: Shame indeed, as the Hon. Mr Ngo says. Minister Pisoni and the Marshall Liberal government have delivered 0.65 per cent of their goal: almost halfway through a term, 0.65 per cent of their promised 20,800 new apprenticeships on top of the baseline. Yet, the government has been in overdrive spinning these figures, claiming they have created thousands of additional apprenticeships, but the facts do not bear that out. If after two years the minister is congratulating himself on meeting 0.65 per cent of his target, then one has to join with some of his backbench colleagues in questioning why he is there as the minister at all.

Members may remember that minister Pisoni last year issued a media release on 9 June claiming 'SA hits training targets under skills national partnership' and claiming 'we have reached an early milestone'. However, that was just nine days after signing off on a departmental brief which advised him that South Australia's in-training figure as at 31 December 2018 was the second lowest figure on record since 1997, which incidentally is when the Liberals were last in government. His early milestone, his success, was the second lowest on record, and he had been advised of that only nine days before spinning his spin.

In the first budget papers, the Marshall Liberal government acknowledged they were behind their own self-imposed target. In last year's budget yet again they had failed to deliver on the amount that they had committed to. This is a self-imposed goal that they have committed to. Really, time is running out for minister Pisoni: 0.65 per cent of his 20,800 new apprenticeships and traineeships is a long way—a long way—to go. Instead, all we are seeing are shifty numbers that are highly overinflated in a desperate attempt to create the impression that they are delivering, when the reality is that this minister is failing.

Figures from the National Centre for Vocational Education Research show that cancellations and withdrawals for apprenticeships are increasing. Commencements of apprenticeships are below the baseline figure and yet minister Pisoni has spent over \$40 million so far on Skilling South Australia—\$40 million of the total of \$200 million that is Skilling South Australia, to achieve 0.65 per cent of the goal.

The NCVER data released late last year also showed that as of March last year 1,430 people were working in a trade apprenticeship in South Australia. In June 2019, 715 people were working in a trade apprenticeship in South Australia, so roughly half—the difference between March 2019 and June 2019—working in a trade apprenticeship, despite minister Pisoni spending like a drunken lord, as I think our Treasurer sometimes refers to people, on Skilling South Australia.

The Labor opposition has asked countless times for real information about what figures the minister is including when he spins his line about how successful he has been. We have asked in estimates, we have asked in parliamentary committees what is the shortest course available to be counted under Skilling South Australia as an apprenticeship or traineeship? We are still waiting for an answer. Is it two weeks? Is it three weeks? I am wondering if there is a barista course for half a

day that the minister intends to include in his Skilling South Australia figures. We are still waiting to get a straight answer.

After a lot of questioning, minister Pisoni did admit that they were counting four-week courses as traineeships through Skilling South Australia, and he would not rule out that there might be courses of even shorter durations. It may well be that some four-week courses are very useful. I am aware of a number that are very useful as pre-traineeships, pre-apprenticeships, preparatory courses, foundation courses, call them what you will. Four-week and five-week courses can be very useful no doubt, but they are not traineeships and they are not apprenticeships.

To have this government and minister Pisoni spinning that they are doing so well with traineeships and apprenticeships is more than fudging the figures, it is absolutely letting down our young people. It is letting down the parents of South Australia, the students of South Australia and those many people who would like to have an apprenticeship.

They are hearing, 'Oh, we are doing so well, we are creating thousands of apprenticeships,' yet they cannot find them. They cannot find apprenticeships because they are not real apprenticeships: they are four-week and five-week courses, preparatory courses. They are not apprenticeships and traineeships, and that is just part of the mismanagement and dishonesty of this government.

Why is the government being so shifty with these figures? Is it because we have seen a 50 per cent reduction in trade apprenticeships since the Marshall Liberal government was elected? Is it because they overpromised and now they are underdelivering? Is it because they are embarrassed at being so far short of the 20,800 promised new apprenticeships and traineeships? I think the answer is all of the above.

The fact is that the independent data is released by the National Centre for Vocational Education Research, the same organisation that the then Marshall opposition used to assess the performance of the previous Labor government. They claimed then, in regard to the performance of the previous government, that the NCVER figures were independent and that they were true. I think the NCVER figures are independent and they are true. What is not true is the spin we are getting from the Marshall government and minister Pisoni saying that they are actually meeting the promise of 20,800 new apprenticeships and traineeships.

Minister Pisoni and the Marshall Liberal government like to talk up how many new businesses have taken apprentices; in fact, they claim over 700 have done so. The question arises: are these apprenticeships that these 700 businesses have taken or are they the four-week courses and the five-week courses, the 10-week courses? What are they that is being claimed within those terms 'apprenticeships and traineeships'?

Given that the government is so far short of the promises they made in this arena, we cannot help feeling a little sceptical when we see that as of last week the Marshall Liberal government is looking at changing the supervision ratios for apprentices in South Australia, looking to reduce the supervision required. There is very little detail about how that will apply, very little detail about the safety implications of such a path. One must ask: is this really because it is about getting numbers rather than getting a safe, trained future workforce for our state?

When we asked for a list of the 700 new businesses that had supposedly taken on new apprentices we were told they would not provide them. Why would they not provide them? Surely this is a good news story. Surely if there really were 700 businesses that had taken on apprentices—in apprenticeships that we generally think of as a combination of four years of on-the-job and off-the-job training, resulting in fully qualified tradespeople—if there really were 700 new businesses that had each taken on such an apprentice would they not be happy to share those details, or is it just more spin from the Marshall Liberal government?

In December 2018, here in South Australia, the Master Builders Association called for the state government to reform the building industry to address the issue of building companies falling into administration, which inevitably means workers in the industry losing their jobs and consumers suffering financially as they are left with an unfinished product after investing a significant amount of capital. Of course, the subcontractors are often those at the end of the line in terms of payment.

The Master Builders Association called for those reforms as a result of Yorke Civil and Dowling Homes going into liquidation. Since then we have also seen the collapse of ODM Group in December 2018, OAS Group in the same month, Platinum Fine Homes in December 2018, Tudor Homes in March 2019, JML Homes Constructions in March 2019, Coast to Coast Homes in May 2019, D&C Homes in June 2019, Cubic Homes and Cubic Homes Construction in June 2019, Emerald Custom Homes in July 2019 and Integrity New Homes Adelaide South in November 2019.

They have all collapsed. Liquidations mean loss of jobs, loss of payments for subcontractors, loss of confidence in our state and personal losses for those who have invested into those particular projects. So 10 building and construction companies with thousands of people affected have suffered because of the Marshall Liberal government's inaction on this issue.

In January, the Attorney-General in the other place stated that the state government had been 'exploring initiatives to better support consumers affected by business failures in the housing industry'. I am sure it is wonderful to explore initiatives, but I think the thousands of people who have been affected by these sorts of collapses need something a bit more tangible and a bit more urgent than 'exploring initiatives'. One could not even say that it was too little, too late; it is nothing at all to simply be 'exploring initiatives'.

We continue to see economic growth decline under this government despite their so-called 'growth agenda'. In 2017-18, when the previous Labor government was in office, we saw economic growth at 2.3 per cent. Under the Marshall Liberal government in their full first year in office, we saw growth had declined to only 1.4 per cent. Recently published economic growth for South Australia under the Marshall Liberal government during their second full year in office is at 0.75 per cent.

I want to speak about the Marshall Liberal government's record, and particularly their achievements, when it comes to forestry since taking office in March 2018. Given forestry is a significant industry for our state, how many times was it mentioned in the Governor's speech talking about this government's plans for the future of the state? Zero.

The Hon. T.T. Ngo: Zero?

The Hon. C.M. SCRIVEN: Zero. Forestry is so unimportant to this government that it was not mentioned once, despite them proroguing parliament and having this reset, supposedly for the good and future of our state. There was no mention of forestry whatsoever in the government's opening of parliament, which set out their legislative agenda for the year.

The Hon. T.T. Ngo: They don't care.

The Hon. C.M. SCRIVEN: They do not care, as the Hon. Mr Ngo says. They like to talk big but their actions are non-existent. There was no mention of Kangaroo Island Plantation Timbers, which recently had 90 per cent of their plantation damaged due to the devastating fires on Kangaroo Island. There was no mention of what the Forest Industry Advisory Council has achieved, or would seek to achieve this year, remembering this council was one of the main election pledges of the Marshall Liberal government in regard to the timber industry.

We heard, at a recent committee, that the council has met four times. I asked what the outcomes were and was told, 'They're working on it.' After almost two years into this government's term and four meetings of the Forest Industry Advisory Council, there have been no outcomes. I am sure that is not because of the members of the Forest Industry Advisory Council. I know most, if not all, of them personally. They are very hardworking and dedicated to the industry in which they work. What we need is a government that is actually interested in forestry as an industry, rather than interested in trying to score cheap political points over past actions.

There was no mention of the Marshall Liberal government's state election pledge of doubling the economic output of the forest industry by 2050. Apparently that is not actually important. There are no details of what the government is going to do to reach a doubling of the economic output of the industry by 2050—no mention whatsoever.

So do we even have a forestry minister in this state? Well, as we know, the specific position of minister for forestry was abolished when this government came into power almost two years ago. We now have it absorbed into what one might like to call a 'super ministry', but the outcomes are not super; the outcomes are negligible.

The most common theme coming out of the speech outlining the agenda for the coming years is one of spin. Even more concerning is that their agenda is recycled. Recycling in its purest form, as I am sure the Hon. Mr Hunter would agree, is a wonderful thing. We agree with recycling when it is discussed in terms of benefiting our environment and our economy. But this government is recycling tired, failed policies from a range of areas.

One area that is of particular interest to me is the attempt to deregulate shopping hours yet again. Millicent is in the government's sights yet again. Millicent, which has voted twice to reject the deregulation of shop trading hours in their town, is in this government's sights yet again. It is a real economic issue for the town. They currently have three supermarkets, all of which manage to trade profitably enough to continue. Everyone agrees that deregulated shopping hours will mean for Millicent that one of those three closes down. That means less choice for consumers, fewer jobs for local people. Yet, despite this parliament overwhelmingly rejecting this government policy in this term, they want to recycle it and go yet again.

I am glad that local shops like Foster's Foodland in Millicent and the IGA are standing up to the Treasurer and making it known that they are opposed to this. Locals do not want there to be only one of the big two in town. I trust that Fred Smith at *The South Eastern Times* will continue to cover this issue with keen interest as he has done for quite some time now. It has certainly been very useful to the local people of Millicent and the local workers and also business owners in making sure that this policy of this current government is kept in the public eye.

I hope that the member for MacKillop will come to his senses and stand up for his electorate, in particular Millicent, who have, after all, made it clear to him that they are totally opposed to deregulation of shop trading hours. What we have here is not a reset, it is a recycle. It is not about the future of South Australia, it is about simply looking again at policies that have already failed and legislation that has failed in this place. It is not about supporting small business, it is about ignoring small business. It is not about being true to the people of South Australia and the promises they make because those promises have been broken.

Debate adjourned on motion of Hon. J.S.L. Dawkins.

Parliamentary Committees

LEGISLATIVE REVIEW COMMITTEE

The House of Assembly informed the Legislative Council that it had appointed the Hon. Z.L. Bettison to the committee in place of Mr Szakacs.

Bills

EVIDENCE (REPORTING ON SEXUAL OFFENCES) AMENDMENT BILL

Final Stages

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

At 17:58 the council adjourned until Wednesday 4 March 2020 at 14:15.

*Answers to Questions***REVALUATION INITIATIVE**

In reply to **the Hon. J.A. DARLEY** (5 February 2020).

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): The Minister for Transport, Infrastructure and Local Government has advised the following:

1. The \$15.45 million budget exists to deliver the overall outcomes of the revaluation initiative within a period of time. However there is no specific budget allocated or assigned to address individual portions of the project, such as independent living unit records and valuations.
2. As mentioned, there is no specific budget allocation to address independent living unit records and valuations.
3. The Valuer-General confirms that the \$15.45 million is to deliver overall outcomes of the revaluation initiative which incorporates work associated with independent living unit records and valuations (including any work required as a consequence of the committee's recommendations).
4. It is anticipated that this component of the project will be in effect for the 2021-22 financial year.

GLOBELINK

In reply to **the Hon. F. PANGALLO** (5 February 2020).

The Hon. D.W. RIDGWAY (Minister for Trade and Investment): The Minister for Transport, Infrastructure and Local Government has advised the following:

Adelaide Airport Limited participated in two industry engagement workshops conducted by KPMG, who undertook the study for the state government. These workshops explored the objective, challenges and opportunities associated with GlobeLink and potential solutions.

Adelaide Airport Limited also participated in individual stakeholder consultation conducted by KPMG and provided data on request from KPMG.

No formal submission was received from Adelaide Airport Limited against the GlobeLink proposal.

BUSHFIRE RECOVERY

In reply to **the Hon. M.C. PARNELL** (6 February 2020).

The Hon. R.I. LUCAS (Treasurer): I have been provided the following advice:

1. The Department for Environment and Water has a \$20,000 excess in relation to any bushfire event.
2. The South Australian government self-insurance arrangements only apply to assets owned by government agencies or for which they have a responsibility to insure. As Friends of Parks groups are separately incorporated groups, property which they own is not covered under these arrangements and should be insured by the groups.

Groups in affected areas may also be eligible for a 'Non-profit Organisation Grant', which is an assistance measure made under agreement between the commonwealth and South Australian governments.

3. Insurance assessors were appointed by SAFA in early January and visited the affected areas as soon as it was deemed safe to do so. Due to size and nature of Flinders Chase National Park it may take some time to understand the full extent of the loss, but the assessors are working very closely with the affected agencies to ensure that all losses arising from the fire are identified and included in the insurance claim.

It is anticipated that the assessors will provide their first report in mid-March and this will give a firmer idea of the extent of the insured losses. Agencies have been advised to speak with their Department of Treasury and Finance account manager in respect of uninsured losses.

4. For insured losses, SAFA as the captive insurer for the government has sufficient reserves to settle expected claims with affected agencies. Progress payments will be made as lost/damaged infrastructure is assessed and replacement/repair costs are substantiated. SAFA and the assessors will work with agencies to prioritise payments as expeditiously as possible.

Should agencies require funding in advance of insurance payments or the budget process, additional expenditure can be approved by cabinet.