LEGISLATIVE COUNCIL

Tuesday, 1 December 2020

The PRESIDENT (Hon. J.S.L. Dawkins) took the chair at 14:16 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.

Bills

HEALTH CARE (SAFE ACCESS) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

TRAINING AND SKILLS DEVELOPMENT (MISCELLANEOUS) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

DEFAMATION (MISCELLANEOUS) AMENDMENT BILL

Assent

His Excellency the Governor assented to the bill.

Parliamentary Procedure

PAPERS

The following papers were laid on the table:

By the President—

Reports, 2019-20—

Ombudsman.
District Council of Franklin Harbour
District Council of Kimba
District Council of Kingston
District Council of Tatiara
District Council of Tumby Bay
City of Onkaparinga
City of Port Lincoln
City of Tea Tree Gully

By the Treasurer (Hon. R.I. Lucas)—

Reports, 2019-20—

Adelaide Cemeteries Authority
Coroners Court
Courts Administration Authority
Department for Trade and Investment
SafeWork SA Activity
SA Metropolitan Fire Service Superannuation Scheme Board
StudyAdelaide

Fees Notice under Acts—

Gaming Machines Act 1992

Regulations under Acts—

Electricity Act 1996—General—Retailer Energy Productivity Scheme
Fisheries Management Act 2007—

Demerit Points—Expiated Offences
General—Expiation Fees

Gas Act 1997—Retailer Energy Productivity Scheme
Mines and Works Inspection Act 1920—Mine Manager
Mining Act 1971—General
Opal Mining Act 1995—Mineral Resources
Summary Offences Act 1953—Liquor Offences
Victims of Crimes Act 2001—Fund and Levy
Work Health and Safety Act 2012—Mine Manager
Rules of Court—
Magistrates Court Act 1991—Amendment 86

By the Minister for Human Services (Hon. J.M.A. Lensink)—

Reports, 2019-20—
Coast Protection Board
Guardian for Children and Young People
Native Vegetation Council
Premier's Climate Change Council
Regulations under Acts—
Children and Young People (Safety) Act 2017—Safety—Covid-19 Exemption
Landscape Act 2019—Water Register
Response to the Environment, Resources and Development Committee Recommendations on the Final Report: Recycling Industry

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

South Australian Abortion Reporting Committee—Report, 2018
Reports, 2019-20—
Australian Children's Education and Care Quality Authority
Balaklava Riverton Health Advisory Council Inc.
Barossa and Districts Health Advisory Council Inc.
Berri Barmera Health Advisory Council Inc.
Bordertown and District Health Advisory Council Inc.
Ceduna District Health Services Health Advisory Council Inc.
Child Death and Serious Injury Review Committee
Child Development Council
Coorong Health Service Health Advisory Council Inc.
Eastern Eyre Health Advisory Council Inc.
Eudunda Kapunda Health Advisory Council Inc.
Far North Health Advisory Council
Gawler and District Health Advisory Council Inc.
Hawker District Memorial Health Advisory Council
Hills Area Health Advisory Council Inc.
Kangaroo Island Health Advisory Council Inc.
Kingston Robe Health Advisory Council Inc.
Leigh Creek Health Services Health Advisory Council
Lower Eyre Health Advisory Council Inc.
Lower North Health Advisory Council Inc.
Loxton and Districts Health Advisory Council Inc.
Mallee Health Service Health Advisory Council Inc.
Mannum District Hospital Health Advisory Council Inc.
Mid North Health Advisory Council Inc.
Mid West Health Advisory Council Inc.
Millicent and Districts Health Advisory Council Inc.
Mount Gambier and Districts Health Advisory Council Inc.
Murray Bridge Soldiers' Memorial Hospital Health Advisory Council Inc.

Parliamentary Committees

LEGISLATIVE REVIEW COMMITTEE

The Hon. N.J. CENTOFANTI (14:19): I bring up the 17th report of the committee.

Report received.

The Hon. N.J. CENTOFANTI: I bring up the 18th report of the committee.

Report received and read.

CRIME AND PUBLIC INTEGRITY POLICY COMMITTEE

The Hon. F. PANGALLO (14:21): I bring up the report of the committee on matters of public integrity in South Australia.

Report received and ordered to be published.

Parliamentary Procedure

ANSWERS TABLED

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

Members

INDEPENDENT COMMISSION AGAINST CORRUPTION INQUIRY, PRESIDENT'S STATEMENT

The PRESIDENT (14:31): Honourable members will recall that on 10 November I advised the council that I intended to inform the Independent Commissioner Against Corruption that the council has not expressed a view as to the referral of a matter to the council as a public authority. The commissioner has now referred the matter to the council, pursuant to section 24(2)(d) of the Independent Commissioner Against Corruption Act 2012. As the council is not required to provide the commissioner with a report on the referral, the commissioner advised that she has now closed her file.

Question Time

CORONAVIRUS CONTACT TRACING

The Hon. K.J. MAHER (Leader of the Opposition) (14:32): My question is to the Minister for Health and Wellbeing regarding public health. Minister, are you aware whether there are legislative provisions that protect the storage, use and release of information that is collected by those doing contact tracing? Further, is the minister aware whether there are any policy positions that protect the storage, use and release of information that is collected by those doing contact tracing and, if so, what are those provisions?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:32): My understanding is that the primary provisions are, first, provisions under the South Australian Public Health Act in relation to confidentiality and, secondly, in the Health Care Act 2008.

CORONAVIRUS CONTACT TRACING

The Hon. K.J. MAHER (Leader of the Opposition) (14:32): Supplementary arising from the answer where the minister referred to the SA Public Health Act and the Health Care Act: minister, what protections do provisions of those acts afford any information collected by contact tracers?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:33): My understanding is that both acts put a duty on officers to maintain the confidentiality of the people with whom they deal.

CORONAVIRUS CONTACT TRACING

The Hon. C.M. SCRIVEN (14:33): My question is to the Minister for Health and Wellbeing regarding public health. What advice did the minister or his agency provide to the Premier that informed the Premier's public comments that, 'What those investigations showed is that one of the close contacts linked to the Woodville Pizza Bar deliberately misled our contact tracing team. Their story didn't add up, we pursued them, we now know that they lied.'

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:33): As the honourable member is asking me to find out who provided the information to the Premier, I will consult the Premier.

CORONAVIRUS CONTACT TRACING

The Hon. C.M. SCRIVEN (14:34): Supplementary.

The PRESIDENT: It is difficult to get a supplementary out of that, but I will listen to you.

The Hon. C.M. SCRIVEN: Thank you, Mr President. The question was: what advice did the minister or his agency provide to the Premier? That was the question asked.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:34): I refer to my previous answer.

CORONAVIRUS CONTACT TRACING

The Hon. E.S. BOURKE (14:34): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing regarding public health.

Leave granted.

The Hon. E.S. BOURKE: The Premier has made a range of recent public comments, and I quote:

> What those investigations showed is that one of the close contacts linked to the Woodville pizza bar deliberately misled our contact-tracing team. Their story didn't add up. We pursued them. We now know that they lied.

And:

> I will not let the disgraceful conduct of a single individual to keep SA in these circuit breaker conditions one day longer than what is necessary. However, this lie still means that our contact tracers need breathing space to contact people but not for as long.

And:

> …quite frankly, I strongly believe that there has got to be consequences…

My questions to the minister are:

1. Does the minister stand by the public comments of the Premier?

2. Do any of those comments pre-empt the ongoing police investigation?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:35): The particular case we are referring to here led contact tracers to believe that their relationship with the Woodville Pizza Bar was that of a customer. Subsequently, they were to learn that their prime relationship to the Woodville Pizza Bar was that of a worker. That is fundamentally misleading, and it did, if you like, send our contact tracers down a line of inquiry that they would not otherwise have taken. I think it is quite legitimate to refer to that information as misleading.

In terms of consequences, the police commissioner, who is not only the police commissioner but also the State Coordinator during this major emergency, has asked an assistant commissioner to look into these matters. I don't intend to comment further.

CORONAVIRUS CONTACT TRACING

The Hon. K.J. MAHER (Leader of the Opposition) (14:36): Supplementary: is the minister aware of any other circumstance where someone has given information to a contact tracing investigation that could tend to be characterised as misleading?

The PRESIDENT: The minister has the call. That is seeking an opinion, I think, but I will let the minister answer the question.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:36): Yes, well, to be honest with you I don't know where he is going. There have certainly been instances during this pandemic where information has become more clear as time went on and, sometimes, my understanding is that contact tracers doubted the information they were originally given.

HOMEBUILDER PROGRAM

The Hon. D.W. RIDGWAY (14:37): My question is to the Treasurer. Can the Treasurer please update the chamber on the latest changes in the federal government's HomeBuilder scheme?

The Hon. R.I. LUCAS (Treasurer) (14:37): I am pleased to share with members details of the announcement by the federal government in relation to the HomeBuilder scheme. As members will be aware from previous questions in this house, there has been tremendous interest by the community in the HomeBuilder scheme. It has certainly been going gangbusters, if I can use a colloquial expression, in South Australia, but there has been significant pressure from stakeholder groups and individuals.

The MBA, the HIA and the UDIA have argued for a number of things. One was the period of time between the signing of a contract and the commencement of construction, which was originally three months, they wanted that to be extended to six months. As I informed the house when we last sat, the federal government agreed—let me rephrase that: the state commissioner of taxation, I suppose, technically, made a decision to blanket apply that exemption right across the board to all exemptions in the interests of assisting the residential home building industry and also homebuyers. We had applied to the commonwealth government for approval, and they were considering that at the time.

The announcements on the weekend, however, are even more significant; that is, the federal government has announced a three-month extension to the scheme, from the end of this year through to 31 March. The extension of the scheme will be at a lower rate: a $25,000 commonwealth grant together with the $15,000 state grant for first-home builders or owners, so $40,000 prior to 31 December, but after 1 January it will be a $15,000 federal grant as opposed to a $25,000 grant, through to 31 March.

That certainly is in accord with what the stakeholder groups had been lobbying for at the federal and state level. Allied with that is that the commonwealth has now acknowledged what has occurred in South Australia and has now agreed nationally that the time period between the signing of the contract and the commencement of construction shall be a period of six months, which was the decision our Commissioner of State Taxation had taken a week or so ago.

One of the key issues for members to be aware of in discussing this HomeBuilder extension with constituents is that there will no longer be the discretion for the Commissioner of State Taxation in South Australia to, on a case-by-case basis, extend it beyond the six-month period. Under the three-month period, the Commissioner of State Taxation could consider on a case-by-case basis an extension. If, for example, there had been banking delays, finance approval delays, planning delays or problems with a particular builder, the Commissioner of State Taxation could extend it. That discretion has now been removed. There is now a blanket extension to a period of six months, but there is no longer a case-by-case process to argue for a further extension beyond the six months.

Another important issue to bear in mind is that the applications can now be submitted right through to 14 April 2021. If constituents want to apply for the $25,000 grant, they will need to sign their contract prior to 31 December. They do have up until 14 April to submit it but it can only be for a contract which has been signed prior to 31 December. If a contract is signed between 1 January and 31 March, it will be for a $15,000 grant and it can also be submitted up until 14 April next year.

For all those members who are probably getting calls from friends, acquaintances and/or constituents, those two particular provisions, which haven't been widely publicised, need to be borne in mind; that is, there will no longer be an extension now on a case-by-case basis beyond the statutory period of six months; and secondly, the time for applications will be extended to 14 April, but it is the contract signing date which will apply as to whether you get considered for the $25,000 grant or the $15,000 grant.

In conclusion, I think they are important details and we congratulate the federal government on its willingness to listen to stakeholder groups like the MBA, the HIA and the UDIA in South Australia and also the concerns that state and territory governments and individual constituents have raised about the success of the program so far and how it would be very useful for economic recovery if the program was further extended. We congratulate the federal government and Treasurer Josh Frydenberg, federal Minister Michael Sukkar and, of course, the Prime Minister on acknowledging that and on extending the program.

NORTH-SOUTH CORRIDOR

The Hon. F. PANGALLO (14:44): I seek leave to make a brief explanation before asking a question of the Treasurer about the north-south road corridor and the impact it will have on businesses on South Road.

Leave granted.

The Hon. F. PANGALLO: I have been in contact with iconic Adelaide baker Mr Vili Milisits, who has expressed fears that the South Road project will destroy the business he has built up over 52 years to international standards, with export markets around the world. He has been informed by DPTI that they will require part of his property to widen the road to enable an at-surface motorway and tunnels to be built.

The area required will wipe out 40 per cent of his factory, which includes freezers and ovens, and with it probably 300 jobs. He estimates it would cost $50 million just to relocate his significant operating facility. Mr Milisits has sought meetings—without success—with the transport minister. He also sought a meeting with DPTI officials, but was told they 'don't do house calls'. Mr Milisits has to work from his home because of a chronic lung disorder.

He was told no work would begin there for at least 10 years; however, surveyors were already there today. My question to the Treasurer is: what will his government do to preserve this vital manufacturing hub and 300 jobs, along with the many producers, retailers, manufacturers and consumers that depend on it?

The Hon. R.I. LUCAS (Treasurer) (14:46): Being a great lover of Vili's pies and pasties, I am very much interested in the question the honourable member has put. I was advised earlier this morning—and I haven't had a chance to catch up with the Minister for Transport subsequent to a discussion about nine o'clock this morning—that no decision has been taken, in essence, in relation to closing down Vili's premises and destroying 300 jobs, and the other claims the Hon. Mr Pangallo has made.

If the Hon. Mr Pangallo is saying that Mr Milisits has been told by DPTI or the government that no work will begin for 10 years, that is just not correct. The Hon. Mr Pangallo has been in this chamber when I have indicated that the project will be completed by 2030, and I think the Hon. Mr Pangallo can work out for himself that if the project is going to be completed by 2030, then the claim that he has put on the public record that no construction activities are going to take place in and around Mr Milisits' premises for 10 years clearly can't be correct. I am sure the Hon. Mr Pangallo, being as fair as he is, would therefore view with some scepticism some of the claims that have been put to him and that he has now put on the public record.

I am sure the Minister for Transport and/or his representatives will, as soon as possible, seek to provide information to Mr Milisits, and indeed to many other residents and businesses along the north-south corridor project. As the honourable member will be aware, as he has lobbied furiously on behalf of some other businesses and iconic destinations such as the Queen of Angels Church, the Thebby Theatre and the like, the government has bent over backwards to try to minimise the extent of the disruption.

In broad terms, instead of the need to compulsorily acquire approximately 900 residences and businesses under the preferred model adopted by the former government, I think that number has been reduced to about 390. However, the reality is that you can't engage in a massive $8.9 billion economic infrastructure project without there being some disruption to some businesses and some individual residents. With the best will in the world it is just not possible to avoid some disruption to some businesses and some individuals.

My only request to the Hon. Mr Pangallo and, indeed, to others is to actually work through a process to try to minimise the extent of alarm and concern with businesses and individuals. If ultimately the decision of the planners and the government is that a particular business is confirmed by the government and the minister as being impacted, then it is an argument at least then about fact as opposed to various claims that might be made.

As I said, one of the claims the honourable member has put on the record, which is that construction won't commence for 10 years, is clearly factually wrong, therefore there is some doubt

about the quality of the information that has been provided. Indeed, I was told yesterday that some individual supposedly representing the government and the Department for Infrastructure and Transport had gone out to the site and said, 'The government wants all of your site, not 40 per cent of your site.'

Again, the government, the department and, indeed, an individual who might be going out to the site is just not in a position at this stage to indicate the precise impact on individual businesses and residences in those particular parts of the north-south corridor where there are possible impacts until the final design work has been done and the business case has been concluded sometime through next year. The minister has been clear in relation to that, as have various departmental representatives.

As I said, I am sure that at some stage in the not-too-distant future either the minister or one of his representatives will be in a position to communicate with Mr Milisits and his iconic business in South Australia as to where we are up to, at least to distinguish fact from fiction at this stage. There may well be, as I am sure with many businesses, questions at this stage that can't be answered completely but at least some claims can be ruled out, such as the one the honourable member has just put on the record that construction won't commence for 10 years.

The PRESIDENT: The Hon. Mr Pangallo, a supplementary.

NORTH-SOUTH CORRIDOR

The Hon. F. PANGALLO (14:51): Just for clarification, Treasurer, I said Mr Milisits told me he was told no work would begin there for at least 10 years. I will clarify when he was told that and I will bring that back to the house. I thank you for the reference to the Queen of Angels as well, Treasurer. I will put that down as a miracle for our first saint, Mother Mary MacKillop.

The PRESIDENT: And the question? The Hon. Mr Pangallo, you have a supplementary question?

The Hon. F. PANGALLO: I do.

The Hon. R.I. Lucas: He was warming up to it.

The PRESIDENT: Yes. Well, he needs to cool down now and ask the question.

The Hon. F. PANGALLO: I am warming up to it. It's only just down the road. The question is: in the event that Mr Milisits' bakery does need to be demolished in some part, would the government consider a full relocation of the business? What level of compensation or assistance will be provided to longstanding and successful businesses like his?

The Hon. R.I. LUCAS (Treasurer) (14:52): There are well-established procedures and practices that governments, both Labor and Liberal, are required to establish. I think they have been changed in recent years as a result of the work of a select committee of this particular chamber. But at this stage, as I said, let's move along a path of firstly finding what the final design is, what the businesses and individual residents will be, and then once we have established that we can decide whether or not iconic businesses or, indeed, with great respect, because I am a lover of the Vili's product but there might be other businesses whose products—

The Hon. J.M.A. Lensink: Vegans.

The Hon. R.I. LUCAS: They might be vegans and I might be not as enamoured towards their particular products, but nevertheless they should be treated fairly by government processes, whatever their products are. Let's at least establish the facts firstly. I am just asking the Hon. Mr Pangallo and others to assist the process in terms of not fanning the flames of concern until we get to a stage where something is actually either highly likely or going to be the case. Once that's confirmed, for all businesses and individual residences, there are well-established processes in relation to the acquisition and compensation procedures.

People are not always happy with them, as we have had aired publicly on a number of occasions, but they are well-established practices and processes utilised by both the former Labor government and by the current Liberal government.

The PRESIDENT: A very short supplementary, isn't it, the Hon. Mr Pangallo?

NORTH-SOUTH CORRIDOR

The Hon. F. PANGALLO (14:54): It will be, and I won't make any references to burning cakes and pies. Treasurer, why won't the government meet with Mr Milisits?

The Hon. R.I. LUCAS (Treasurer) (14:54): As I indicated, I am sure that the minister and/or someone representing the minister and the department will communicate with Mr Milisits. It may well be a meeting or it may well be other forms of communication, but we will try to confirm the facts in terms of where we are up to in relation to Vili's premises at the moment. As I said, not all questions are going to be able to be answered at this stage until the final design work is done which, as we have publicly indicated, is not going to be completed until sometime through next year.

Whether it be Mr Milisits or, indeed, some of the other individual householders or businesses, some questions at this stage cannot be answered completely. Until we get to that stage, we won't know the final intended impact or possible impact on an individual business or an individual household. Let me assure you, on behalf of the minister I am sure, that either the minister or someone representing the minister and the department will be communicating with Mr Milisits.

Given that this is going to take weeks and a few months into next year, I am sure there will be the opportunity for people to meet with Mr Milisits at some particular stage to listen to any concerns he might have as we get more information. Let me give me the assurance that I am sure at the appropriate time there will be the opportunity for Mr Milisits or his representative to put their point of view to the minister and/or a representative of the government.

VICTORIAN HOTEL QUARANTINE INQUIRY REPORT

The Hon. I. PNEVMATIKOS (14:56): My question is to the Minister for Health and Wellbeing regarding public health. Given the minister's public statement that he did not read and did not ask for a briefing on the Victorian hotel quarantine inquiry report, can the minister now confirm whether he has read it and/or been briefed on it?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:57): I have reviewed the recommendations of the report and I have been briefed on it. I think it is important to stress that SA Health is continually striving to improve the state's hotel quarantine arrangements. Their advice draws on insights from a range of sources, such as the national audit by Jane Halton; the AHPPC, of which Professor Spurrier is a member; and the Victorian review.

Every day I am working with SA Health on how we can further enhance our already strong COVID response. Through this work, we became the first state in the nation to implement weekly testing of medi-hotel workers and we will create a designated facility for COVID positive travellers. In that context, it was interesting to see a report in last week's *Herald Sun* where the Victorian Premier said that the announcement about the hotel quarantine reset would soon be made but confirmed that arrangements would include having specific hotels containing all of the confirmed COVID-19 cases separated from other quarantining returning travellers.

I would make the point that that wasn't a recommendation of the interim report of the Victorian review. That is probably why the *Herald Sun* called for Victoria to follow SA's quarantine plans, as the Premier hinted at revamped hotel quarantine plans. In the article, it talks about a University of Melbourne epidemiologist, Tony Blakely, saying that the plan had merit. It was also backed by the Australian Medical Association President, Dr Omar Khorshid.

VICTORIAN HOTEL QUARANTINE INQUIRY REPORT

The Hon. C.M. SCRIVEN (14:59): A supplementary from the original answer where the minister mentioned that he has read the recommendations and been briefed: can the minister say if he has actually read the entire report?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:59): I haven't read every word. The fact of the matter is, I am not going to micromanage our public health and SA Health teams. They are the experts. The Premier last week asked for the AHPPC to provide advice on the risk mitigation strategies in the eight-point plan that he announced last week, and I have had advice from Professor Spurrier that she has already raised it with the AHPPC.

VICTORIAN HOTEL QUARANTINE INQUIRY REPORT

The Hon. I. PNEVMATIKOS (14:59): Further supplementary: were there any salient findings or recommendations in the Victorian report that South Australia can draw upon and apply in our state?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:00): Sorry, I thought you were in the opposition. That was a Dorothy Dix question. Your own party has suggested that—

The PRESIDENT: The minister will refer through the Chair.

The Hon. S.G. WADE: The Leader of the Opposition in the other place said in a *Sunday Mail* article:

> It is now crystal clear to all concerned that the medi-hotel arrangements in the current format—of housing people with the virus in CBD hotels in proximity to subcontracted private security guards—is not safe.

It goes on in this article to talk about places like Woomera, places outside of the city, as possible venues for a medi-hotel. The hotel quarantine inquiry at recommendation 7 says:

> Given there are currently no identified specific purpose-built quarantine facilities in Victoria, that hotels remain a reasonable and viable option for international arrivals needing to be placed in quarantine.
>
> Relevant criterion for selecting suitable locations as quarantine facilities include:
>
> A. sufficient proximity to a hospital
>
> B. being within commuting distance for adequate numbers of appropriately skilled personnel for the facility

It goes on with further criteria. I make the point that your party didn't even reference the recommendations.

The PRESIDENT: You can refer to the opposition or the Labor Party, but it is not 'my party'.

The Hon. S.G. WADE: Thank you, Mr President. The opposition, apparently, did not even bother reading the recommendations on that report before they released their thought bubble.

SEXUAL VIOLENCE

The Hon. J.S. LEE (15:02): My question is to the Minister for Human Services regarding sexual violence. Can the minister please provide an update to the council about how the Marshall Liberal government is putting more resources and measures in place to address sexual violence.

The Hon. J.M.A. LENSINK (Minister for Human Services) (15:02): I thank the honourable member for her question. Indeed, as she indicates in her question, the Marshall Liberal government is putting more resources into this, courtesy of the funding that we have received from the federal government to assist in awareness campaigns. This comes on top of the Break the Cycle campaign, which was launched in June and which is a very powerful set of advertisements that are targeted particularly towards perpetrators, where the advertisements help to identify their behaviour as particular domestic violence behaviour.

As we do know in our community, while the understanding of domestic and family violence has improved, there are still people in our community who do not recognise that what they are experiencing is violence. We have a website, which is www.breakthecycle.sa.gov.au, which has a large number of resources both for perpetrators and for people who are experiencing domestic violence as victims. During that particular time, we ran advertisements, not just through mainstream media but also on media platforms, including Facebook, Instagram, Snapchat and TikTok.

In the most recent campaign that we have, we are also using the Tinder platform, so that people can recognise that their behaviour is inappropriate and that some of the attitudes that we know do exist in our community need to be challenged. These particular ads were launched last week, just in time for the festive season, as people potentially are going to be out and about in the public more and mixing more, to assist them to recognise and to reach out and help seek assistance.

GREAT STATE VOUCHER SCHEME

The Hon. M.C. PARNELL (15:04): I seek leave to make a brief explanation before asking a question of the Treasurer, representing the Premier, about Great State accommodation vouchers.

Leave granted.

The Hon. M.C. PARNELL: The government has today announced a new round of Great State accommodation vouchers to provide $100 or $50 discounts to people using commercial accommodation in South Australia to help stimulate the economy. According to the Premier's media statement today, in the first round, which was released on 15 October, more than 50,000 vouchers were released with 'nearly half of these redeemed by South Australians'.

Given that the initial scheme was only available to South Australians and not to interstate visitors, this means that more than half of the vouchers were not redeemed, despite apparently selling out within 90 minutes of their release. In other words, most of the vouchers were not used, but thousands of willing customers missed out. My question to the Treasurer is: how can the government make sure that in this second allocation all available vouchers are redeemed and that, if vouchers are not used, they are reallocated to other potential customers to ensure a full take-up of the scheme?

The Hon. R.I. LUCAS (Treasurer) (15:06): I am delighted to respond to this particular question. This is a very significant initiative of the minister and the government in relation to an industry sector which has been clearly impacted by COVID-19 to a very significant degree. The experience in the other jurisdictions prior to the government announcing the first round—I think that was the Northern Territory and Tasmania—was very similar. That is, I think Tasmania sold out, if we can use that phrase, within 38 minutes, I think Premier Gutwein advised me, of them opening, but the percentage of those that were redeemed was a low percentage in terms of the total quantum.

Their advice to us and, I assume, the advice of the Northern Territory, although I didn't have any direct contact with anyone from the territory, was that essentially you can give a commitment, which is what we have done, to any unexpended portion of the allocation being reallocated for a further round, which is exactly what the government has done.

There are plausible and understandable reasons why the people who sign up quickly for it find that the particular nights that they were seeking don't suit. That is, they might have been looking to come to Adelaide or go to a region on a Friday night for a 50th wedding anniversary or a 40th birthday celebration, or whatever it is. When they find that that particular Friday night has already been used up in terms of the allocation and they are given the opportunity of a different Friday night, or whatever it is, they say, not unreasonably, 'That just doesn't suit. We are not going to take up that particular offer.' They are, nevertheless, one of the ones who were originally taking up an allocation.

What we did find was that a number of the locations were more popular than others, and therefore the allocated rooms were used up very quickly. Some of the sites were inundated with requests from potential customers to redeem, and they have certainly learned from the experience that they are going to have to be better ready for the initial onslaught of people wanting to redeem their vouchers.

I think the industry sector is much better the second time around in terms of being prepared; that is, hotels are going to need to be better prepared. I think tourism and the government are better understanding of, 'Let's be clearer on the number of rooms and those sorts of things so we can share more information in relation to the flexibility.' I understand that the second time around—and I am not the minister responsible for this—there is a wider group of hotels and accommodation options that might be available. Some new ones came onstream after the first round. If that's not correct, I will correct the record, but that's my understanding, so I think there is certainly more experience in relation to that.

I am also the chair of the government communications committee. One of the issues we raised with them was we really didn't think that you had to do too much in terms of advertising the availability. What we needed to do was to spend more money in direct communications to the people we know have signed up, to maximise those who actually redeem—that is, if their first option is not there, try to encourage them to look at another option in relation to it—and cross-promote various other events that the state seeks to promote, whether it be the Festival, whether it be the Fringe or whether it be the cycling race in January; that is, cross-promote other tourism options that we have, to encourage people to think about maybe not just their 50th wedding anniversary but coming to Adelaide for some other event or circumstance as well.

So there is a lot of work going into trying to increase the percentage of those who sign up to redeem, but the reality is that all of the schemes demonstrate, for some understandable reasons, that people who sign up find in the end that the particular nights that they want are not available or the particular accommodation options are sold out too quickly and they are not interested in the other accommodation options.

In particular, I think of the excitement about the Adelaide Oval Hotel, which I am sure all members are very excited about here in this chamber, but also, I understand, probably new options like the Casino, which is called Eos. I always think about Eros instead of Eos, so that's my first port of call. I am advised that it's Eos—I think I have pronounced that correctly. Have I?

An honourable member: Yes, Eos.

The Hon. R.I. LUCAS: Eos, yes. My tourism and cultural advisers behind me have said that it's Eos, a new option that is being promoted broadly at the moment in terms of options. I think that clearly will be one of the options a lot of the people will be interested in, that is, a new accommodation option, etc. There are other accommodation options that are new in the CBD, which I am sure will attract some interest as well, but once those rooms are allocated people then lose some interest in terms of the other accommodation options.

It's a very important question from the honourable member. If there is any further information the minister can provide I will take it on notice, but I suspect the answer I have given is as much as I can probably give at this particular stage.

The PRESIDENT: The Hon. Mr Parnell has a supplementary.

GREAT STATE VOUCHER SCHEME

The Hon. M.C. PARNELL (15:12): I thank the minister for the answer. In relation to those people who do take vouchers and then realise that it's not going to work for them, has any consideration been given to them being able to hand them back, as it were, so the government could reallocate them to people who might have just missed out? In other words, if the government kept a waiting list of people who weren't successful in the first 90 minutes—I think that was the experience last time—could there be a subsequent allocation?

The Hon. R.I. LUCAS (Treasurer) (15:12): I am happy to take that on notice. The commitment I have given as Treasurer is that if there's any unexpended portion from the first round we will do it for the second round. The member is raising the question of can we, within the second round, reallocate? I will take that on notice to see whether there is some mechanism where that's possible, but I am prepared to give the commitment again, as Treasurer, that if there is any unexpended portion from the third round we are not looking to retrieve that back into the budget.

I am quite happy to give an assurance that there will be further funding in relation to whether they want to tweak that round within the round, extend it or indeed spend it in some way in terms of promoting the tourism sector. It will be money that stays within the tourism budget broadly.

GREAT STATE VOUCHER SCHEME

The Hon. I.K. HUNTER (15:13): Treasurer, are you seriously asking the chamber to consider a 50 per cent failure rate in a government program as an astounding success?

The Hon. R.I. LUCAS (Treasurer) (15:13): I am seriously saying that a 50 per cent success rate is a very good rate.

GREAT STATE VOUCHER SCHEME

The Hon. J.E. HANSON (15:13): Supplementary: given that South Australia is around about seven times smaller than the Northern Territory, and the Northern Territory has put around about $16.2 million into their voucher program, which allows you to book accommodation, meals and all that—

The PRESIDENT: Question please, the Hon. Mr Hanson.

The Hon. J.E. HANSON: —and given that we are competing with the Northern Territory—

The PRESIDENT: Question.

The Hon. J.E. HANSON: —does he think the voucher scheme is actually even going to work, given it's so popular but has a 50 per cent failure rate?

The PRESIDENT: The Treasurer has the call. I am sure he will be concise in his answer, because we need to move on.

The Hon. R.I. LUCAS (Treasurer) (15:14): My answer will be shorter than his question, I suspect. It's been an enormously successful program and we are happy to continue it.

CORONAVIRUS, HOTEL QUARANTINE WORKERS

The Hon. R.P. WORTLEY (15:14): My question is to the Minister for Health and Wellbeing regarding public health. Will the minister advise the chamber who are the three subcontractor security firms working for MSS Security that provided private security guards in hotel quarantine?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:14): You will be delighted to know that that was a question I took on notice in the estimates committee, and I am sure the answer is being prepared as we speak. I will be delighted to provide a copy to the honourable member.

Members interjecting:

The PRESIDENT: Order! The Hon. Terry Stephens has the call.

CORONAVIRUS

The Hon. T.J. STEPHENS (15:15): My question is to the—

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Stephens has the call.

The Hon. T.J. STEPHENS: Thanks, Mr President.

Members interjecting:

The PRESIDENT: Order! The Hon. Mr Stephens will be heard in silence.

The Hon. T.J. STEPHENS: My question is to the Minister for Health and Wellbeing. Will the minister update the council on the government's response to the COVID-19 pandemic?

Members interjecting:

The PRESIDENT: Order! The honourable minister has the call. The minister is not being helped by members on his own side either. The minister has the call.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:15): I only heard people from the other side laughing, which is actually quite typical. We are about nine months into a COVID pandemic. They spent months—

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: It took months before they even asked a question about the COVID pandemic. They tried to stop the Chief Public Health Officer appearing before the Budget and Finance Committee, so let's be clear.

Members interjecting:

The PRESIDENT: Order! I want to hear the minister.

The Hon. R.P. Wortley interjecting:

The PRESIDENT: The Hon. Mr Wortley should know better.

The Hon. D.W. Ridgway interjecting:

The PRESIDENT: The Hon. Mr Ridgway is not helping either. The minister has the call and will be heard in silence.

The Hon. K.J. Maher interjecting:

The PRESIDENT: Order! The Leader of the Opposition is out of order. There will be no conversations between the Leader of the Opposition and the Hon. Mr Ridgway.

Members interjecting:

The PRESIDENT: Order!

The Hon. S.G. WADE: Since the beginning of the COVID-19 pandemic the Marshall Liberal government has been working hard to protect the health and wellbeing of South Australians. A key part of this protection was to restrict travel into South Australia, and on 24 March the first cross-border travel direction was signed into effect by the State Coordinator, Commissioner Grant Stevens.

The Premier said that we do not want to have border restrictions in place a day longer than we need to and today, 252 days later, South Australia is lifting the border restrictions with Victoria, the last Australian jurisdiction with which we had restricted travel. We are grateful to all South Australians for their patience during this time, and we are delighted to welcome travellers from all states and territories who are no longer required to isolate for 14 days.

Following Australia's initial success in halting the spread of COVID-19 in Australia, it was hoped that from 20 July this year travellers from anywhere within Australia would no longer be required to isolate upon entry to South Australia. However, the outbreak in Victoria presented concern for our public health experts, who duly recommended that the border restrictions remain in place until the outbreak was contained. On 29 July 2020, a day which saw more than 600 new cases recorded in Victoria, a hard border was imposed to prohibit entry into South Australia from Victoria. It is noteworthy that that one-day tally is larger than our pandemic long total.

At the time we had already lifted our borders to all other jurisdictions other than New South Wales and the Australian Capital Territory. At this time 21 roads were listed as permitted routes to enter South Australia, requiring a significant effort by SA Police, with support from the Australian Defence Force, to establish hard roadblocks on the prohibited roads and to erect shelters and powered sites at checkpoints.

SA Pathology has continued to provide a world-class testing regime throughout the pandemic, meeting unprecedented demand during this current Parafield cluster. SA Pathology's frontline staff also played a significant role at a number of border checkpoints over recent months, screening and obtaining COVID-19 swabs from essential travellers and cross-border community members.

I visited the border checkpoint at Glenburnie on the Princes Highway near Mount Gambier on 4 August and was able to see firsthand the extraordinary efforts of our SA Pathology nurses, who would not normally be stationed at remote border checkouts in the course of their duties. I would like to sincerely thank the border checkpoint staff from SA Pathology, SA Police and the ADF, those who worked at Adelaide Airport and those throughout the South-East. These frontline workers showed dedication and professionalism and played a vital role in keeping South Australians safe.

Today marks the end of border restrictions on the South Australian side, a milestone which will bring great relief to cross-border community members, who have endured significant inconvenience and disruption to their daily lives. The border restrictions have had a significant impact on loved ones who were separated or dislocated, often during times of tragedy and loss. I thank all South Australians for their understanding while these unprecedented measures were in place and share their gratitude for the lifting of restrictions today.

LAND TAX

The Hon. F. PANGALLO (15:20): My question is to the Treasurer. Is the Treasurer considering introducing a broad-based land tax to replace stamp duty, as was announced by New South Wales recently and considering Treasury used New South Wales as a model when introducing its controversial land tax last year?

The Hon. R.I. LUCAS (Treasurer) (15:20): No, Mr President.

CORONAVIRUS, HOTEL QUARANTINE

The Hon. J.E. HANSON (15:20): My questions are to the Minister for Health and Wellbeing regarding public health. My first question is: per recommendation 7 in your report and, like what exists currently in Victoria, will the minister require that all people working in our hotel quarantine program will be employed by or directly contracted by the state government? Secondly, will the minister also establish a dedicated agency with clear lines of accountability for hotel quarantine, and if not to either of those questions, why not?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:21): As I said in answer to an earlier question, the South Australian government and its agencies are working extremely collaboratively in the delivery of the medi-hotel initiative. We have continued to draw on the independent national audits and the Victorian review, and we are seeking the advice of the AHPPC. Some of the advice we are seeking from the AHPPC is on risk mitigation strategies that we have already announced. We are open to their feedback on those.

In relation to the honourable member's question, one of those risk mitigation strategies is that we have decided that staff working at the dedicated facility for positive COVID cases will not be deployed to another medi-hotel or high-risk environment, including aged-care facilities, correctional facilities and hospitals. In terms of the suggestion in the Victorian review in terms of a dedicated agency, as I said, we have sought the advice from AHPPC. We are looking forward to receiving that.

STATE BUDGET

The Hon. D.G.E. HOOD (15:23): My question is to the Treasurer. Will the Treasurer outline the initial reaction from relevant stakeholders to the budget that was recently handed down?

The Hon. R.I. LUCAS (Treasurer) (15:23): Time doesn't permit me to go across the ambit, so I will try to be as short as possible. The government I don't think has been congratulated by so many stakeholders for any budget that I have ever been associated with or ever observed, and I think that's probably a natural corollary of the fact that we are spending more money than any government, past or present, has ever done in terms of new projects and programs.

I won't go through the broad range of new projects and programs that were outlined in the budget speech, but it is fair to say that a whole variety of stakeholders right across the board, not just business organisations but a number of non-government organisations and the like, have been very excited by a range of new projects and programs in very many spending portfolios right across the board.

I do want to highlight just a couple of sectors. I think the construction sector—it is self-evident and I won't go into detail, but HomeBuilder has been enormously important. But what is going to be important is the housing stimulus that follows HomeBuilder. Given the announcements on the weekend, it may well be that that stimulus is not required until late next year or even early 2022.

There is an inevitable bring-forward in terms of residential housing with these sorts of HomeBuilder schemes, and the government's program support will be important for the sector post the peak of the HomeBuilder scheme. The construction industry generally will be very significantly advantaged by the $16.7 billion record public sector infrastructure program but, again, as we go past the peak it is going to be important to seek to manage it.

What I did want to address in terms of the response are the ongoing challenges for the tourism, hospitality and travel sector in particular. There are a number of hardworking national and South Australian businesses, in the travel sector in particular, that have really been struggling. I was delighted that after a number of weeks the commonwealth government has announced, as recently as today, a very significant travel sector support package, which I think provides individual grants of up to $100,000 for travel agencies and smaller grants to as low as $1,500 subject to certain eligibility criteria.

Some in the travel sector are struggling and we are assisting with our land tax support arrangements, which I have spoken about before, and our small business grants schemes, supporting in a smaller way some small businesses. I think people within this particular sector will become aware, but need to be made aware, that the very significant payroll tax initiatives the government has introduced in this budget will be of significant benefit to a number of people within

this particular sector, and also the tourism and hospitality sectors. That is, the abolition of payroll tax for any small business under $4 million for 15 months from April through to June of next year will be a significant incentive or assistance to people who have been massively impacted in this particular sector.

Even more significantly, for some of the bigger travel agencies and hospitality businesses that are over $4 million in payroll that remain COVID-impacted, this budget introduces a six-month waiver of payroll tax for those businesses from January through to June next year. In one or two cases, rough back of the envelope calculations that Treasury has done for me indicates that some of our bigger businesses might benefit to the tune of up to a couple of hundred thousand dollars in terms of payroll tax reductions.

People need to be aware—and whilst it is, at the moment, a pessimistic outlook for those within the travel sector, tourism and hospitality, I think that is a very tangible sign of state government funded assistance, together with the federal government assistance which has been announced today.

Finally, I think the increasingly optimistic signs of the arrival of vaccines internationally and in Australia—certainly much sooner than I ever even contemplated—means that we are ever-hopeful that the arrival of those vaccines in a broad way in the national and international economy will hopefully assist some of these struggling businesses that rely very much on much more open borders in terms of travel.

CORONAVIRUS TESTING

The Hon. T.A. FRANKS (15:28): I seek leave to make brief explanation before asking the Minister for Health and Wellbeing a question about COVID communication.

Leave granted.

The Hon. T.A. FRANKS: It has come to my attention that through the communication channel Overheard at Flinders University there is a variety of messages going around. Yesterday, the Flinders Medical Centre sent an email which stated that a decision had been made from a SALHN perspective that:

> ALL Flinders University students who are currently on placement will need to go to the COVID Clinic and undertake a swab and then are to be sent home until further notice.
>
> Effective IMMEDIATELY, all Flinders University PLACEMENTS SMGP and COCE are cancelled until further notice.
>
> If any students present they will be sent to the COVID clinic for testing and sent home.

Apologies are made by the Flinders Medical Centre management for the changing circumstances but this is their decree. This has caused confusion with a range of other local health networks. I note that there have been posts from those at The QEH, the RAH and the Women's and Children's hospitals that their students are still to attend and complete their placements. However, a Flinders staff member has said:

> I'm literally sitting in FMC right now for an appointment. My student midwife wasn't able to attend, but we were told only Sturt students were not allowed, and my actual obstetrician said she thought they had exemptions for students on pracs if they hadn't been on campus during the relevant dates.

However, the practice seems to be that Sturt, Tonsley and Bedford Park students are all being sent for a COVID test and sent home. My question to the Minister for Health and Wellbeing is: if the health sector isn't able to get this right, then how can you possibly expect the community to?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:30): I will make two points in response to that. I will seek advice from SALHN as to the basis for their advice, but every employer has a responsibility to protect the health and safety of their employees, and COVID is no different.

I suppose one of the issues with the placements, as you were talking about group work, is if you are talking about people potentially coming together that may well be a part of the consideration. The second point I will make is that one of the characteristics of the pandemic is that it is dynamic, and the Sturt campus situation is a good example of that.

The Hon. T.A. Franks: This is Tonsley and Flinders more broadly, not just the Sturt campus. They—

The PRESIDENT: The minister is on his feet.

The Hon. S.G. WADE: I am actually trying to address the honourable member's question, if she could allow me to draw the link. My understanding is that at the end of the first week of the Parafield cluster there was a single case linked to the school on the Flinders campus, and at that stage my understanding is that the—

The Hon. T.A. Franks: The Sturt campus, not Flinders; not the Flinders campus.

The PRESIDENT: Order! The minister is answering the question.

The Hon. T.A. Franks: Incorrectly.

The PRESIDENT: Order! The minister—

The Hon. T.A. Franks interjecting:

The PRESIDENT: Order! The minister is answering the question and he will be heard in silence.

The Hon. S.G. WADE: Obviously, the member has little interest in an explanation. All I will say is that at the earliest stages—

The Hon. T.A. FRANKS: Point of order, Mr President.

The Hon. S.G. WADE: You are not giving me a chance to answer the question—

The PRESIDENT: Resume your seat, minister. The point of order, Hon. Ms Franks?

Members interjecting:

The PRESIDENT: Order, on both sides! I would like to hear the point of order from the Hon. Ms Franks.

The Hon. T.A. FRANKS: The member characterised my interest. I have great interest, so he has mischaracterised my intention.

The PRESIDENT: There is no point of order, but the minister is going to conclude his response, I am sure. I call for the minister to be heard in silence.

The Hon. S.G. WADE: I will do it quickly, and make the point that public health advice developed over time as more cases were identified at the Sturt campus of the Flinders University.

The Hon. T.A. Franks interjecting:

The PRESIDENT: Order! The time for questions is concluded.

Bills

APPROPRIATION BILL 2020

Introduction and First Reading

Received from the House of Assembly and read a first time.

Second Reading

The Hon. R.I. LUCAS (Treasurer) (15:34): I move:

That this bill be now read a second time.

Mr President, all members have a copy of the budget speech, which has been made available by way of distributed copies last week or the week before, whenever the budget was introduced, so I seek leave to have the explanation of clauses inserted in *Hansard* without my reading it.

Leave granted.

Explanation of Clauses

1—Short title

This clause is formal.

2—Commencement

This clause provides for the Bill to operate retrospectively to 1 July 2020. Until the Bill is passed, expenditure is financed from appropriation authority provided by the *Supply Act*.

3—Interpretation

This clause provides relevant definitions.

4—Issue and application of money

This clause provides for the issue and application of the sums shown in Schedule 1 to the Bill. Subsection (2) makes it clear that the appropriation authority provided by the *Supply Act* is superseded by this Bill.

5—Application of money if functions or duties of agency are transferred

This clause is designed to ensure that where Parliament has appropriated funds to an agency to enable it to carry out particular functions or duties and those functions or duties become the responsibility of another agency, the funds may be used by the responsible agency in accordance with Parliament's original intentions without further appropriation.

6—Expenditure from Hospitals Fund

This clause provides authority for the Treasurer to issue and apply money from the Hospitals Fund for the provision of facilities in public hospitals.

7—Additional appropriation under other Acts

This clause makes it clear that appropriation authority provided by this Bill is additional to authority provided in other Acts of Parliament, except, of course, in the *Supply Act*.

8—Overdraft limit

This sets a limit of $150 million on the amount which the Government may borrow by way of overdraft.

Schedule 1—Amounts proposed to be expended from the Consolidated Account during the financial year ending 30 June 2021

Debate adjourned on motion of Hon. T.T. Ngo.

SPENT CONVICTIONS (DECRIMINALISED OFFENCES) AMENDMENT BILL

Final Stages

The House of Assembly agreed to the bill without any amendment.

Parliamentary Committees

BUDGET AND FINANCE COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (15:35): I move:

That the time for bringing up the committee's report be extended until Tuesday 30 March 2021.

Motion carried.

Bills

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 15 October 2020.)

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:37): I will briefly thank honourable members for their contributions. I do not propose to delay the committee stage of the consideration of the bill. I think it is best to address each of the issues raised by honourable members when the relevant clause is considered by the council.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. K.J. MAHER: I have quite a number of questions that I propose to ask at clause 1 that I think traverse different aspects of this bill and how the scheme in total works, so I might get started with the questions. Minister, what has been the cost per annum for board members' fees?

The Hon. S.G. WADE: I do not have that figure with me.

The Hon. K.J. MAHER: Is the minister proposing that that question will never be answered or is he proposing that he will take that on notice?

The Hon. S.G. WADE: I am happy to take it on notice. If I could make clear that the fees for the boards are gazetted, but I am still happy to take it on notice.

The Hon. K.J. MAHER: As the minister has taken it on notice, can he also take on notice, as well as the annual total cost for board member fees, what has been the total cost for fees since the beginning of this reform process?

The Hon. S.G. WADE: The boards were established formally from 1 July 2019, so they have only had one full financial year so far.

The Hon. K.J. MAHER: Can the minister also take on notice what the total cost has been for all public sector staff who are working as governance or secretariat staff for local health network boards?

The Hon. S.G. WADE: Yes.

The Hon. K.J. MAHER: Can you take on notice what the total cost is for all non-staff costs in relation to the boards across health networks, including travel, meeting fees, catering, functions and expenses?

The Hon. S.G. WADE: Yes.

The Hon. K.J. MAHER: Can the minister, I assume on notice as well, advise what the cost is for departmental staff who have worked on the governance reform as a total cost? I might just ask these rather than have the minister stand up after each question.

The Hon. S.G. WADE: With all due respect, I will make best efforts on that one, but that one is a relatively vague question. Considering the member's concern is perhaps a misuse of government resources, I do not want the answer to the question to become exactly that.

The Hon. K.J. MAHER: This might be an easier question as well for the minister to take on notice: have any contracts been issued with consultants or other contractors in relation to the governance reform process, and can the minister outline what those contracts are and what the cost has been?

The Hon. S.G. WADE: I am happy to do so.

The Hon. K.J. MAHER: In relation to distribution between local health networks, I think the minister has claimed a figure in recent times of an introduction of 600 additional clinicians since taking office. Can the minister confirm that and can he confirm whether they are additional FTEs, which LHNs they are for and what are the clinicians' roles, i.e., a breakdown of doctors, nurses and whatever else is included as 'clinicians' in that figure that has been bandied about of 600?

The Hon. S.G. WADE: I am happy to take that on notice. I would make the point that my understanding is that is not a reference to FTE, that is a reference to head count.

The Hon. K.J. MAHER: In relation to that 600 head count, can the minister also take on notice the year-on-year difference since the end of the 2017 financial year for those figures?

The Hon. S.G. WADE: With all due respect, this is not to do with governance. The honourable member is wanting to wander into estimates. I would suggest that he might either ask that in question time or, shall we say, in the Auditor-General's considerations or whatever.

The Hon. K.J. MAHER: In relation to distribution across the local health networks, which the boards set the structure for, can the minister outline which local health networks in particular have received the increase that the minister claims of $20 million funding for mental health?

The Hon. S.G. WADE: This does remind me of the House of Assembly estimates committee discussion last week. I think there are two points to be made. There is both earmarked mental health initiative funding, such as the Urgent Mental Health Care Centre that is being established, and there is also activity-based funding, and of course activity-based funding relates to mental health as well. I am more than happy to provide further information to the honourable member.

The Hon. K.J. MAHER: In relation to service level agreements with local health networks, is the minister able to inform the committee how many of the 2020-21 service level agreements have been signed with governing boards?

The Hon. S.G. WADE: I am advised thus far, six.

The Hon. K.J. MAHER: If six have been signed, can the minister then outline which of the local health networks have not signed those service level agreements?

The Hon. S.G. WADE: My understanding is that the Central Adelaide Local Health Network, the Flinders and Upper North Local Health Network, the Northern Adelaide Local Health Network and the Women's and Children's Health Network have not signed their service agreements at this stage.

The Hon. K.J. MAHER: Does the minister have any information as to why those four LHNs have refused to sign their service level agreement to date?

The Hon. S.G. WADE: I do not have that information with me.

The Hon. K.J. MAHER: Just to be clear, have none of those boards or the board chairs expressed concerns directly to the minister?

The Hon. S.G. WADE: Service level agreement negotiations are primarily between the department and the local health network. Most of the concerns that have been raised with me by board chairs in relation to the service level agreements have been in relation to the service level agreement processes. They are very keen that the process is collaborative and that not only management but also the board are engaged in the process.

The Hon. K.J. MAHER: Can the minister outline concerns that any board chairs have expressed about the process in terms of service level agreements?

The Hon. S.G. WADE: One of them, for example, is the template. The view is that the template being used was far too bulky and cumbersome, and significant improvements have been made in the current year.

The Hon. K.J. MAHER: Has the minister any information as to when it is expected the Central Adelaide Local Health Network service level agreement will be signed?

The Hon. S.G. WADE: I do not recall any suggestion having been made to me on that.

The Hon. K.J. MAHER: Can the minister let the committee know what the consequence is if a service level agreement is not signed?

The Hon. S.G. WADE: I am advised that, even if a service level agreement has not been signed, under the governance and management arrangements, particularly section 33 of the act, the boards still have a statutory responsibility to manage the operations of the incorporated hospitals efficiently, effectively and economically. They have a responsibility to manage their budgets so that performance targets are met and hospital resources are applied equitably. In that context, service level agreements are a document which help crystallise what that means for that particular network.

The Hon. K.J. MAHER: I thank the minister for his informative answer. Are service level agreements renegotiated every financial year for each LHN?

The Hon. S.G. WADE: Yes, they are. They are actually an obligation under the National Health Reform Agreement.

The Hon. K.J. MAHER: For the 2019-20 year, are there any service level agreements that are not completely signed and signed off?

The Hon. S.G. WADE: There were a number that were left unsigned. My understanding is that the LHNs and the department agreed that it would be better to work on the next year's rather than go back and work on last year's.

The Hon. K.J. MAHER: For that 2019-20 year, can the minister outline which agreements were left unsigned for that year?

The Hon. S.G. WADE: I am advised that it was the three metropolitan and one statewide, that being the Women's and Children's Health Network.

The Hon. K.J. MAHER: So the agreements of three metropolitan and the statewide, as I understand the minister's answer, were not signed for the 2019-20 year. I think it was Central Adelaide, Northern Adelaide, Flinders and Upper North and Women's and Children's that are not yet signed for this year. Is it right that three of the four that were not signed—

The Hon. S.G. WADE: Can you just hold for a second? I think I might have misled you on an earlier answer. If I could go back to an earlier answer, we answered it by contrasting it with the list of ones that had been signed, but I have given you a mistranscription there. The local health networks that have not signed 2020-21 service agreements, I am advised, are the Central Adelaide, Flinders and Upper North, Yorke and Northern, and Women's and Children's.

The Hon. K.J. MAHER: I think the difference was that it was the Northern Adelaide rather than the Yorke and Northern—that was the mistranslation there. Can I check whether is it right that the Central Adelaide and the Women's and Children's are those that had not signed in 2019-20 and still have not signed in 2020-21? Do I have that right?

The Hon. S.G. WADE: I think that is correct.

The Hon. K.J. MAHER: Is there a power for the minister or the chief executive to issue a direction that a service level agreement come into force and be taken as signed?

The Hon. S.G. WADE: Under the current act, no.

The Hon. K.J. MAHER: This goes back to something the minister spoke about a few questions ago, that is, the consequences of an agreement not being signed. What are the ramifications, in terms of national funding and national reform agreements, if these agreements are not signed?

The Hon. S.G. WADE: My understanding is that it does not have an impact on commonwealth payments. It does not have an impact.

The Hon. K.J. MAHER: Is there a possibility, for example, with the Central Adelaide Local Health Network and the Women's and Children's Health Network that agreements will not be signed for two years in a row? Is there any consequence if that happens?

The Hon. S.G. WADE: I am advised there are no direct consequences.

The Hon. K.J. MAHER: I think this will be the last question on the agreements. Is the minister concerned that for two very large and important local health networks agreements have not been reached for two years in a row at this stage?

The Hon. S.G. WADE: I am not going to start commenting on this financial year. This financial year is work underway. What I am pleased with is that the information available to me suggests there have been significant improvements in the way the government's relationship with the department and the boards is evolving, and service level agreement improvement is an important part of that. I am optimistic that the service level agreement and the relationship generally will continue to improve.

The Hon. K.J. MAHER: Just to clarify, the minister holds no concerns in relation to the failure to sign service level agreements with the Central Adelaide Local Health Network or the Women's and Children's Health Network.

The Hon. S.G. WADE: Of course I would like all service agreements to be signed. What I was talking about is the process more generally. I think there have been significant improvements, and I am sure improvements will continue.

The Hon. K.J. MAHER: This is definitely the final question on this now. What steps have the minister or his department taken to encourage the signing of agreements, particularly with the two with which agreements were not signed last year?

The Hon. S.G. WADE: The whole point is that the agreements are a discussion between the local health networks and the department in its commissioning role. The department inherently is in that conversation and is seeking to bring a mutually agreed final version.

The Hon. K.J. MAHER: Is the minister able to inform the committee which of the boards currently have vacancies and how many vacancies there are for each board at this point in time?

The Hon. S.G. WADE: The boards under the legislation are required to have between six and eight members, and there is only one board below that statutory minimum, which is Yorke and Northern, and steps are underway to have that vacancy filled.

The Hon. K.J. MAHER: For the Yorke and Northern Local Health Network board, for how long has that vacancy that has taken it below the statutory minimum of six been the case, and what are the consequences for decisions a board makes when it is below the statutory minimum?

The Hon. S.G. WADE: I am advised that, pursuant to section 6 of schedule 3 of the Health Care Act, which schedule relates to governing boards for incorporated hospitals, an act or proceeding of a governing board is not invalid by reason only of a vacancy in its membership or a defect in the appointment of a member. In September, a process was initiated to seek additional governing board members, and it is the government's intention not only to fill that vacancy but also to establish a pool of suitable candidates for future appointments.

The Hon. K.J. MAHER: The minister has informed the committee that currently it is the Yorke and Northern Local Health Network that has fallen below the minimum legislated requirement of six members. Has there been at any point in time in the past since the current governing board arrangements were put in place by this government a time when other boards have not met the minimum of six members?

The Hon. S.G. WADE: That is a question such that we would need to take it on notice and consult our records.

The Hon. K.J. MAHER: Is the minister aware of any advice that any board members or chairs currently serving on a local health network may not meet the eligibility criteria as they currently stand without the amendments being proposed?

The Hon. S.G. WADE: No.

The Hon. K.J. MAHER: Are there any specific individuals the government has in mind to appoint to local health network boards or as chairs who would be excluded under the current eligibility requirement that would meet the government's proposed expansion of eligibility?

The Hon. S.G. WADE: Not that I am aware of.

The Hon. K.J. MAHER: To be very clear on this one, is the minister saying that he is not aware of or that he is not aware of any discussions that have occurred between individuals who do not meet the current criteria but may meet the expanded criteria for proposed appointment to boards or as chairs?

The Hon. S.G. WADE: I am not aware of any candidate who is waiting in the wings to be appointable with the passage of this legislation. I am sure in the past there have been discussions about eligibility, because the sorts of cases that have prompted this amendment have been as a result of officers being aware of people presumably making inquiries and not being considered eligible.

The Hon. K.J. MAHER: I thank the minister for his response. Does the minister have any advice as to how many individuals have either made inquiries or been approached that have not met the current eligibility criteria but may meet the expanded ones?

The Hon. S.G. WADE: I do not have that information.

The Hon. K.J. MAHER: Is the minister able to take that on notice?

The Hon. S.G. WADE: To be honest, it is a broad question, and if those discussions took place they may well have been casual conversations. They may not have been recorded.

The Hon. K.J. MAHER: I appreciate that and understand that not all conversations will be recorded and documented and required to be kept as records under the State Records Act, but as far as is possible—and I do take that caveat into account—is the minister able to see if there are such records?

The Hon. S.G. WADE: In the spirit of the committee could I suggest I will not take on notice the number, but I will ask officers if they could identify any relevant information.

The Hon. K.J. MAHER: I thank the minister for his cooperation. Is the minister able to outline for the benefit of the committee, and as we come to consider the clauses of this bill, what the current requirements are for the publishing of board minutes?

The Hon. S.G. WADE: I believe we are wandering into clause matters. It is one thing to talk about general resourcing issues that, if you like, undergird the act and the bill. Having put the committee on notice that I think we should be moving on, I am advised—again, it is schedule 3, section 8(7):

> A governing board must have accurate minutes kept of its meetings and must, within 7 days of a meeting, publish the approved minutes of the meeting on a website accessible by the public at no charge.

The Hon. K.J. MAHER: I thank the minister for his information. Have all boards complied with that seven-day requirement for the publishing of their board minutes?

The Hon. S.G. WADE: I do not have figures on that.

The Hon. K.J. MAHER: Just to check for the sake of clarity, the minister—or in the advice the minister has access to—is not aware of any instances where that seven-day requirement has not been met?

The Hon. S.G. WADE: That was a very different question the second time round. Let me say that we do not have statistics to indicate what percentage of minutes are posted in accordance with that clause.

The Hon. K.J. MAHER: I thank the minister for his answer to the 'very different question'. It was a good answer, but not quite the answer to the question that was asked. Is the minister aware of any instance or does the minister have any advice to suggest there are any instances where that requirement for minutes to be published within seven days is not being met? It might be easier to ask the second part of that question with it: and what consequences flow if that has happened?

The Hon. S.G. WADE: I am advised that we are not aware of any instances of noncompliance, but I would underscore again there is no compliance data in relation to that provision. The second question was the consequences?

The Hon. K.J. MAHER: Yes.

The Hon. S.G. WADE: It would be a technical breach of the legislation and, of course, in the whole context that may be significant, but there are no direct consequences.

The CHAIR: Before I call the Leader, we are still on clause 1. I am keen to continue so I will call the Leader and then I will go to the Hon. Ms Bonaros.

The Hon. K.J. MAHER: It may help, Mr Chair, but I outlined at the start that there will be quite a few questions at clause 1 that traverse how the scheme of local health networks operate, and there will be fewer as we come to the clauses.

The CHAIR: Sure.

The Hon. K.J. MAHER: This will be the final question on board minutes. Is the minister able to take on notice whether it is possible that there is data that regularly reports on the compliance with things like adherence to the seven-day board minute publishing? There may well be some reason why that is not possible, but is the minister able to take on notice whether it is possible to do that?

The Hon. S.G. WADE: Just to clarify, I am certainly willing to take on notice clarification to confirm whether or not there are statistics held on compliance with schedule 3, section 8(7).

The Hon. K.J. MAHER: Is there any information the minister has available to him to indicate whether the ICAC task force has made any recommendations for any amendments to this act and to the local health network scheme regarding the improvement of governance to prevent corruption or maladministration?

The Hon. S.G. WADE: I am advised there were no formal submissions in the context of the bill consultation but, of course, a number of our senior leadership are involved in that work and it may well have been that they drew on their learnings in that process to inform the development of this.

The Hon. K.J. MAHER: I have a series of questions on the Mental Health Commission that I am happy to ask, but I do appreciate that I have been asking questions on clause 1 for some time, so I am happy to go through those questions or happy to—

The Hon. S.G. WADE: I am prepared to do them at clause—

The Hon. K.J. MAHER: Or if other members want to ask some of those sorts of questions now, but I am happy to ask.

The Hon. C. BONAROS: I want to ask a follow-up question in relation to the Central Adelaide Local Health Network and the Women's and Children's Health Network, and the 2019-20, 2020-21 years. Just to confirm, there was no service agreement in place for 2019-20, and not one for 2020-21 as yet?

The Hon. S.G. WADE: As yet.

The Hon. C. BONAROS: As yet—we are working on that. I am not sure if I missed this, but did the minister provide us with the reasons why that is the case in both those instances?

The Hon. S.G. WADE: I am certainly happy to seek that information but I have no specific information as to the reason why.

The Hon. K.J. MAHER: How many staff worked directly for the then full-time Mental Health Commissioner before there were changes to the role and the creation of three part-time commissioners? How many staff were there when the role of Mental Health Commissioner was full time?

The Hon. S.G. WADE: We do not have that information. I am happy to take it on notice.

The Hon. K.J. MAHER: Can the minister also take on notice how many staff currently operate under the current model of three part-time commissioners; that is, staff who work there, not seconded from other parts of the department but directly under the commission? Can the minister let us know whether that is head count or FTEs—it will be obvious from the comparison of the two—and also how that has changed since the changes were made.

The Hon. S.G. WADE: I do not have that information available. Could I just indicate that this is a question that relates to an amendment where the opposition seeks to insert the Mental Health Commission into this act. It is the government's view that this bill is not about the Mental Health Commission.

The Hon. T.A. FRANKS: I will just add that it is also the view of the Greens that the Mental Health Commission is not in the purview of this act.

The Hon. C. BONAROS: I want to go back to my previous question in relation to those service agreements. At the moment, those agreements are implemented by way of administrative arrangements; is that not the case?

The Hon. S.G. WADE: No; I think I would characterise it this way—sorry, do you mean before this act is passed? Sorry; yes, indeed. I think they are actually called service agreements but they are also sometimes called service level agreements—they are the same thing—and they have been in place since the boards were established. In fact, I think they predate the boards.

Up to this point they have had only moral suasion, so when this government committed to establishing a performance and accountability framework through a second bill, one of the key things was to legislate for the service level agreements. To address the issue flagged by the honourable

leader earlier, it is certainly the expectation of the government that we will continue to have improvements to the process and continue to have more local health networks sign the agreement—and, hopefully, sign them earlier.

The Hon. C. BONAROS: Thank you for that clarification. I will just focus on those two again, the CALHN and the Women's and Children's Health Network. If we do not have a service agreement under those—we will call them 'administrative arrangements'—and there is nothing in the bill that would force one of those arrangements to come into place under the current bill if it were not agreed to—I think that was the answer from the minister in relation to one of the questions—

The Hon. S.G. WADE: I do not think that question has been asked. Let me answer that one.

The Hon. C. BONAROS: I would like you to answer that one. I suppose the other thing is, does the minister expect that the framework he is providing through this will help focus the attention of those who are supposed to be entering into these agreements?

Are we dealing with a situation where we have scenarios where those agreements are not being entered into and there is a bit of frustration there because they are not being entered into? Does this bill go any way to addressing that by focusing the mind of those individuals who are supposed to be entering into these agreements by providing guidelines, if you like, in terms of what is anticipated will be covered in those agreements?

The Hon. S.G. WADE: I hope you do not think I am labouring the point, but the enshrinement of the statutory agreements is part of our commitment to have performance and accountability within our framework. The provisions before us are not trying to reflect on the willingness of the department or the networks to make best efforts to finalise agreements. There is what I would call a last resort provision in the bill, and this is new section 28C(5), which provides:

> If the parties entering into or proposing to vary a service agreement cannot agree on a term or variation of the agreement, the minister may make a decision about the term or proposed variation and must advise the parties of the decision in writing.

However, let us be clear, I see that as a last resort. I think one of the key things about the service agreement is to make sure we have robust and respectful dialogue between the department and the local health networks.

The Hon. C. BONAROS: If we do not know the reasons why those two have not been signed off, if you like, for the two years, is it the minister's expectation that under these arrangements he, or anyone else in his position, will be kept abreast of developments? I am just trying to work out, in a practical sense, how that happens, because at some point you would need to be briefed to be told, 'There is no agreement here.' I assume that is not happening at the moment, if we do not know what the reasons are. Is that expected to happen under the current proposed arrangements?

The Hon. S.G. WADE: It is an interesting point the honourable member makes. I imagine that in considering any advice to use the proposed clause I would need to consider what the consequences are of not using the clause and allowing the agreement not to be signed. Going back to my answer to the honourable Leader of the Opposition, even without the agreements being signed for the last financial year, it is the government's view that board members had a statutory duty for good financial management, for good corporate governance of the board, so if I was being given advice under that particular clause, I would have to consider what the impacts of the alternative would be.

The Hon. C. BONAROS: Just to be clear, at the moment under the administrative arrangements, you do not receive that sort of advice in terms of where the stumbling blocks are in these agreements.

The Hon. S.G. WADE: From time to time I am given updates and they would often be from board members or chairs as much as the department. I am certainly not seeking to insert myself in those discussions but this bill suggests that the minister could have a role as a last resort.

The Hon. K.J. MAHER: Is the minister able to outline the role of the Health Performance Council in monitoring the performance of local health networks?

The Hon. S.G. WADE: I specifically think this relates to a clause. There is a clause in the bill which proposes to abolish the Health Performance Council. I suggest that is the place where we should be talking about the Health Performance Council.

The Hon. K.J. Maher interjecting:

The CHAIR: I am keen to progress. I am happy to pursue those broader issues under clause 1. The Leader of the Opposition has the call.

The Hon. K.J. MAHER: The minister is indicating that he is refusing to answer further questions at clause 1. I am not really sure why he is refusing to answer further questions. I will ask again and he might answer here, so we consider it in the context of the whole bill.

The CHAIR: The minister will resume his seat and the leader can ask that question. I do not believe he refused to answer a question.

Members interjecting:

The CHAIR: No, I am talking. But what he did say was he thought it was more appropriate to deal with those questions at that particular clause and I tend to agree with him. We have had a fair canvassing of issues at clause 1. I will continue to allow that to an appropriate level but I think the leader needs to continue. I call the leader.

The Hon. K.J. MAHER: No, if that is the rule.

The CHAIR: Do you have any other issues at clause 1?

The Hon. K.J. MAHER: Yes, but I will try to figure out the best way.

The Hon. R.P. WORTLEY: In regard to this, the minister by giving an answer now would save time because if we have to wait until we get to that clause and we need information, it may take a while to get that and it may hold up the bill. I think if the minister could actually give the answer now, it would help to progress through the clauses.

The CHAIR: Before calling the minister, the minister has been pretty generous in addressing a range of issues across the bill and I will allow him to answer if he wishes.

The Hon. S.G. WADE: Yes, I certainly do not aspire to offend the opposition, so I am happy to give an answer now. I just think it is orderly to deal with matters at the relevant clause. Under section 11 of the Health Care Act, the functions of the Health Performance Council are to provide advice to the minister about the operation of the health system and outcomes for South Australians and, as appropriate, particular population groups, and the effectiveness of methods used within the health system to engage communities and individuals in improving their health outcomes.

The council was established in 2008 when the previous Labor government abolished local health boards and centralised authority and accountability for the state's public health system in the chief executive of the department.

The Hon. K.J. MAHER: Given the minister has made suggestions about how we should proceed with this bill, which clause does the minister feel that Health Performance Council questions are best suited to? Is it clause 4, is it an amendment to clause 4, or is it a clause further on? How many clauses relate to the Health Performance Council and should we save the questions for one of those particular clauses, given his advice?

The Hon. S.G. WADE: For the benefit of the council, it is the government's view that clause 4 is the first reference to the Health Performance Council.

The Hon. K.J. MAHER: So is that the most appropriate?

The Hon. S.G. WADE: Yes, I am happy to do that there.

Clause passed.

Clauses 2 and 3 passed.

Clause 4.

The Hon. T.A. FRANKS: I seek to delete this clause, so I formally move that the clause be opposed.

The CHAIR: You do not need to move it; you are opposing the clause.

The Hon. T.A. FRANKS: I am outlining what my intention is and then I will outline what the clause does and why I am doing so. This clause would have the effect of amending the long title to delete the words 'the Health Performance Council and'. Obviously, while amending the title, this will then lead to consequential amendments further in the bill, which I have also sought to amend. In all those cases, we are seeking to oppose those particular clauses that flow on from the deletion of the Health Performance Council.

It is not just the Greens that oppose deleting the Health Performance Council not just from the title of the bill but from the functions of our state health system. A vast range of stakeholders, but in particular headed up by SACOSS, have continued to quite rightly voice their concerns about the removal of the Health Performance Council for various reasons. While I did outline the reasons in my second reading, I will reiterate that the removal of the Health Performance Council results in a lack of independent monitoring, data analysis and reporting, as well as those community or consumer engagement mechanisms.

Currently, the data routinely collected and stored by the Health Performance Council is indeed a valuable resource and can be used quite effectively to inform both clinicians and consumers, to enable the scrutiny and accountability of system performance. The Greens strongly believe that we need to retain the Health Performance Council, if not in the future in the same form, we certainly will not be supporting removing it until we have something better on offer in its place.

At this stage, we fully support that independent oversight. For example, this body has looked at systemic racism in our health system. We believe that sort of work will not necessarily be done by the local health networks off their own bat and it is the role of an organisation such as the Health Performance Council to do so. With that, I will be vehemently opposing this clause on behalf of the Greens.

The Hon. C. BONAROS: I rise to indicate that this is obviously one of the areas of concern that we discussed during my second reading contribution. I think the Hon. Tammy Franks has effectively hit the nail on the head in terms of the concerns around this. It has been drummed into us that the HPC provides a very important, impartial service that we simply cannot afford to lose. We have reports into mental health, we have reports into racism, and the fear from stakeholders and from us, effectively, is that if that body were to be dissolved we would not necessarily have that same information being provided to us.

Again, stakeholders have been very firm in terms of the importance of this body in terms of the impartial information that it provides to us, and I think that needs to be considered in the context and in the light of some of the alarming stories that we have all heard about SA Health. If you think of it through that lens and through that context, the reason for this body becomes even more important.

Whilst I understand what the minister is saying about this work being done elsewhere, there is no guarantee that the work that this body is doing will actually be done. I do not accept that it is a matter of replicating work that is going to be done elsewhere. This body operates with a level of independence and impartiality that we absolutely must maintain. For those reasons, and after a lot of consideration and discussions with the minister and otherwise, it is our position, very firmly, that we will not be supporting the abolition of this body and therefore those provisions of the bill that relate to it.

The Hon. S.G. WADE: I thank the honourable members for their contributions. As the Hon. Connie Bonaros indicated, I have had extensive discussions with both the Hon. Tammy Franks and the Hon. Connie Bonaros. It is the government's view that the Health Performance Council was established when the boards were dissolved. It makes logical sense that, if they were established by the former government to fill a gap with the abolition of the boards, we had to ask the question: were they still relevant? Was the council still relevant, when boards were going to be reintroduced?

It is also our view that there was a strong alignment between work being done by groups like Wellbeing SA's prevention and public population health outcomes research and analytics unit and those of the commission. In relation to the two points the honourable members make, I would suggest that systemic racism may well have been dealt with under the Commission on Excellence and

Innovation in Health. In relation to the point the Hon. Connie Bonaros makes about mental health, there may well be issues that could be looked at by the Mental Health Commission.

I do appreciate that the honourable members are still resolute in their view that the Health Performance Council should be retained, and that is what this council will determine. I put on notice that it is the government's view that there needs to be discussions between those bodies to make sure that we minimise duplication, that they each make sure that we are using taxpayers' dollars wisely to get relevant insights, so that our health services can be of increasing quality and increasing effectiveness.

The Hon. K.J. MAHER: The minister mentioned in his contribution just now that the work, for example, that was done into the prevalence of institutional racism in various local health networks might be picked up by the Commission on Excellence and Innovation in Health. Is the minister able to inform the committee whether the Commission on Excellence and Innovation in Health is required to report to parliament?

The Hon. S.G. WADE: The Commission on Excellence and Innovation in Health and Wellbeing SA are both administrative units. I am advised that both of them, therefore, would need to provide annual reports, which would be tabled in parliament.

The Hon. K.J. MAHER: So I understand correctly, is the minister saying that the Commission on Excellence and Innovation and the Health Performance Council both have the same reporting obligations and report in the same way, which I take it to be through the minister and not directly to parliament? Is that the contention?

The Hon. S.G. WADE: Yes, the Health Performance Council, like administrative units, has a requirement under section 12 of the act to do an annual report. They also have a further obligation under section 13 to provide a four-yearly report.

The Hon. K.J. MAHER: I thank the minister for the answer. It is a good answer; it is just not the answer to the question that I asked, it is half of it. What is the difference in the reporting requirements between the Health Performance Council currently and the Commission on Excellence and Innovation in Health? Do they report in the same way? Do either of them report through the minister rather than directly to parliament? Is the minister obliged to table reports for both of them as they are written to him, or does he have any discretion with either reporting mechanism in what comes to parliament?

The Hon. S.G. WADE: On my reading, the provisions are similar in relation to the annual report. Section 12 of the Health Care Act provides:

> HPC must, within 3 months after the end of each financial year, deliver to the Minister a report on the operations of HPC during that financial year.

That is similar to section 12 of the Public Sector Act, which provides:

> (1) Each public sector agency must, once in each year, present a report on the agency's operations to the agency's Minister.
>
> (2) Subject to this section, the report must be related to a financial year and must be presented within 3 months after the end of the financial year to which it relates.

The Health Care Act in section 12(2) provides, in relation to the annual report of the Health Performance Council:

> (2) The Minister must, within 12 sitting days after the receipt of a report under this section, cause a copy of the report to be laid before both Houses of Parliament.

That is similar to the Public Sector Act, section 12(8), which provides:

> (8) A Minister must, within 12 sitting days after receipt of a report under this section, cause copies of the report to be laid before each House of Parliament.

The Hon. K.J. MAHER: I ask the minister about the ability of either the Commission on Excellence and Innovation in Health or the Health Performance Council to be subject to a direction by the minister or the chief executive.

The Hon. S.G. WADE: I am advised that there is no specific power of direction in relation to an attached office to a department, but attached offices to a department are responsible to the Premier and the office's minister.

The Hon. K.J. MAHER: Again, I thank the minister for a very well thought-out answer to another question, but I am specifically asking in relation to the Health Performance Council and the Commission on Excellence and Innovation in Health. Is the minister saying that both are attached offices and therefore that both have the exact same power of direction?

The Hon. S.G. WADE: I am sorry, leader, I had omitted to answer that one. There is no power of direction in relation to the Health Performance Council.

The Hon. K.J. MAHER: To be clear, there is some form of direction available for the Commission on Excellence and Innovation in Health, but there is no power of direction at all in terms of the Health Performance Council; is that correct?

The Hon. S.G. WADE: I am happy to categorise the Health Performance Council as an independent council in a way that the administrative units are not.

The Hon. K.J. MAHER: I guess the minister can understand the concern that the opposition, and I think probably the crossbench as well, has in relation to this, when the report of the Health Performance Council was raised and it found that all but one of the local health networks had, I think, a very high level, or whatever the highest level was, of institutional racism across those health networks.

I think the concern that many would hold is that a commission or an attached unit that is subject to the power of direction may be less likely to be as forthright and as critical of the health system as the Health Performance Council, which the minister himself has characterised as independent in that respect. Does the minister think that the Commission on Excellence and Innovation in Health would exert the same independence as the Health Performance Council?

The Hon. S.G. WADE: I have already answered that in the immediate past question. I indicated that the council is more independent.

The Hon. K.J. MAHER: That just about wraps up the bulk of the questions we have on this, particularly given that the answer to the last question was rolled in with the question before. The opposition cannot support the abolition of the Health Performance Council, which, in the minister's own words, exercises a more independent functioning in the monitoring of the health system.

Clause negatived.

Clause 5.

The Hon. T.A. FRANKS: I indicate that this clause will be opposed by the Greens. It is consequential on the Health Performance Council debate.

The Hon. S.G. WADE: The government agrees that this is consequential.

Clause negatived.

Clause 6 passed.

Clause 7.

The Hon. K.J. MAHER: I move:

Amendment No 1 [Maher–1]—

Page 3, after line 29 [clause 7(1)]—After paragraph (e) insert:

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

Many of these issues were thoroughly agitated when we had the first iteration of the local health networks and the associated governance legislation. I reiterate that this is an amendment that was suggested by the coalition of stakeholders, led by SACOSS, which suggested a range of amendments to the governance legislation.

This amendment requires the government to establish and maintain a body that independently represents the interests of consumers and patients. It is borne out of the government's $1.5 million cut to the Health Consumer Alliance in its first budget, a move that has ultimately led to the alliance disbandment just recently.

The government's decision to cut the alliance funding makes South Australia the only state not to have an independent consumer body advocating for the rights and interests of patients. This amendment seeks to help the government by righting the wrongs of their decision and requiring the maintenance of an independent body representing patients and health consumers.

The Hon. S.G. WADE: It is the government's view that establishing a separate body is not supported and would result in unnecessary duplication, given the existing statutory mechanisms to ensure consumer engagement within the Health Care Act. A fundamental principle of devolution of the public health system is to bring clinicians and consumers closer to the decision-making in their local health services, to create a truly integrated approach to community engagement to support patients, carers, families, consumers and clinicians at the local level to inform service delivery.

In that context, I would stress that the accreditation processes for hospitals do require consumer engagement, so in that regard the hospitals are accountable, even beyond state government, for making sure that they engage with consumers within their services. We do not think it is appropriate under a devolved governance model for the department.

The honourable member, in relation to the Health Performance Council, was highlighting how important it is for the department to be subject to independent oversight. We certainly do not think it is appropriate for the department to lead consumer engagement processes relating to local health service delivery, as the department is no longer directly accountable for these services or for determining how they will be delivered.

Through their existing statutory functions, which commenced on 1 July 2019, the local health network governing boards are responsible for establishing a strong relationship with health consumers, local communities and frontline health professionals, particularly through the development of a clinical engagement strategy and a consumer and community engagement strategy.

The Hon. T.A. FRANKS: The Greens will be supporting the Labor opposition's amendment, but we note that we are not able to ensure funding to this body, and without that funding it does seem somewhat of a moot point. Unfortunately, we are not in a position to ensure the funding, but we do recognise and acknowledge the difficult situation of a devolved health system with ensuring a consumer voice that is somehow driven by a department when it should indeed be independent.

The Hon. S.G. WADE: I do not really know if the opposition knows the, if you like, inconsistency of their position. A minute ago they were saying how important it was that the Health Performance Council be independent and not subject to my direction, and now they want a function of the chief executive of the department to establish and maintain a body that independently represents the interests of consumers and patients. It is basically giving the chief executive officer of the department direct control over the consumer voice. I just do not believe it is credible.

The CHAIR: Does the Hon. Ms Bonaros wish to contribute?

The Hon. C. BONAROS: Can I make a suggestion perhaps to the minister, given the discussions we have had and that I have just been caught a little off guard, that if we were to agree to this amendment right now on the understanding that I am happy to have a further discussion with him, then obviously it is something we can revisit between the houses if need be? I am concerned about those aspects of the amendment the minister has raised.

The Hon. S.G. WADE: Could I suggest to honourable members that we might report progress and adjourn on motion, and I could perhaps clarify some of the concerns Ms Bonaros has?

Progress reported; committee to sit again.

CORRECTIONAL SERVICES (ACCOUNTABILITY AND OTHER MEASURES) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 24 September 2020.)

The Hon. C. BONAROS (16:55): I rise to speak on the Correctional Services (Accountability and Other Measures) Amendment Bill 2020. The bill, as we know, seeks to introduce a raft of changes to the Correctional Services Act and the Public Sector Act and largely replicates the bill introduced by the former Labor government in 2017. It is a very substantial bill with a plethora of amendments to Corrections and the Parole Board, and the creation of new offences, amongst other things.

My office has requested copies of stakeholder submissions to ensure our support is warranted and the appropriate consultations have taken place in this bill. We have taken it upon ourselves to consult with experts in this area. I keep repeating myself in this way, but as has become a habit of the current government we have been provided with very little in terms of that stakeholder feedback.

Apparently, there has been broad consultation with the Commissioner for Victims' Rights, the Presiding Member of the Parole Board, the Legal Services Commission, the Australian Criminal Intelligence Commission, the Aboriginal Legal Rights Movement, the Public Service Association, Offenders Aid and Rehabilitation Services and the Law Society of South Australia. The Law Society, thankfully, does have a habit of publishing its submissions online, which is most helpful, but we have not been privy to many of those other submissions that I have just listed. We have had discussions with some of those bodies, because I think it is important that that takes place.

We are told the relevant aspects of the bill are fully supported by the Parole Board which, I guess, is somewhat comforting, but as a member of the crossbench I think it is not our role to rubberstamp bills of the government or indeed bills that are agreed to by the two major parties, especially when it does not land where it should, as is the case here.

This bill appears to be a rehash of Labor's bill, which predates the federal government's 2017 ratification of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). I think it is only fair that I give credit to the opposition for introducing the bill that they did at the time that they did, prior to the signing of that convention, but by the same token I am disappointed that the current government did not see fit to then look at our requirements under that OPCAT convention and seek to amend this bill to ensure that it does take into account those additional obligations that we have signed up to. Article 1 of that instrument states:

> The objective of the present Protocol is to establish a system of regular visits undertaken by independent international and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

National preventative mechanisms (NPMs) are intended to complement the international inspectorate. Quite frankly, and despite assurances to the contrary, it is very clear from the feedback that we have received that the government has not gone anywhere near far enough to satisfy our present day obligations.

In his 2019 report on the implementation of the OPCAT Baseline Assessment of Australia's OPCAT Readiness, the Commonwealth Ombudsman, Michael Manthorpe, identified the Western Australian scheme as the model NPM for accountability, transparency and independence. The amendments that I am proposing seek to mirror that model to establish a more robust scheme in South Australia, a scheme which is more likely to withstand the inevitable international scrutiny.

The overwhelming feedback we have received from very eminent speakers and leaders in this space is that South Australia will become an absolute laughing stock in that regard if we do not make substantial changes to this piece of legislation. They have made it abundantly clear that the precedent has been set in terms of what that international scrutiny looks like, and if they were to come here and see us operating under this we would not even rate a mention in terms of our compliance with those obligations.

That is something I find quite alarming, and it is something I have certainly related to the government and the two ministers, the Attorney and the Minister for Police in this instance. It still leaves me puzzled in terms of some of the responses we have received.

What has also been made clear is that standalone legislation may be an even better long-term solution, a natural progression now found in some other Australian jurisdictions. What is clear is that without improvements to the bill experts are telling us that we are exposing ourselves to ridicule and embarrassment when international inspections by the Subcommittee on Prevention of Torture resume.

Those visits were intended to take place in March and April of this year, but the visit was postponed due to COVID-19. In some ways we have saved ourselves that ridicule for the time being, but if we go down the path the government is proposing then we know what is coming.

Dr Laura Grenfell, Associate Professor of Law at the University of Adelaide, has described parts of the proposed legislation as ill considered. In a recently published article Dr Grenfell wrote:

> It is a disservice to South Australians that the government chose not to undertake any consultation with key stakeholders on this important mechanism…Instead of allowing the government to [push] through this half-baked scheme in the hope that problems can be corrected later, it is worth the upper house giving this mechanism some proper attention so the state does not introduce yet another inadequate scheme and then need to fund a string of inquiries as well as defend costly litigation.

I hope that all members who are of a mind not to support the amendments that go a long way to addressing the concerns that have been raised by experts like Dr Laura Grenfell, take that warning seriously. Again, we are dealing with the people who do this work every day. They are in this space and they know what the expectations are, and we are failing massively to meet those objectives.

In October I hosted a parliamentary briefing on the amendments and on the OPCAT generally, and we were really fortunate to have Dr Grenfell there, joined by the Western Australian Inspector of Custodial Services Eamon Ryan, and the coordinator of the Australia OPCAT Network Steven Caruana, in cohosting that briefing. They did so because they felt so passionately about the importance of getting this right in South Australia.

Mr Ryan was appointed Inspector of Custodial Services in May 2019 and has over 30 years of experience in senior roles involving integrity, risk, governance and accountability. The Australia OPCAT Network consists of over 90 individuals, non-government agencies, academics, statutory and oversight authorities who share a common objective to promote the implementation of OPCAT in Australia.

The hosts brought considerable experience and knowledge to the table. The minister himself, I am saddened to say, did not attend the briefing; in fact, despite requests I am yet to see the minister or hear from him on this matter, other than through his staff. For future reference, I suggest it would be advisable for the minister to make himself available on important matters such as these.

I do not file amendments, and SA-Best does not file amendments, for fun or to waste precious time. This is not a frivolous exercise. There are real consequences when legislation does not land where it should, not to mention missed opportunities. If this bill proceeds the way it is currently drafted, then not only will it be a missed opportunity but we will also face the prospect of international ridicule based on the convention we have signed up to and the inspectorate's role when they finally come here after delaying the last visit.

The proposed new scheme that replaces the current volunteer monitoring does have some strengths—it is not all bad news—such as the appointment of a diverse group of remunerated visitors, but the fact is that it does not go far enough to enshrine proper independence, both financial and functional independence.

A question has to be asked as to how the official visitor can be considered truly independent when the position, for one, is remunerated by the Department for Correctional Services. How can the role be truly independent when the department's resources are allocated by the minister? How can it be truly independent when the role is to have oversight over the chief executive of the very department that hands out remuneration allowances and expenses? The government clearly recognises the value in conferring jurisdiction on that tribunal for Parole Board allowances and expenses in this bill. It is somewhat perplexing why the government did not follow the same logic in remunerating the official visitor role.

The amendments that I will be moving seek to further bolster independence by extending the appointment term to a maximum of seven years and introducing new conflict of interest provisions. I note at this stage that the Hon. Tammy Franks has also heard the same concerns that we have heard

and taken those on board and filed amendments in the same vein. The government's proposed scheme requires the official visitor to investigate prisoner complaints and this is consistent with the design of OPCAT as a proactive and preventative mechanism. To also perform the investigative function simply muddies the waters.

Handling individual complaints would bog down valuable resources when the object of the role is to consider systematic issues. It burdens the scheme with a reactive function for individual complaint handling, which by all accounts is already well handled in this jurisdiction by the Ombudsman. Whereas the Ombudsman may conduct a series of brief reactive inspections, an OPCAT-style visit is lengthy—often spanning seven to 10 days at an institution—more comprehensive and, as I said, proactive.

These are unannounced visits where this inspectorate body walks into one of these facilities and says, 'This is what we are here to do and this is the role that we are here to undertake.' The purpose of that is to ensure that we do not have those facilities trying to clean things up before the inspectorate gets there. It gives them access to real-time scenarios in those facilities.

The inspectorate is then well placed to make systemwide recommendations which should be directed to parliament. Reporting to parliament, of course, bolsters the scheme's independence and is consistent with the Western Australian model. Reporting to the minister, as the government scheme provides for, according to the experts we have spoken to, misses the mark of our OPCAT obligations. The international spotlight could be shone on our failures to provide free and unfettered access to information.

The government would have you believe it is satisfying this requirement. Putting in a written request is simply not the same thing. It undermines one of the key aims of the OPCAT mechanism, as I just said, to increase transparency. Its monitors should be able to arrive at a correctional institution and access all information, including databases, without notice to tidy up. This is an important part of this scheme and it is important to remember that the benefits of a fully independent scheme would also flow on to employees.

I filed another amendment which is seeking to establish new criminal offences for hindering, resisting or threatening an official visitor and this would reassure both employees and those in custody that retribution will not be tolerated. An improved scheme would also create a safer workplace. I understand in New Zealand, for example, complaints from staff about tie-down beds had the flow-on effect of increased government resourcing.

Western Australian inspector Eamon Ryan told attendees at the briefing that a 2019 review of routine strip searching considered five years of data and around 900,000 strip searches, with a finding that one in 10 staff members had been assaulted, yet only 0.06 per cent of searches resulted in positive findings. The identification of this type of systemic issue highlights how a truly independent inspectorate can ultimately contribute to a safer workplace. Again, I urge all members in this place to recognise the shortcomings of the government's proposed design before it costs us our reputation and, indeed, our money. As Associate Professor Grenfell wrote:

> Overall there is likely to be savings to government if it can get the design right from the start. We can see this by looking north: the many inadequacies in the Northern Territory's youth justice detention system has led to much harm, expensive inquiries and avoidable costly litigation. In June the High Court found in Brindaris v NT that four youth detainees in the Don Dale Youth Detention Centre had been subjected to the use of tear gas and were entitled to damages on the basis that it constituted battery. The case, one of a series, indicates that the relevant NT authorities had unlawfully used weapons on youth detainees. The Court held that corporal punishment is not a permitted 'use of force' under the NT youth justice legislation.
>
> Such systemic problems in places of detention could be proactively identified via external monitoring by independent and qualified experts conducting regular visits with full powers of access. Leaving these systemic problems to be resourced by a Minister and their department which has other, sometimes competing, priorities can lead to personal harm, expensive litigation and potentially hefty damages. This year South Australia became the last Australian jurisdiction to end the use of spithoods in youth detention—it was slow to act even after a finding by the NT Supreme Court that placing a spithood on a youth detainee is an act of battery. Similarly, South Australia's Department of Correctional Services has been slow to adopt soft shackles for prisoners in hospital, even for women in childbirth. South Australia needs to devise smarter methods of dealing with problematic behaviour, by finding methods that do not constitute cruel, inhuman and degrading treatment—or lead to expensive litigation and payouts. Resourcing this external monitoring and ensuring it is independent and rigorous will pay off.

I read that because it is important in the context of what we are debating. This is the plea from those experts in this space who are saying to us, 'Please take note of the advice that we are giving you.' I certainly could not have said it any better myself.

I look forward to the support of this place in safeguarding the independence and the improved functioning of the official visitor scheme, improvements which will go a long way in ensuring the effective implementation of our international obligations. If we have no intention of complying with those obligations then we should never have signed up to the convention; that is the bottom line. With those words, I look forward to the next stages of the bill.

The Hon. T.A. FRANKS (17:12): I sought leave to conclude my comments. I have already spoken on the bill and I will speak briefly at clause 1.

The Hon. R.I. LUCAS (Treasurer) (17:12): I thank honourable members for their contributions to the second reading and look forward to the committee stage of the debate.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. T.A. FRANKS: I wish to add to my second reading contribution of some time ago now, because since that time my office, and I believe other crossbenchers and the government and the opposition, has had correspondence, particularly from Change the Record. I want to put on record my thanks to Sophie Trevitt, the Executive Officer of Change the Record. The correspondence from her and Cheryl Axleby, the Co-Chair of Change the Record, who is also the Chief Executive of the ALRM, has drawn attention to practical ways the crossbenchers, this council and the new Minister for Correctional Services can ensure that we do indeed have better adherence to the provisions of OPCAT and the requirements under our United Nations obligations.

Indeed, those will be the subject of some of the Greens' amendments to this bill. I particularly wanted to thank the new minister's office, the new minister himself and Dr Anna Finizio, his new adviser, for their cooperation in ensuring, hopefully, a bill that was reasonably progressive and productive and welcomed by the Greens to take that further step to ensure that those OPCAT requirements are adhered to by our state.

Progress reported; committee to sit again.

SOUTH AUSTRALIAN EMPLOYMENT TRIBUNAL (COSTS) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 12 November 2020.)

The Hon. K.J. MAHER (Leader of the Opposition) (17:16): I rise to speak briefly on this bill and indicate that I am the lead speaker for the opposition. The bill amends one provision of the South Australian Employment Tribunal Act 2014 essentially, for the avoidance of doubt, to explicitly allow them to award costs for or against a party in criminal proceedings.

According to section 6A(4) of the South Australian Employment Tribunal Act, the employment court has jurisdiction to deal with summary offences or minor indictable offences. This power to hear criminal matters was transferred to the South Australian Employment Tribunal from the Magistrates Court in 2017.

Section 6A of the act states that the court has jurisdiction to deal with these offences in the same way as the Magistrates Court would deal with the charge and in accordance with the Summary Procedure Act 1921. This is subject to any exclusion or modifications in the regulations. The bill adds that the court would deal with criminal matters according to the Summary Procedure Act:

> …including the provisions of that Act, allowing an award of costs for or against a party to criminal proceedings

We have been informed that the government has received advice that raised the fact that this could cast doubt on the Employment Tribunal's power to award costs. Hence, this bill has been introduced

to clarify that costs may be awarded by the Employment Tribunal in their criminal jurisdiction. This ensures that successful parties cannot be denied costs being awarded and mitigated for their losses, which would have otherwise been allowed without any avoidance of doubt in the Magistrates Court.

The government is backdating the bill to apply the costs that have been made since the transfer of powers in 2017. We are informed that the bill seeks to address a finite number—that is 18—existing orders, averaging slightly over $2,000, which in effect will not be able to be challenged and will apply to all future awarding of costs. The opposition supports this bill.

Debate adjourned on motion of Hon. T.J. Stephens.

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Committee Stage

In committee (resumed on motion).

Clause 7.

The Hon. S.G. WADE: I would like to remind honourable members that this is the second edition of the bill. It is the second stage of the governance performance and accountability framework. This bill picks up the concerns the Legislative Council expressed in the previous bill. It has added an additional function of the chief executive to engage with consumers and other interested parties in the development of healthcare policy, planning and service delivery. We saw that as a much better alternative than suggesting that the chief executive could, with all integrity, produce an independent, effective consumer advocacy body.

I also want to make the point that national data on the national safety and quality health services accreditation outcomes for public, private and day surgeries across Australia shows that South Australian public hospitals perform extremely well in terms of engaging consumers. That accreditation showed that, of the 17 South Australian public hospitals surveyed between January 2009 and February 2020, 100 per cent met the national accreditation standard relating to partnering with consumers on their first assessment. This compares with 88 per cent, a significantly lower proportion, 12 per cent lower, in other states and territories. This demonstrates South Australia's strong commitment to consumer engagement in the public health system.

That commitment continues with the establishment of the Commission on Excellence and Innovation in Health. The commission has a directorate specifically on consumer and clinical partnerships. The directorate is focused on developing systems and capabilities to build and sustain partnerships between consumers and with communities, consumers and carers. It aims to support health services to deliver safer, more innovative and effective health care through empowering consumers and clinicians.

The commission is seeking to engage consumers, carers and the community by involving them in the planning, design, implementation and evaluation of its work program, including wider health systems, strategic planning, policy work, development of models of care, clinical pathways and evaluation of programs and services. The commission is developing clear mechanisms and structures to support this collaboration, including through the creation of a consumer advisory committee, consumer membership on all clinical network steering committees and advisory committees as well as consumer representation on all projects.

The commission also has another directorate, called Human Centred Design. That directorate has been established to ensure that patients, their families, carers, the wider community, healthcare staff and anyone else impacted by innovation or improvement are involved through the whole design process.

The government would argue that the commission is very much focused not just on engaging consumers and carers but on empowering them. With all due respect, to think that the chief executive could establish one group that could embrace the diversity of experience in all the domains of Health, right across the diversity of our client groups, is just unrealistic.

Likewise, Wellbeing SA and the SA Mental Health Commission have very strong consumer engagement mechanisms. We are very committed to continuing to improve our consumer care and

community engagement. In fact, we are midway through the process of releasing a strategic framework to drive that.

We know that, in the context of patient-centred care—in the context of, as the health system tends to put it, putting the patient in the middle of everything that we do—we need to be effectively engaging consumers and carers. We do not believe the proposed opposition amendment helps us in that solemn responsibility. I would urge the council to keep us accountable for engaging consumers, carers and the community, but I would urge members not to support this amendment.

The Hon. T.A. FRANKS: Further to my previous remarks, I thank the minister and his staff for the briefing they provided to the Greens in the interim while the other work of the parliament carried on. While the Greens are quite supportive of a consumer voice, we do actually see that this is not necessarily the tool to ensure that voice, so we will not be supporting the opposition's amendment.

The Hon. J.A. DARLEY: For the record, I will not be supporting the opposition's amendment.

The Hon. C. BONAROS: I have to say that I am persuaded by what the minister has put on the record. I note also that the concerns that we have raised in relation to that consumer voice have been incorporated into the provisions of the bill, to the extent that we raised them last time. I think I have a lot more faith in the commission undertaking this role with the diversity that it requires, as opposed to leaving it to the chief executive to make that decision. For those reasons and the reasons the minister has outlined, we will be supporting the government's position.

However, I make an important note, and that is a caution, perhaps, to the minister that we will be watching this space very carefully to ensure that that level of consumer engagement is actually taking place. We will be watching this space closely to ensure that what the minister is saying will be done—that it actually transpires. If it does not, then obviously it is something that we will be revisiting, again in this context, in the time to come.

The Hon. S.G. WADE: I thank honourable members for their contributions and, shall we say, their notices.

Amendment negatived.

The Hon. S.G. WADE: I move:

Amendment No 1 [HealthWell–1]—

Page 4, after line 10 [clause 7(1)]—After paragraph (k) insert:

(ka) to develop and issue policies on workforce harassment and bullying;

This government amendment seeks to amend clause 7 of the bill and section 7 of the act to insert an additional function for the chief executive of the department as system leader relating to developing and entering policies on workforce harassment and bullying. This amendment has been filed following discussions with Dr Chris Moy, the President of the South Australian Branch of the Australian Medical Association, who approached me to consider such an amendment.

The government is committed to improving workplace culture and stamping out bullying and harassment, which we believe is unacceptable in any circumstances. That is why we were more than willing to work with Dr Moy to present this amendment to the council. As part of SA Health's commitment to promoting a positive and professional working environment and culture of respect, I am advised that a review of the respectful behaviours policy directive has taken place and a new prevention and management of workplace bullying and harassment policy directive has been drafted for consultation.

Under section 7 of the bill the chief executive may issue policies and directives that are to be complied with by the department, local health networks and the South Australian Ambulance Service.

The Hon. T.A. FRANKS: For the sake of the record, the Greens will support this and welcome the government's intervention on this matter. It was raised with the Greens as well by the AMA of South Australia. I want to congratulate Dr Moy for his leadership on this issue. Certainly as a member, like yourself Chair, of the occupational rehabilitation—the committee that needs to

rename itself that deals with OHS issues—the leadership of the current AMA SA has been exemplary on addressing workplace bullying, and this is a very important amendment for those reasons.

The Hon. C. BONAROS: I indicate for the record that we will support the amendment.

Amendment carried; clause as amended passed.

Clause 8.

The Hon. T.A. FRANKS: The Greens indicate that we oppose this clause. It is again consequential on the Health Performance Council matter, which was resolved at clause 4.

Clause negatived.

New clause 8A.

The Hon. K.J. MAHER: I move:

Amendment No 2 [Maher–1]—

Page 4, after line 29—After clause 8 insert:

8A—Insertion of Part 3A

Before Part 4 insert:

Part 3A—Mental Health Commission

14A—Establishment

(1) There is to be a Mental Health Commission.

(2) The Mental Health Commission—

(a) is a body corporate; and

(b) has perpetual succession and a common seal; and

(c) is capable of suing and being sued in its corporate name; and

(d) has all the powers of a natural person that are capable of being exercised by a body corporate; and

(e) has the functions and powers assigned or conferred by or under this or any other Act.

(3) The Mental Health Commission consists of 3 members (the *Commissioners)* appointed by the Governor of whom—

(a) 1 is the Presiding Commissioner; and

(b) 2 are Deputy Commissioners.

(4) The Governor must, when appointing members to the Commission, seek to ensure that, as far as is practicable, 2 of the 3 Commissioners have qualifications, knowledge, expertise and experience in mental health.

14B—Terms and conditions of appointment

(1) A Commissioner will be appointed for a term not exceeding 5 years and on conditions determined by the Governor and, at the end of a term of appointment, will be eligible for reappointment.

(2) The appointment of a Commissioner may be terminated by the Governor on the ground that the Commissioner—

(a) has been guilty of misconduct; or

(b) has been convicted of an offence punishable by imprisonment; or

(c) has become bankrupt or has applied to take the benefit of a law for the relief of insolvent debtors; or

(d) has, because of mental or physical incapacity, failed to carry out duties of the position satisfactorily; or

(e) is incompetent or has neglected the duties of the position.

(3) The appointment of a Commissioner is terminated if the Commissioner—

(a) becomes a member, or a candidate for election as a member, of the Parliament of a State or the Commonwealth or a Legislative Assembly of a Territory of the Commonwealth; or

(b) is sentenced to imprisonment for an offence.

(4) A Commissioner may resign by notice in writing to the Minister of not less than 3 months (or such shorter period as is accepted by the Minister).

14C—Temporary appointments

The Governor may appoint a person (who may but need not be an employee in the Public Service) to act as a Commissioner (whether the Presiding Commissioner or a Deputy Commissioner)—

(a) during a vacancy in the office of a Commissioner; or

(b) when a Commissioner is absent from, or unable to discharge, official duties; or

(c) if a Commissioner is suspended from office under this Act.

14D—Honesty and accountability

A Commissioner (and any person appointed to act as a Commissioner) are senior officials for the purposes of the *Public Sector (Honesty and Accountability) Act 1995*.

14E—Procedures

(1) Meetings of the Commission are to be presided by the Presiding Commissioner.

(2) A quorum of the Commission consists of 2 Commissioners (at least 1 of whom must be the Presiding Commissioner).

(3) A decision carried by a majority of the votes cast by the Commissioners present at a meeting of the Commission is a decision of the Commission.

(4) A conference by telephone or other electronic means between the Commissioners will, for the purposes of this section, be taken to be a meeting of the Commission at which the participating Commissioners are present if—

(a) notice of the conference is given to all Commissioners in the manner determined by the Commission for the purpose; and

(b) each participating Commissioner is capable of communicating with every other participating Commissioner during the conference.

(5) A proposed resolution of the Commission becomes a valid decision of the Commission despite the fact that it is not voted on at a meeting of the Commission if—

(a) notice of the proposed resolution is given to all Commissioners in accordance with procedures determined by the Commission; and

(b) a majority of the Commissioners express concurrence in the proposed resolution by letter, fax, email or other written communication setting out the terms of the resolution.

(6) The Commission must have accurate minutes kept of its meetings.

(7) Subject to this Act, the Commission may determine its own procedures.

14F—Vacancies or defects in appointment of Commissioners

An act or proceeding of the Commission is not invalid by reason only of a vacancy in its membership or a defect in the appointment of a Commissioner.

14G—Functions of the Commission

(1) The Commission has the following functions:

(a) to identify and review issues about—

(i) mental illness in South Australian communities, including within aged care, disability and Aboriginal and Torres Strait Islander communities; and

(ii) the provision of mental health services in South Australia;

(b) to inquire into and report on services relating to mental health and the mental health system generally on the Commission's own motion, at the request of the Minister, the Chief Executive, a patient or a body or person representing the interests of consumers or patients;

(c) to review and identify any causes of concern with—

(i) the provision of mental health services; and

(ii) trends in the delivery of mental health services and the mental health of the population;

(d) to advise, and report to, the Minister on any matter relating to mental health services and issues or trends in the area of mental illness;

(e) to maintain links with—

(i) mental health service providers; and

(ii) organisations that have an interest in the provision of mental health services; and

(iii) organisations that represent the interests of patients and consumers of mental health services;

(f) to perform other functions conferred on the Commission by or under this or any other Act.

14H—Annual report

(1) The Commission must, on or before 30 September in every year, forward a report to the Minister on the work of the Commission under this Act during the financial year ending on the preceding 30 June.

(2) The Minister must, within 6 sitting days after receiving a report under this section, have copies of the report laid before both Houses of Parliament.

A committee of this chamber that is looking at the government's response and handling of the COVID pandemic a number of weeks ago heard a very clear message from one of the Mental Health Commissioners. In summary, the mental health response to COVID-19 has been lacking and problematic. The commissioner's voice in that parliamentary committee was important and welcome, but we fear that we will not hear such a voice for much more because this commissioner is not independent of the minister, is not enshrined in legislation and is not appropriately resourced.

This amendment enshrines in legislation an independent mental health commissioner, re-establishing and strengthening the important oversight of our mental health system, which the government scrapped last year. The opposition sought and incorporated feedback from the Mental Health Coalition of South Australia on this amendment. We wanted the make sure the minister could not claim this time an argument that the model presented by this amendment, for a statutorily enshrined mental health commissioner, was not supported.

Following the feedback, the opposition's proposed amendment to enshrine the mental health commissioner in legislation remains substantially the same with two key differences. The first goes to ensuring that lived experience remains key within the leadership of the commission. We know that lived experience in the current commission is highly valued, so the model presented in these amendments is reflective of the continuation of those voices. This model now includes one head commissioner and two deputy commissioners and the requirement that two of the three of those commissioners must have lived experience.

Secondly, the functions of the commission are being clarified so as to reflect the commission's role being focused on systemic issues. Again, this amendment goes to address the concerns put forward by the SACOSS coalition. I commend the amendment to the chamber.

The Hon. S.G. WADE: We believe that this matter not only is not at the right clause but we do not think it is in the right act. This is a matter in relation to mental health care services and should be considered under the Mental Health Act rather than the Health Care Act. The opposition's proposed statutory functions of the commission duplicate and conflict with the statutory functions of the Chief Psychiatrist under the Mental Health Act and are likely to cause confusion as to

accountability and responsibility for monitoring provisions of mental health services in South Australia.

The government has reformed and expanded the South Australian Mental Health Commission with an increased focus on engagement with carers and consumers. On 6 January 2020, three new Mental Health Commissioners were appointed under the Constitution Act and report directly to myself as minister. The current Mental Health Commissioner role complements that of the Chief Psychiatrist, focusing on engagement with consumers with lived experience and carers and taking a holistic view of recovery, upholding human rights and working to improve community attitudes. It also continues its work in implementing the strategic plan and the services plan.

It is the government's view that legislating the role of the Mental Health Commission within the Health Care Act is not supported as we believe it is important to allow the South Australian model to continue to evolve. The Mental Health Commission that was established earlier this year is fundamentally different to that of the former government, and we believe it is a model that is already proving its worth, but we do not believe we should be legislating at such an early stage in the development of the commission.

In that context, I have received communication from the Mental Health Commissioners, and I would seek to read that onto the record. They state:

The SA Mental Health Commissioners would like to confirm that they agree with Minister Wade's proposal that a review of the Commissioners' position, and model in which their current functions and roles sit, take place in alignment with the review of the SA Mental Health Act.

The Mental Health Commissioners primary role is to be community facing, with a focus on prevention and early intervention for mental health in the South Australian Community, and to bring the voice and concerns of the community in relation to mental health and service systems that support mental health to the Health Minister, the Hon. S. Wade.

We note the second reading of the Health Care (Governance) Amendment Bill by the Hon. K.J. Maher on 10th Sept 2020 in which he notes the Opposition's concerns about the current model, the level of resourcing, and capacity for independent oversight by the Mental Health Commissioners in the performance their functions.

We also seek to acknowledge that the Mental Health Commissioners were appointed for their Lived Experience of mental health, their depth of connection and influence in mental health consumer and carer communities, their connection and roles in various national mental health policy committees, and for their diversity in representing the community. Our Commissioner counterparts in the other states have noted the strength of this Lived Experience focus underpinning the role.

2020 has been a year of challenge and whilst the Commissioners have had the opportunity to be closely involved in the mental health and wellbeing of the SA community in relation to COVID support measures, overseeing the implementation of the SA Mental Health Services plan and the SA Mental Health Strategic Plan has therefore not been optimal.

Having a level of independence has been an absolute advantage in being able to take a bird's eye view of the mental health of South Australians during COVID 19, and raising concerns with the Health Minister and various statutory bodies with functions relevant to the mental health and wellbeing of the South Australian community.

A review of the work of the Commissioners will align well with the review of the SA Mental Health legislation given that more time will allow a more in-depth assessment of the current model.

The Hon. T.A. FRANKS: I indicate that the Greens have also seen the correspondence from the Mental Health Commissioners of South Australia, and I did have some questions of the opposition with regard to their amendment. Why has the opposition chosen one presiding commissioner and two deputy commissioners? Why has lived experience not been a requirement? What consultation was done in the formation of this amendment?

The Hon. K.J. MAHER: I thank the member for her questions. Obviously, I am not the lead shadow minister on this bill but my advice is that the amendment as put forward is supported by the Mental Health Coalition of South Australia. There was consultation with the Mental Health Commission of South Australia and that is why the amendment is in the form it is in.

The Hon. T.A. FRANKS: Were the Mental Health Commissioners—either the current ones or the previous ones—consulted with in the formulation of this amendment?

The Hon. K.J. MAHER: Not being the lead minister, I cannot give the member full details on exactly who was consulted, exactly what they were consulted on or exactly when they were consulted on, but I am sure if the member wants to we can report progress so that a briefing can be

gained from the member for Kaurna. I will move that progress be reported so that the member can get the briefing that she desires. I move:

That progress be reported.

Motion negatived.

The Hon. T.A. FRANKS: I think the answers to those questions just emphasised my concerns about this particular amendment. I thank the Mental Health Commissioners of South Australia for their forthright and independent advocacy, not just in COVID-19 but on this issue. I am somewhat concerned that the Labor Party would come here with a proposal for a Mental Health Commission that does not even consult with the current or former Mental Health Commissioners. It does not prioritise lived experience and seeks to create a hierarchy of presiding commissioners and deputy commissioners.

It is not well consulted. It is not in the spirit of proper engagement with the community it seeks to represent and, indeed, it has been rejected by the current Mental Health Commission as the wrong bill, the wrong act. The Mental Health Act is the appropriate place for this particular debate. I hope that when we do have this debate it will come with the review that is scheduled to look at these issues, but also not cherrypicking those voices that the opposition wishes to support, without listening to all voices and particularly those who are actually the current Mental Health Commissioners, who I would have thought would have been the first people the Labor opposition would have consulted with.

The Hon. C. BONAROS: I think I made it quite clear during my second reading contribution that I had a real issue with the fact that we were still dealing with this. In the lengthy discussions that I had with the minister, obviously one of the questions I had was, 'What have the Mental Health Commissioners got to say about this?' I think we all agree that they are doing an exceptional job and have played a very important role that we need here. That was confirmed to us in the letter that was provided dated 11 November 2020.

The commissioners have made a number of very important and valid points that cannot be ignored. My disappointment was that we are dealing with the same issue and we have come to this point before we have dealt with this issue. However, I think that the commissioners have made it clear that the current lay of the land has enabled them to undertake their work in a way that they consider very beneficial, and they also agree that the correct place for enshrining the commission into legislation would be in the Mental Health Act.

We have always said that that would be the best place to do it, and urge the government to do the same. What the commissioners have now told us is that we would be better served by allowing that to take place when the review of the act comes up. I accept the commissioners' advice in relation to that. I accept that a review of the work of the commissioners will align well with the review of the mental health legislation given that more time will allow a more in-depth assessment of the current model.

If anyone questions that, then they really ought not look any further than the evidence our commissioners have given us. They have been very forthright and impartial in terms of the evidence they have provided in calling the government to account on issues where they have not stepped up or where they have not acted appropriately. I think they will continue to do that.

They have the lived experience we are looking for, and the last thing we would want to do, despite us all wanting this enshrined in legislation, is enact a scheme that undermines the current structure they have, which they say is working very well. With those words, and with the support of the commissioners, it is our intention to support the government's position on this.

This does present another opportunity though, in terms of ensuring that community engagement we discussed in relation to previous amendments, because no doubt the review and the enshrining of the commission into legislation can also take into account the level of community engagement that has been undertaken and whether that is working effectively as well. So we have one review that is going to deal with a whole range of matters.

The Hon. S.G. WADE: Briefly, and to reiterate the point the honourable member just made, the frameworks I was referring to earlier—like the work of the commission, the department's strategic

framework, each of the LHN's consumer engagement strategies—all deal with both mental health and physical health. In the context of the Mental Health Act review, the review may well look at the effectiveness of consumer engagement, and of course that review report comes back to the parliament.

The Hon. K.J. MAHER: Regarding the Mental Health Act review, can the minister outline who is conducting that review and when it will be reporting?

The Hon. S.G. WADE: Going from memory, not from a brief, my recollection is that the department is intending that a project officer start work on it in the second half of 2021. The need to have a review is in the Mental Health Act and is triggered by a flux of time since the last amendments. I am told that triggers the commencement of a review in the second half of next year.

The Hon. K.J. MAHER: Is it the minister's expectation that even if a review that was conducted by officers in his own department recommended that the role of mental health commissioners be established in mental health legislation in the Mental Health Act, that would not occur in this term of parliament if the review only starts in the second half of next year?

The Hon. S.G. WADE: It may or may not happen in this term of parliament but, to be frank, I am not concerned about that because this group of Mental Health Commissioners has not even had their one year anniversary. As reflected in the Mental Health Commissioner's letter and in my comments, I believe this model needs a chance to settle, perhaps even to evolve. In the context of the Mental Health Act review, the issue of whether or not there will be benefit at that stage to statutorily enshrine the Mental Health Commission can be considered, and of course the parliament can have a different view.

The Hon. K.J. MAHER: I am assuming—and the minister will correct me if this an incorrect statement—that at this stage the minister sees no reason to enshrine the role of mental health commissioners in legislation, be it in this act or the Mental Health Act.

The Hon. S.G. WADE: I will stand by my remarks. I do not support the model you are trying to put before the chamber, and I strongly agree with the criticisms that the Hon. Tammy Franks put. I am certainly not going to put retrograde amendments into this legislation. It is the view of the government that we should not be legislating even the current form of the Mental Health Commission. It has not served even a year, and it needs time to evolve and mature.

The Hon. K.J. MAHER: The government's review of this area recommends enshrining the role of mental health commissioners, in one form or another, in the Mental Health Act or another act. If that is a recommendation of the review, is there a commitment from the government that they will do that? It seems to be a principal argument against this or any other model now that it is the wrong bill, it should be in the Mental Health Act, so trust us if that is something that ought to be done, we will do it. So is the government committing if that is a recommendation of the review to do that?

The Hon. S.G. WADE: No, the government is not. Just as every member here has the right, with the benefit of the review, to consider whether or not they agree with the review's findings, that is open to the government members as much as it is to opposition members and crossbench members. What I am committed to, as a statutory duty, is a review of the act and what I am committed to is ensuring that that statutory review considers the value of enshrining the Mental Health Commission in legislation. I make the point that when the former Labor government established the Mental Health Commission they did not enshrine it in legislation, yet now we are getting a touch of moral outrage from the opposition.

The committee divided on the new clause:

Ayes.....8
Noes 12
Majority 4

AYES

Bourke, E.S.	Hanson, J.E.	Hunter, I.K.
Maher, K.J. (teller)	Ngo, T.T.	Pnevmatikos, I.
Scriven, C.M.	Wortley, R.P.	

NOES

Bonaros, C.	Centofanti, N.J.	Darley, J.A.
Franks, T.A.	Hood, D.G.E.	Lee, J.S.
Lensink, J.M.A.	Lucas, R.I.	Parnell, M.C.
Ridgway, D.W.	Stephens, T.J.	Wade, S.G. (teller)

New clause thus negatived.

Clause 9.

The Hon. K.J. MAHER: I move:

Amendment No 3 [Maher–1]—

Page 5, after line 31 [clause 9, inserted section 28B]—After subsection (2) insert:

(2a) A direction issued by the Minister relating to the funding to be provided to the health service under a service agreement must be published on a website determined by the Minister within 14 days of the issuing of the direction.

This amendment requires public notification of any ministerial direction regarding local health network funding agreements. This was canvassed in the second reading speech that was given in this place. The amendment seeks to provide some transparency over how disputes between governing boards and SA Health over funding agreements are managed.

The minister has claimed that such a direction would be a last resort option, but we have seen disputes and we have talked in this chamber during this committee process about disputes over the service level agreements where they apparently reached views that are diametrically opposed. These are the sorts of clashes that perhaps meet the threshold for the minister intervening.

We have heard in today's committee that there are four boards that are still yet to finalise those service agreements for the current financial year, and two of those four local boards did not have a service agreement at all for the last financial year. We have heard previously of concerns of governing boards about fulfilling their directors' duties, who feel they cannot accept the level of funding put to them by SA Health.

Because of conflicts such as this we saw stalemates, as has been canvassed, over service agreements in the 2019-20 financial year. There are obviously disagreements that have led to pretty fundamental service level agreements not being signed. We think this is important if the minister did seek to intervene where all other options have been exhausted.

If it is the case that the minister thinks such a direction would rarely, if ever, be given then there is no harm in passing this amendment. The minister ought not fear that it requires public notification. If the minister thinks that such a direction would not ever or rarely be issued, then this amendment does no harm but, in that extraordinary case where such a direction would be issued, we think it is only reasonable, as a level of transparency, that there be public notification of such a direction.

The Hon. S.G. WADE: As it stands, the amendment is not supported because it may not be practical or workable to publish a direction about funding under the service agreements within 14 days. Our concern is that it may compromise negotiations. Publishing a direction about funding to be provided under a service agreement before that service agreement has been agreed in completion may compromise the negotiations and may create confusion if published in isolation.

As the honourable member rightly reiterates, I have made it clear that I would see these directions as a matter of last resort but, as it is drafted, I certainly think that this amendment would be unhelpful.

The Hon. K.J. MAHER: I thank the minister. If 14 days is a problem, I am happy for him to say the number of days that would get rid of that problem, and I will seek the advice of the Chair of Committees to move it in such an amended form. The minister has said that the number of days is the impediment here, so I am keen for the minister to let us know the number of days it can be changed to so that we can pass this amendment.

The Hon. S.G. WADE: For the sake of good faith discussions, this may be something that the opposition may want to move in the other place and we consider it as a house amendment. I would personally be attracted to dropping the words 'within 14 days of the issuing of the direction', because I just do not know how long it might take to conclude the negotiations. If the opposition was minded to consider an amendment that they might move in the other place, I would refer them to the Health Care Act, section 28C(7), which provides:

> The Chief Executive must, within 14 days after a service agreement is entered into or varied, publish the service agreement, or the agreement as varied, in a way that allows the agreement to be accessed by members of the public (including, for example, on the Internet).

It may well be that there is an amendment to that section, which said 'including any ministerial directions in relation to that agreement'. I appreciate that that may give us a problem with agreements that are not concluded, but I would suggest that, working with parliamentary counsel between the houses, the government would favourably consider a well-considered amendment.

The Hon. K.J. MAHER: I might indicate that we are not at all attracted to the idea of having a look at it in the lower house and not considering it here. I think most of us know that once it goes to the lower house any leverage that the opposition or crossbenchers might have is completely lost and the government can do entirely and exactly as they please. I think we would be much more attracted to the idea of, 'Let's leave it as it is and continue the discussion between the houses about reforming how this looks,' rather than taking it on the trust of the government that we may do something or not.

I accept the minister's invitation to continue to consider the issue between the houses, but I would suggest that we leave the amendment as it is stated here and the opposition will undertake to enter into constructive and good faith discussions with the minister as to whether that needs to be changed, whether there is a number other than 14 or, rather than a number, a period or a point in negotiations when that can be released. I moved the amendment as it is printed in order to make sure that there is the clause there that keeps it alive.

The Hon. S.G. WADE: For the reasons given, I cannot support it. There is no reason to think that within 14 days of a direction being issued the appropriate discussions have been had. Boards only meet once a month. I think the parliament needs to consider what accountability looks like and what sort of accountability it wants. It is quite common to have directions required to be tabled. The honourable member is not seeking to have it tabled in parliament but to have it published on a website. I would be more attracted to leaving out 'within 14 days of the issuing of the direction' and adding something like 'and in any event in the next annual report of the department'. That picks up the fact, too, that a service agreement may never be finalised.

I think this does need more work. I take the honourable member's point, that when we are diametrically opposed on issues, you would not want it to slip out of the council before you had settled your basic values, but I think the intent is shared. It is up to the council whether they want work to be done here or are happy to consider an amendment from the house, which has given it due consideration. But with all due respect, we cannot support the amendment as it currently stands.

The Hon. K.J. MAHER: I thank the minister. I think they are constructive suggestions the minister has made. I will indicate that the opposition would be open, rather than a definitive time line, to have it triggered by some form of event such as an annual report. We would be keen to discuss that. But, again, I would suggest that, unless we keep this placeholder in there, it does not necessarily create an incentive for a government to negotiate about what that might look like. I would suggest that we vote on the amendment as it currently is but with the knowledge that it may well be changed before it comes back to us in the council.

The Hon. T.A. FRANKS: To the mover of the amendment: which stakeholders support this amendment and who called for it?

The Hon. K.J. MAHER: I will take that question on notice and refer it to the shadow minister who has responsibility for this. I must admit I was not involved in every stakeholder meeting that occurred on this bill and on the amendments on this bill. However, I know groups such as the coalition led by SACOSS were instrumental in the development of many of the amendments that we see with us today.

The Hon. T.A. FRANKS: My office and I have had many conversations with SACOSS and those particular stakeholder groups, which is partly why I asked that particular question. The Greens will not be supporting this amendment.

The Hon. J.A. DARLEY: For the record, I will not be supporting it.

The Hon. C. BONAROS: I think both the Leader of the Government and the Leader of the Opposition have put up tangible alternatives, and I am confident this matter will be considered. I am happy to support the amendment on the basis that it will leave open the window for those discussions to take place in the other place.

The Hon. S.G. WADE: I thank the honourable member for her indication of support for the government's position. The more I look at it, the more I think we need to look at this, because the opposition amendment says 'issued by the Minister relating to the funding to be provided'. There is a lot more in service agreements than just funding. What about the services? What about the population cohorts that they are supposed to be engaging with? It is an issue the government is willing to consider, but we certainly do not think this amendment is worthy of support. We thank the crossbench for indicating that they are happy to work with us between the houses to look at a workable amendment.

Amendment negatived; clause passed.

Clause 10.

The Hon. S.G. WADE: I move:

Amendment No 2 [HealthWell–1]—

Page 6, after line 31—After inserted paragraph (ca) insert:

(cb) to ensure that the incorporated hospital—

(i) promotes a healthy workforce culture for and among staff employed to work within the incorporated hospital; and

(ii) implements measures to provide for and promote the health, safety and wellbeing of those staff within the workplace (including the psychosocial health, safety and wellbeing of staff); and

(iii) implements policies issued by the Chief Executive on workforce health, safety and welfare (including policies on workforce harassment and bullying), so far as those policies apply to the incorporated hospital.

I am happy to speak to this amendment in more depth, but I suggest it is almost consequential because what it is doing is putting on the local health network governing boards the responsibility to promote healthy workplace culture similarly as we put on the department earlier.

The Hon. C. BONAROS: SA-Best supports the amendment.

Amendment carried; clause as amended carried.

Clause 11 passed.

Clause 12.

The Hon. K.J. MAHER: I take this opportunity to reiterate to the committee the former ICAC commissioner's unprecedented commentary on this amendment. It is not often you see an independent statutory office holder, such as an ICAC commissioner, pass their views on a particular amendment or a particular legislative proposal by the government. The commissioner's written feedback warned that this amendment, and I quote:

…could heighten the possibility that a governing board member will have a conflict of interest.

He went on to say:

Relaxing the eligibility criteria for membership to a local health network governing board will tend to heighten the risk of actual, perceived and potential conflicts of interest emerging for those board members who may provide services to a relevant local health network. In light of the existence of this control measure, I regard it as a question for the parliament if the parliament wishes to remove eligibility criteria that would further reduce the risk of the occurrence of conflicts of interest.

We will be opposing this clause in the bill. We cannot in good conscience vote for an amendment that will, in the ICAC commissioner's own words, 'heighten the risk of the occurrence of conflicts of interest.'

The ICAC commissioner made it quite clear that these are matters for members of parliament if the parliament wishes to increase that conflict of interest. For these reasons, we cannot support the loosening of eligibility criteria. I would be interested to hear the government's view of the ICAC commissioner's view. I am advised that SACOSS supports the opposition opposing this amendment in line with what the ICAC commissioner has said in terms of loosening the eligibility criteria for the conflicts of interest.

The Hon. S.G. WADE: The opposition has selectively lifted a quote from a letter of the former Independent Commissioner Against Corruption to the shadow minister for health and wellbeing, namely, that the proposed amendments to the eligibility provisions of local health network governing boards would tend to heighten the risk of actual, perceived and potential conflicts of interest for those board members who may provide services to the relevant local health network.

The opposition, though, studiously chooses to ignore the rest of the letter, which rightly points out that an actual, perceived or potential conflict of interest is not in itself wrong or unethical and that the key is to identify, declare or manage the actual, perceived or potential conflict.

If I could go into more detail on this, the government does not treat conflict of interest lightly by any means. The letter of Commissioner Lander suggests that the proposed amendments to the eligibility provisions for local health network governing board members will tend to heighten the risk. However, I respectfully note that the letter incorrectly suggests that South Australia has not enshrined conflict of interest provisions for local health network governing boards in our health legislation as other Australian jurisdictions have done.

Through provisions of the Health Care Act that commenced on 1 July 2019, the same date the boards commenced operation, our LHN boards have the most extensive disclosure and confidentiality requirements in the state, far exceeding those requirements for other South Australian government boards, including the SA Water Board, the Essential Services Commission and the Super SA Board.

In the first instance, in making an appointment to an LHN board, the minister may consider whether a person's interest would represent such a conflict that it would not be practical for that person to discharge their duties on a governing board. The minister is then accountable to the public and the parliament in exercising that judgement.

In addition, section 33C of the Health Care Act requires a governing board member to act impartially and in the public interest in performing their duties. Section 33D of the Health Care Act requires a member to disclose any pecuniary and personal interest in relation to a matter being considered by the board, and the member must not vote or be present while the matter is being considered.

Section 33D of the Health Care Act requires any disclosure at a board or committee meeting to be recorded in the minutes of the meeting, which are to be published on the internet and in a register kept by the board and which must be reasonably available for inspection by a person. Governing board members are also accountable to their fellow board members, and boards are responsible for self-regulating with respect to their members' interests.

Failure of a member to disclose a personal or pecuniary interest will attract a maximum penalty of $25,000, a higher penalty than any other South Australian government board and the highest penalty of other health boards in other states. In addition to the duties in the Health Care Act, the LHN governing board members are subject to a range of other legal duties and criminal offences under other South Australian legislation.

Under the Public Sector (Honesty and Accountability) Act 1995, members are subject to the relevant duties of board members, a breach of which can result in a significant fine or even imprisonment, or both. Further, they can result in removal from the board. For example, members have a duty to act honestly, a duty to exercise care and diligence, a duty to not be involved in unauthorised transactions with the agency and a duty not to hold unauthorised interests in the agency.

Part 7 of the Criminal Law Consolidation Act 1935 sets out a number of criminal offences relating to current and former public officers, which includes current and former members of government boards. All such offences hold significant terms of imprisonment if convicted, for example, the offences of acting improperly, bribery or corruption, abuse of public office and demanding or requiring a benefit on the basis of public office.

Local health network governing board members are also subject to the provisions of the Independent Commissioner Against Corruption Act 2012. Sections 33B to 33D of the Health Care Act deem some interest holders ineligible for appointment to the board and impose a duty to act in the public interest and to declare interests.

Under the amendments to the Health Care Act, which came into operation on 1 July 2019 to establish the governing boards, it was intended that persons who work in an LHN be excluded from eligibility on the governing board for that LHN. Accordingly, the Health Care Act contains a provision at section 33B(5)(a) that a person is not eligible for appointment to the governing board if the person is employed to work at the incorporated hospital.

People are engaged to work in our health services in various ways outside of traditional employment arrangements, for example, visiting arrangements or other contractual arrangements, such as fee-for-service arrangements in regional areas. To ensure such employees are precluded from employment, the Health Care Act also provides that a person is not eligible for appointment if the person provides a service to the incorporated hospital. These provisions cover both clinical and non-clinical staff.

The key rationale and intent in drafting these provisions was to ensure that those who have involvement in the patient care at the LHN, either directly or through clinical governance processes, and who may be in a position to influence a governing board that there is no risk or anomaly in patient care, are excluded from board member eligibility. An example of where such influence within a board contributed to tragic consequences occurred at Djerriwarrh Health Services in Victoria, which experienced a high number of abnormal baby deaths that were potentially avoidable.

The Report of the Review of Hospital Safety and Quality Assurance in Victoria which followed this tragedy recommended that the relevant Victorian health legislation be amended to include a requirement that:

> …at least one member of every public hospital board have contemporary knowledge of clinical practice and who is at least 'somewhat experienced'…

And that:

> …no person appointed to a board have an appointment as a clinician, or be employed, at the same hospital or health service.

The legal interpretation of section 33B(5)(b) of the Health Care Act has taken a much wider application than intended, resulting in persons who may provide any form of service, including services such as cleaning and catering, and persons at a much further arm's length from the services, such as in circumstances of someone who works for a company that has a contract with the LHN being ineligible for appointment.

The proposed amendment to the eligibility requirements in clause 12 of the bill removes the overly broad, provides a service reference and refers to a person who is employed or engaged to work. The amended clause would mean that any person who is employed or engaged to work by an LHN to work at that network, either directly or through a commercial arrangement, will not be eligible to be appointed to the board, in line with the original intent.

A person considered to provide a service to the LHN, but who does not work at the network, could therefore be considered on a case-by-case basis for a board vacancy as part of a merit-based selection process through which one aspect considered would be an assessment of any potential conflict of interest. It is the government's view that there are sufficient statutory and other checks and balances to ensure that situations in which persons who do not work within the LHN but who may have potential pecuniary or personal interest in matters associated with the LHN are dealt with appropriately.

The state government strives to appoint persons of a very high calibre to government boards and by their very nature this means persons appointed will be likely to hold several other senior positions and have broad expertise and interests. The health system is complex and if members have experience in and knowledge of the public health system then we believe this is of benefit to the board and the LHN.

We do not believe it is in the best interests of the state and our health system to limit the ability to appoint talented persons with valuable and relevant skills, qualifications and experiences to a governing board. We believe the proposed amendment in relation to clause 12 of the bill strikes the right balance when coupled with the legislative disclosure requirements, duties and offences described above.

The Hon. T.A. FRANKS: I thank the minister for reading out the totality of the cherry-picked letter that was written by the former ICAC commissioner to the shadow minister for health and wellbeing. I ask the opposition to table that particular letter because, in its totality, it does not actually support the contention that they made in their support of this amendment. The Greens will be opposing the amendment.

The Hon. C. BONAROS: SA-Best will be opposing the amendment.

The Hon. J.A. DARLEY: I will be opposing the amendment.

Clause passed.

New clause 12A.

The Hon. K.J. MAHER: I move:

Amendment No 5 [Maher–1]—

Page 7, after line 9—After clause 12 insert:

12A—Amendment of section 33D—Disclosure of pecuniary or personal interest

Section 33D(8)(b)—delete 'reasonably available for inspection by any person' and substitute:

made available for inspection on a website accessible to the public and reasonably available for inspection in hard copy by any person

This amendment requires board members' disclosure of pecuniary or personal interest to be made available on a public website. Currently, these disclosures of conflicts of interest are only available by booking a time to physically attend the hospital and inspect a physical copy of the register, which makes these registers, for all practical purposes, inaccessible. We do not think this is an overly onerous imposition on local health networks and it allows the highest level of transparency possible within this regime.

The Hon. S.G. WADE: The government does not support the amendment. Under the current provisions of the act, any disclosures of personal or pecuniary interest are required to be recorded in the minutes of the meeting, which already are subsequently required to be published on the internet.

The board is also required to record those disclosures in a register, which is to be available for inspection by the public. Members of the public are free to access and peruse the minutes of governing board meetings at any time from the board's internet page. The provisions of the Members of Parliament (Register of Interests) Act only require the register of interests for members of this parliament to be available for inspection by the public at their request. Is the opposition suggesting that they are likewise inaccessible?

The government believes it is unreasonable to expect members of governing boards to adhere to a higher standard than members of parliament who are directly accountable to the public. Our local health network governing boards have the most extensive disclosure and conflict of interest requirements in the state, far exceeding those placed on other South Australian government boards, including the SA Water board, the Essential Services Commission and the Super SA board.

New clause negatived.

Clause 13 passed.

Progress reported; committee to sit again.

At 18:27 the council adjourned until Wednesday 2 December 2020 at 14:15.

Answers to Questions

HOMEBUILDER PROGRAM

In reply to **the Hon. J.A. DARLEY** (14 October 2020).

The Hon. R.I. LUCAS (Treasurer): I have been advised:

As at 30 November 2020, there have been 2,737 HomeBuilder Grant applications received in South Australia. 345 HomeBuilder Grants have been approved and paid, and 530 have been conditionally approved but not yet paid.

WOMEN'S AND CHILDREN'S HOSPITAL

In reply to **the Hon. F. PANGALLO** (15 October 2020).

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

Earthquake resilience is being factored into the planning and design of the new Women's and Children's Hospital.

From 2011, qualified seismic companies undertook various site investigations and assessments of the Para Fault. The recommendations from these assessments reinforced SA Health's view that the Royal Adelaide Hospital (RAH) is not directly on an earthquake fault line.

The RAH has been designed to withstand and remain functional immediately following a one in 500 years earthquake event in accordance with the Australian Standard 1170.4-2007 and taking into account local seismic and geological conditions.

The new Women's and Children's Hospital will apply current quality standards and will build on the knowledge obtained during the RAH design and build.

WOMEN'S AND CHILDREN'S HOSPITAL

In reply to **the Hon. T.T. NGO** (15 October 2020).

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

1. KPMG were engaged in accordance with the State Procurement Board Acquisition Planning Policy.

2. The Women's and Children's Hospital Network will continue to staff in accordance with the staffing requirements of the Nursing/Midwifery (SA Public Sector) Enterprise Agreement.

CORONAVIRUS VACCINE

In reply to **the Hon. F. PANGALLO** (10 November 2020).

The Hon. S.G. WADE (Minister for Health and Wellbeing): I have been advised:

The Department for Health and Wellbeing is engaged in ongoing discussions with the commonwealth on the supply and distribution of COVID-19 vaccines.