LEGISLATIVE COUNCIL

Thursday, 5 July 2018

The PRESIDENT (Hon. A.L. McLachlan) took the chair at 11:00 and read prayers.

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

Parliamentary Procedure

SITTINGS AND BUSINESS

The Hon. R.I. LUCAS (Treasurer) (11:01): I move:

That standing orders be so far suspended as to enable petitions, the tabling of papers and question time to be taken into consideration at 2.15pm.

Motion carried.

Bills

STATUTES AMENDMENT (SACAT FEDERAL DIVERSITY JURISDICTION) BILL

Second Reading

Adjourned debate on second reading.

(Continued from 3 July 2018.)

The Hon. R.I. LUCAS (Treasurer) (11:02): I thank honourable members for their indication of support for this bill. The Leader of the Opposition asked questions in his contribution about what other SACAT matters might be affected by the High Court decision in Burns v Corbett and how this will impact on resourcing.

The bill is designed to operate in relation to any kind of matter that attracts the Burns v Corbett principle and which SACAT is therefore precluded from dealing with because it involves the exercise of federal diversity jurisdiction. The bill does not deal directly with residential tenancies matters. It is intended to apply to any matter that involves the exercise of federal diversity jurisdiction and is therefore outside of SACAT's jurisdiction. However, the bill was drafted with residential tenancies matters specifically in contemplation, as SACAT has identified these as the primary types of matters affected.

Whether other SACAT matter types are affected by Burns v Corbett and hence attract the operation of the bill provisions is not a straightforward question. It will turn on whether the dispute involves the exercise by SACAT of judicial power as opposed to administrative authority, which is not a straightforward one. It will also depend on the degree of likelihood of interstate residents being parties to that type of dispute.

SACAT has only identified residential tenancies disputes and potentially disputes analogous to those that arise under the Residential Parks Act, South Australian Housing Trust Act, Retirement Villages Act and South Australian Co-operative and Community Housing Act as being immediately impacted by Burns v Corbett, although it is primarily residential tenancies disputes affected in terms of any significant volume of matters.

As mentioned by the Leader of the Opposition, it is intended that an eligible SACAT member will be appointed as an auxiliary magistrate to deal with the affected matters, as the Magistrates Court but sitting at SACAT's premises, and that applications will be taken to have been made to the court. Therefore, as previously advised to the opposition, there should be only minimal, if any, resource impact on the court.

Importantly, also, the impact on the parties will be minimised to the greatest extent possible by having their application deemed to have been made to the Magistrates Court, with the same

application fee as to SACAT and matters able to be heard at SACAT premises, as well as the SACAT bailiff still being able to enforce vacant possession orders under the Residential Tenancies Act.

I look forward, on behalf of the government, to the passage of this bill to address the impact on SACAT of the High Court decision in Burns v Corbett and to ensure that parties are not left without a forum to resolve their disputes where a party resides interstate, including, most pressingly, disputes under the Residential Tenancies Act.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. K.J. MAHER: I indicate that we do not have a lot of questions. We have a couple of very small questions at clause 1 and then we will not have any as we go through the rest of the clauses. I thank the Leader of the Government, representing the Attorney-General, for answering the couple of questions we had during the second reading debate.

I appreciate the answers that where there are, in the residential tenancies jurisdiction, fees that are imposed, whether they be for lodgement, even though it is now as if it were a magistrate hearing it, as I understand it, will remain as the SACAT fees rather than the Magistrates Court fees. Can I get confirmation of that?

Secondly, if there are other jurisdictions impacted, is it intended that the fees for lodging proceedings or anything during the proceedings would remain SACAT fees rather than Magistrates Court fees?

The Hon. R.I. LUCAS: I am advised that, yes, that is the case.

The Hon. K.J. MAHER: I think I know the answer to this also, but just for the clarity of putting it into *Hansard*, will any avenues or appeals that would arise as a result of a decision of someone acting as an auxiliary magistrate, even though they are in the SACAT jurisdiction, still be the same as if it were SACAT rather than the Magistrates Court?

The Hon. R.I. LUCAS: I am advised that, no, it will be at the level of a District Court review.

The Hon. K.J. MAHER: I guess what I am asking is: could anyone be worse off; that is, before this legislation, if they had gone through the SACAT process they may have had other avenues of appeal that might have been less costly than going straight to the District Court. What I am getting at is: is there any chance one of the parties before SACAT could be worse off because they are essentially forced up the rung in terms of where they have to appeal to?

The Hon. R.I. LUCAS: No, they will not be worse off, based on my advice; that is, the fee for this District Court review would be $160, which is actually less than the SACAT internal review, which is $545. So it is actually less costly than the SACAT internal review.

The Hon. K.J. MAHER: I thank the honourable member, and it is reassuring to know that someone is not going to be worse off in terms of starting a review process. In terms of an appeal to the District Court, could it be more onerous on a person if they were representing themselves, for instance, as a lot of people do at an appeals tribunal like SACAT? Is there any chance they could be worse off once they get into the appeal process, perhaps needing legal representation that they might not have otherwise needed for an internal review?

The Hon. R.I. LUCAS: I am advised no, that these District Court reviews are done informally, so they can be conducted in virtually the same way as the SACAT review would have been done. So if you were representing yourself, you are still entitled to do that with this District Court review that is proposed here. From that viewpoint, my advice is no, it should not be the case.

Clause passed.

Remaining clauses (2 to 7) and title passed.

Bill reported without amendment.

Third Reading

The Hon. R.I. LUCAS (Treasurer) (11:11): I move:

That this bill be now read a third time.

Bill read a third time and passed.

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 4 July 2018.)

The Hon. I. PNEVMATIKOS (11:13): I rise today out of concern for the future of our healthcare system under a Marshall Liberal government, in particular the impact that the Health Care (Governance) Amendment Bill 2018 will have on our healthcare system. I safely assume that we all agree that for us to have a good health system we need to focus on quality of care and services, safety for patients and staff, oversight and accountability, and maintenance and continuity of programs and services.

We need to strive to ensure that patients in a regional hospital are supported to have the same standards of quality and safety as those in the city. We need to use our best endeavours to ensure that we address the number of people presenting at emergency departments in a structural sense rather than employing temporary bandaid measures as problems arise and reach crisis levels. In the same context, we also need to ensure that there is a fair spread of beds and places for elderly Australians who require treatment and medical assistance.

We have already seen the Liberal counterpart, the federal government, cut $2.1 billion from hospitals. What further implications will we see if the state government devolves the health system, or is it more of the same—the state Liberal government following in the shadow of the federal Liberal government? By lowering financial controls and oversight, how will we be sure there is continuity within hospitals, not just in the city but in our regions as well? Who will step in if the quality of services diminishes, for example, say, at the Riverland General Hospital, and what measures are in place to do so?

What if the relevant board is unable to address the issue because their limited funding is preventing them from being able to action the matter? What happens then? What will the government do? At the end of the day you can have a board deciding all manner of issues, but with no control in terms of budget and spending, it is a recipe for dysfunction and disaster. Or is it the case that the government has chosen not to do anything, absolve all responsibility and shift blame to a third party?

As it stands, we already know that the health system is set to lose $10 million of taxpayers' money to establish a web of boards to absolve that responsibility. That is $10 million that could have been spent on providing proper staffing levels and appropriate services in our state health system, rather than adding layers of bureaucracy to an already overburdened healthcare system. Illness and injury does not care where you live or who it strikes; we need to ensure that patients never have to worry about where to go to get treatment. It is about being fair. It is unfair to risk the wellbeing of patients based on the current plans set by the government.

On 7 June, the Minister for Health and Wellbeing spoke on this bill. He stated that the South Australian health system is too large and too complex for it to be optimally operated with all the authority and accountability resting on one person, that being the chief executive of the Department for Health and Wellbeing. I repeat: too large and too complex. If the health system appears to be too large and too complex, maybe the government should reconsider its decision to cut consultation with stakeholders on this matter.

Clearly, the government needs all the help and advice it can get. Decentralising health care will lead to duplication, less coordination and encourage an imbalance of quality, services and programs between hospitals. Our health system is too important to risk fragmentation. We agree that we need transparency for an effective, safe and quality health system. As it stands, we are still waiting

for the government to explain how the system will be organised in order to assess its effectiveness and, of course, transparency.

I welcome the government coming to the floor and answering all the fundamental questions that remain unanswered. However, if that remains too large and too complex, I suggest that the government wait and take into consideration any amendments introduced by the opposition to ensure that our health system's quality and safety standards continue to grow for all public hospitals.

The Hon. C.M. SCRIVEN (11:18): I am sure it is agreed by all in this chamber that one of the top priorities of any government is to provide effective and accessible health care for the people we are elected to represent. This area of government affects each and every person in this state, young or old. The health of the next generations are impacted by the health systems of today, starting from the health of potential parents as they prepare for pregnancy, to antenatal and postnatal care, through childhood health, adult health services, chronic disease treatment, preventative health, screening services and more, right through until each of us is facing our last days here on earth, where end of life becomes relevant to each one of us and our families.

It is clearly a complex system. We have federal and state governments responsible for different aspects of our health care and yet as individuals, as people, all of those items interact. We need to ensure that we have a system that works well together across our state, across our nation and in each individual regional area.

Coming from the Limestone Coast as I do, that last point is particularly relevant. We want to have local input into health decisions and the systems that we encounter. However, the question is: does this bill assist with that or does it actually add a level of complexity that will not help positive health outcomes for ourselves, our families, our friends and our neighbours?

The concern is that the proposal in this bill will in fact lead to fragmentation, that it will lower the quality of safety standards, it will lower the financial controls and it will lower the financial oversight. Of more concern again is that the minister appears to be trying to avoid government responsibility for the system. We need to have a system where it is clear who has accountability. By talking about hospital boards and regional boards, where does the responsibility lie? While it is commendable to have local input into decisions, it is also essential that we have a coherent system that works together for the benefit of everyone in the state.

When the Health Care Bill was passed in 2007, it was in response to a number of issues with hospital boards at the time across the state. Some of those issues were safety problems, quality problems, contracting issues and clinical planning issues. Additionally, the governance changes in this bill will undoubtedly come at a huge financial cost. The board fees are likely to be at least $2.1 million per annum, on the advice that we have received. The sum of $2.1 million will go a long way towards providing front-line services to people. Indeed, people in the Mount Gambier region or Naracoorte, for example, would be delighted to have $2.1 million per annum in additional funds go into their hospitals and health systems. Instead, that amount of money will be going into hospital boards, with very unclear outcomes that we can expect to see from it.

In addition to those costs will be costs for recruitment, for advertising, for administration and so on. Of particular concern is the lack of detail in this bill. It is extremely light on detail. In the briefing that the opposition received on this bill, it became very clear that the government still has not worked out many fundamental questions of how they want the system to be organised. It is this kind of rushing through which does not allow suitable attention to detail, which is a real risk in this bill.

The government has apparently engaged in no consultation with stakeholders. The promise during the election to consult on country health boundaries after the election does not appear to have come to fruition. The concerns that people have raised with me is that the government is just focused on moving people around rather than coming up with a proper plan, a cohesive plan for our health system.

By decentralising overall responsibility, who is accountable? The potential outcome of this is that the minister can deflect blame from himself and from his chief executive when issues do occur, as issues always do occur in health. At the same time, it is potentially creating more duplication and far less coordination.

If these boards are going to have such a high level of responsibility, if essentially they will be accountable instead of the minister and instead of the department's chief executive, then these boards must be transparent and they must be accountable. We do not see that in the legislation in front of us. The opposition would like to see much more transparency and accountability in this bill. A series of amendments will be moved to that effect.

Labor committed to a $140 million cash injection over the next 10 years to upgrade country public hospitals and aged-care infrastructure with the goal of ensuring high-quality services can continue to be provided to rural and regional communities. We would like the focus to be on improving services rather than deflecting accountability from the minister and from the chief executive. We look forward to discussions in committee on the proposed amendments and hope to have support.

The Hon. K.J. MAHER (Leader of the Opposition) (11:24): I rise today as the lead speaker for the opposition on this bill in the Legislative Council, and indicate that the opposition will not be supporting this bill. This bill seeks to create 10 health boards across the state to manage the running of our hospitals, adding cost, complexity, duplication and risk.

South Australians are well served by the doctors, nurses, allied health professionals and other staff who work hard in our hospitals and health services every day. They deserve a government that will be willing to put resources into their hands to care for patients, not into setting up new bureaucracies that have the potential to make life more difficult and not solve any of the issues that are important to them.

We are deeply concerned that this bill will lead to a fragmented and divided health system, with the lowering of quality and safety standards and central financial controls and a lack of focus and coordination over our key statewide health services. It also smacks of the health minister trying to avoid responsibility for the system he represents and to deflect that ultimate responsibility elsewhere.

To be clear, the government and the minister have been elected to government saying very clearly that they are going to fix issues they see are wrong in the health system. That is a promise they have made, yet we have not seen any evidence that they are even close to meeting that promise. There is no plan for the health system from the new government. There have been no investments made in the health system since they took office. The small promises that the government did make—to reopen the Repat and establish a HDU at the Modbury Hospital—we have seen, through answers in this chamber, that the government is all at sea in trying to implement them.

In fact, the government had to admit to the council that their very own health department has said that their policy for a stand-alone HDU is going to cause serious clinical risk for patients. The minister was so concerned about it that just this week he made clarifications to avoid misleading this chamber in relation to the clinical safety concerns that his own department has for a stand-alone HDU at Modbury.

On the big questions, like implementing a winter demand plan, the minister has been caught out of his depth. He did not release a plan until a full third of the way through winter, when ramping had already reached huge proportions right across our health system. With no plan for hospitals and no new investment in hospitals, it is inconceivable that creating new levels of bureaucracies and diverting millions and millions of dollars of funding from patient care into boardrooms will do anything except make the jobs of doctors, nurses and all of the others who work in our hospitals harder.

Before going into further detail on specific concerns about the bill itself, I am going to address concerns we have about the lack of consultation that the government has chosen to undertake on this bill. The opposition went into a briefing on this bill expecting to hear about the large amount of consultation that had taken place prior to the introduction of this bill. Why did we go in expecting this, Mr President? Because the Liberals specifically promised in their election commitments to consult on the bill.

In one of their 2018 election documents, 'Engaging communities and clinicians for better health', the liberals committed to:

> …consult on the boundaries of up to six regional health networks as a first step to establish their boards of management.

When we asked in our briefing if the minister had fulfilled his commitments he seemed somewhat confused by the question and said that he would send us proof that he had done such consultation, yet all we have been provided with to date is a short letter sent out in December 2017 to health advisory councils which fails to meet the government's commitment to consultation following the election. It is another broken promise from this government, and we are still waiting for the government to provide us with a list of stakeholders consulted on the bill following its introduction, or any plans to consult with stakeholders on this bill.

Embarrassingly, for the government, we have heard from many stakeholders that our request for feedback on this bill is the first time they have ever heard about this bill, and the government has refused to release whatever documents for consultation it may or may not have received. In relation to consultation, here is what the AMA said on a previous consultation on the bill:

> In considering our response to this new Bill, the AMA(SA) has consulted its records on the Health Care Act 2008. The draft bill for this Act [that is the 2008 bill] was released for public consultation on 2 July 2007. The then Minister for Health, John Hill, presented it to the AMA(SA) Executive Committee on the Bill on 14 August 2007 in advance of its introduction in Parliament on 27 September 2007…

So there is a model for consultation that has previously worked, and we just do not know why this new government, and particularly this minister, refuses to consult, as has happened in the past. The Australian Psychological Society says:

> The APS is concerned about the absence of stakeholder consultation for the proposed Healthcare (Governance) Amendment Bill 2018 for South Australia. In particular there has been an insufficient amount of time provided for stakeholders to consider and comment on the broader impacts for health consumers in SA.
>
> This is especially fraught due to the absence of information detailing the issues or analysis, including an economic analysis, comparing the new model with the current system of governance.

This absolute and complete failure to consult with clinicians and key health organisations is unacceptable when we are looking at a bill that fundamentally seeks to change the entire governance structure of our health system.

The opposition is concerned about the lack of proper strategy and implementation plan for this new system of governance. What emerged in our briefing on this bill was that the government has removed the usual limitation of enacting a bill within two years of its passing. It became clear that this government will likely take more than two years to put this system into place. Naturally, we asked why, and it turns out there has been no planning for this legislation to take effect.

We have legislation put before us that has no planning whatsoever behind it. In the briefing, almost every question put to the minister about how this reform will work practically was answered with, 'Oh, it's a stage 2 consideration'. In effect, the government has no idea of what they are doing and what will come after this. There are still so many fundamental questions remaining in terms of how the government wants this new governance structure to operate.

In an even more amazing twist, in the briefing it was fully acknowledged that, under this so-called stage 2, it is likely that an entirely new health bill will be put to parliament late this year or early next year before the boards actually commence. We are being asked to pass legislation with the knowledge that this probably is not what is going to happen. It is an insult to this chamber and an insult to the healthcare sector and stakeholders in this area.

It is bizarre that the government is looking to introduce this and then replace it all even before it comes into operation. It is treating us in this chamber with contempt and disrespect by asking us to pass a bill that they have no intention of operating. It remains unclear as to how the July 2018 start date for board chairs interacts with the potential passage of this legislation. Surely, there needs to be a transitional arrangement in place, and presumably contained within the legislation, but we have no detail on that. We will certainly be going through that in some detail in the committee stage.

In relation to costs of this new system, we are concerned with the excessive cost health boards will have. We are not convinced it is good use of money, and it will take tens of millions of dollars from patient care to salaries for board members and this bureaucracy. We are concerned about the lack of detail we have received on costs when it comes to these changes. We have asked the minister for costings but we have had very little in response.

Undoubtedly, this bill will substantially increase the cost of the health system. For instance, the board remuneration fees from the figures we were provided are likely to come out at well over $10 million from the forward estimates. Then there is recruitment, advertising, setting up, administration and everything else the boards need for their operation. And that is before we reach the largest cost, the cost associated with developing and duplicating central functions of the health systems as they stand, including budgeting, human resources, administrative staff and operating systems. Duplicating all of this across the system is likely to be a substantial hit to the budget bottom line, all of which will take much-needed funds from patient care and divert them to bureaucracy and duplication.

It is worth considering the history of where we were before we arrived at this bill. In considering a bill on the creation of boards, it is useful to consider why the former government abolished health boards just a decade ago. This is something that the current government clearly failed to do before pushing ahead with this bill. When the Health Care Bill was passed in 2007, it followed a multitude of issues with various hospital boards across the state, including safety and quality problems, contracting issues and difficulties surrounding clinical planning. All the evidence pointed to the fact that we needed to streamline the governance of health, so we listened to the evidence as a government back in 2007 and acted accordingly. This government has decided to tear apart that system in the absence of any proper evidence to do so.

In terms of fragmentation of statewide governance and services, we think the government is focused on shuffling bureaucrats around rather than on coming up with a comprehensive plan for a health system, which is what they need to focus on. Just like the minister could not be bothered coming up with a winter demand plan until a third of the way through winter, we see it again with this plan—not having a plan at all that goes with what they are talking about.

By decentralising overall responsibility in the health system the government is attempting to deflect blame away from the minister while at the same time creating more duplication and less coordination across the system. It means the devolution of financial control as well, and this has caused problems when health boards were last in existence.

The opposition has stakeholders coming to us with many concerns about the issues this will raise for statewide services. For instance, the AMA raised concerns regarding the impact of devolution on regional South Australia:

> The AMA(SA) would stress that there should be no loss of funding/resources for regional health/clinical services due to costs associated with establishing the boards. We also seek to know what residual central governance may remain for regional SA. Rural medical workforce management is one significant area of concern. The AMA(SA) favours certain functions of statewide significance to remain centrally managed.

How the current statewide service will work in this new structure is one of the myriad of concerns the government has pushed aside, saying, 'Don't worry about it, just ignore it, that'll be stage 2, and we may just change the whole legislation anyway.' There is also concern from stakeholders that the devolution of authority will naturally lead to a lack of broader policy focus on those services that cross different board boundaries, and first and foremost amongst those is mental health.

The opposition is also unsatisfied with the lack of accountability and transparency surrounding these boards. If the government wants to create boards with such high levels of responsibility there needs to be a similar transparent and accountable mechanism, which we certainly cannot see in the legislation before us. If the government is serious about transparency there are lots of ways these boards could be more transparent, and this is something we intend to address in the committee stage with opposition amendments.

A related point is one of the expertise of these boards. We learned that in Victoria there is a significant review underway on clinical governance, looking at boards needing to be better educated to make the decisions they are required to make. We want to know what will be in place to educate our boards and ensure they are making the soundest possible decisions.

A final high-level concern to flag ahead of the committee stage is the high level of confusion and lack of clarity surrounding accountability and hierarchy between the chief executive of SA Health, the boards and local health network chief executives. There is an issue of local health network chief executives being accountable to both the SA Health chief executive and also the relevant board.

Undoubtedly, this will create confusion and conflict when things inevitably go wrong. It is unclear what would happen in the event that there is a disagreement between those various parties regarding a local service level agreement.

Once again, in the briefing we were told that this was to be sorted. That is a completely unsatisfactory answer when a government, a minister, is asking a chamber of the parliament to consider the passage of legislation that will involve fundamental changes and have fundamental effects on something as important as the health system. It remains unclear whether boards must wait for the chief executive sign-off on choosing a local health network chief executive or whether they simply must consult the chief executive and can ignore any disagreement upon the consultation. I am sure that is something the minister can clear up very easily.

The ANMF raises similar concerns in their submission:

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

If that sounds confusing, it is because it is. That is the way the legislation is currently crafted. The AMA had this to say:

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

These are very reasonable questions from the AMA that the minister has an obligation to answer before we consider the bill further. And we still have not heard back from the government in response to questions raised during the briefings as to whether or not boards are eligible to review decisions to appoint advisors under the legislation, which I am sure the minister will clear up in his second reading response.

In summary, this is a bill that will take funding away from patient care and shift it into bureaucracy and boardrooms. It will lead to the same problems that we have seen before in the complexity, duplication and the concerns in the controls of finances, safety and quality. The government has not thought through many of the very basic questions about how this system will operate and it is treating the parliament with contempt by rushing in a bill that, by their own admission, they are not sure is satisfactory and may well scrap entirely and replace with a new bill before the end of the year.

This goes to the reason why the bill is before us. It was a commitment for their 100 days and come hell or high water the government was going to put something in regardless of the lack of consultation and the lack of ability for any clear way that the bill will work. They have produced the bill in a way that does not give parliament confidence of the transparency and accountability of these boards, boards that will be in charge of some of the largest sums of taxpayers' money of any government boards in this state.

There has been precious little to no consultation with stakeholders and we have been presented with an extreme lack of detail on the practical outcomes of this legislation. This is a bad bill that will make our health system weaker, and I urge members to oppose the bill or, at the very least, to support some of the amendments that the opposition is putting up that will improve what is a fundamentally flawed bill.

The Hon. F. PANGALLO (11:42): I rise to speak in support of the second reading of the Health Care (Governance) Amendment Bill 2018. The bill represents the first stage of changes to our health system, as outlined by the government in its pre-election commitments. It signals a first step in the decentralisation of the public health system through the establishment of metropolitan and regional governing boards.

This is a significant change, given the former Labor government had abolished governing boards 10 years ago on the pathway to instituting the much-maligned Transforming Health, which

continues to produce poor outcomes for patient care in the state's public health system. Transforming Health has become more about transferring health out of our public hospital system, leaving behind a cumbersome and bureaucratic framework of care that has done nothing to meet the needs of patients and leaving in its wake long patient queues for treatment.

The bill further allows for our local health networks to be governed by their own local boards and allows the governing board chairs to be appointed by 31 July 2018 in an advisory capacity and in full capacity from 1 July 2019. The expressions of interest closed a few days ago, on 29 June. These overambitious time lines concern me, as I would have liked to have properly considered the number of amendments which the opposition only filed on Tuesday of this week. The bill itself was only introduced on 7 June.

The bill makes significant changes to the performance and accountability of our hospitals by installing the governing boards, and we need to get it right. The second stage is to establish a new governance and accountability framework for the public health system, which will incorporate this legislation into new legislation to be introduced, we are told, later this year or early next year.

The minister has stated the proposed legislation for the second stage will allow for the consultation this bill was not afforded this time round. Indeed, the minister has provided assurances that the next bill, which represents the second stage in the process, due at the end of this year or early next year, which will replace the existing Health Care Act 2008, will have a robust and lengthy consultation process. I trust that the minister is prepared to give that undertaking in the council today.

I look forward to hearing from the minister in terms of him providing reasons why the Labor amendments should not be supported, given that prima facie many of the amendments make sense. I would also like the minister to address the concerns and feedback raised by stakeholders, including the AMA (SA), the Australian Nursing and Midwifery Federation (SA Branch) and the Health Consumers Alliance of SA in relation to representation on boards and consumer engagement in correspondence which was tabled by Hon. Tammy Franks on Tuesday.

There is no doubt the system needs to change. The idea of SA Health essentially adopting a managerial model, with no doctors being appointed to chief executive positions within the Department for Health or the local health networks, was ill-advised. South Australians are paying the cost for those decisions—one of the issues, I believe, that had a huge impact on the result of the state election.

SA Health has effectively excluded clinicians from critical decision-making, preferring to spend vast amounts of taxpayers' money on employing bean counters from the likes of Deloitte, McKinsey and KPMG to carry out service redesign work, which has only served to create controversy and division and left us with a crippled and gravely ill public health system.

The best health systems in the world have medical expertise at the helm. I echo the sentiments of the Australian Medical Association (SA) that:

> ...the lack of medical leadership and authority at the highest levels of SA Health has significantly contributed to what we see at the moment—budget deficits, ambulance ramping, e-health issues, morale issues, a lack of innovation, poor clinical analytics and a lack of clinical engagement: an issue explicitly acknowledged by the current Government—all resulting in a health system that is significantly under-performing, in our view.

It is unfathomable that in a First World state such as ours the public hospital system lost the equivalent of 70 hours of ambulance time, or effectively nine ambulances off the road, between 11am and 7pm on one day last week. Ramping serves only to monopolise ambulance availability by forcing crews to care for patients in car parks while hospital EDs are full. The critical job of ambulance crews is to deliver patients to EDs so they can be appropriately triaged and assisted by medical teams, not paramedics. Ambulances stuck in car parks in a conga line, waiting, waiting, waiting, will inevitably lead to avoidable deaths.

I spoke in this place earlier in the week about the tragic death of 18-year-old woman Kiera Moreldo. On the cusp of so much possibility for her future, she died in her sleep two weeks ago from a preventable genetic heart condition while being forced to wait to see a cardiac specialist at the end of September for an appointment. This simply should not have happened, and the delay has only compounded her family's grief.

A constituent recently contacted me after he was advised by Flinders Vision that the waiting list at the Flinders Medical Centre for public ophthalmic patients is between one and two years. They did ring him back to tell him they had found a private ophthalmologist who was willing to do each eye for $2,350 via the private health system. The amount of $4,700 is a vast sum of money for most pensioners to suddenly find. This pensioner is in desperate need of cataract surgery, and while he waits he is going blind and can no longer drive and is becoming more dependent on his wife to care for him. This is completely unacceptable.

Contrast this with the situation in Nepal, where skilled ophthalmologist and co-founder of the Himalayan Cataract Project Dr Sanduk Ruit can perform a cataract surgery in under five minutes, having restored eyesight to over 100,000 people in Africa and Asia with his small incision cataract surgery without the benefit of the world-class equipment doctors in our health system have at their disposal.

Dr Ruit performs dozens of flawless cataract operations at eye camps over the course of a 12-hour day. His mission is to bring back eyesight to anyone who needs it, regardless of his or her ability to pay, and to do so with the pre and post-operative care that rivals the highest quality health care throughout the world. Dr Ruit was trained by none other than the renowned Dr Fred Hollows, one of our own, whose legacy continues to make a profound difference in the lives of thousands across the globe. Perhaps this government could invite Dr Ruit to South Australia to impart his knowledge here. I remain very concerned about the rushed nature of this proposed legislation, but I am prepared to proceed today.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (11:50): I would like to thank honourable members for their contribution to the debate on this bill. Board governance of public health services was a central pillar of the health policies that the Marshall Liberal government took to the election. Boards are fundamentally about devolving control to deal with the corrosive centralism and bureaucracy that developed under the former Labor government. In establishing governing boards, we want to ensure that clinicians and communities have enhanced opportunities to be engaged in making decisions about their own health services.

The opposition has made its opposition to this bill clear. The broad community support for the health board governance is a repudiation of the opposition's administration of health in the last parliament. Let us remember that it was Labor that abolished the boards in 2008, it is Labor that has presided over centralisation of the health system over the last decade, and it was Labor that opposed our policy in the last election.

Labor's opposition to this bill is demonstrated in particular by its failed attempt to establish a privileges committee and by its statements in the chamber today. I see some of the opposition amendments are muddle-headed and some of them are premature, but some of them are, in my view, an attempt to hamstring the new governance arrangements. Some of them the government will support.

I would like to respond to some comments about the time frames for the bill. It is important to understand the process proposed. The legislation here is about providing the legislative base for boards to be established. The government hopes that this legislation will pass the parliament by late July to enable board chairs to be appointed. Later in the year or early next year, the government will seek parliament's support for a new bill, likely to be a repeal bill, which will legislate the full governance and accountability framework. Parliament will have an opportunity to revisit all the issues in this bill later in the year. Of course, I would want parliament be comfortable with this bill, but members can be assured that they will have the opportunity to revisit the issues in this bill when the second bill is presented.

The only area where I suggest the government would be reluctant to amend the second bill is on the composition and eligibility of the board. I do not think it is fair on applicants and future board members to have the goalposts moved after their appointment. I certainly would not support an amendment which would disqualify a duly appointed board member because of a subsequent legislative amendment.

In terms of time frames, the tabling of the bill was a 100-day commitment, but in any event it would have needed to be an early priority of the government. We need to get clarity on the model

before we go to appointment. We want to form the boards as early as possible so that they can be involved in the induction and training. If we had waited until the completion of the full framework, both the composition of the boards and the governance and accountability framework, it would not have been possible to appoint the board members until late this year or early next year. The capacity for the boards to be involved in induction and training would have been significantly reduced.

As I outlined in my second reading explanation and expressions of interest process, that has been undertaken in parallel with this bill before the parliament. The goal is to ensure that appointments can be made under the act as soon as the bill is passed by parliament. In this context I urge members not to support amendments that relate to the broader governance and accountability framework. The amendments can feed into the consultation on the broader bill, but the government does not want to pre-empt that consultation by putting down a position at this stage.

In a formal sense, the bill before the parliament moves responsibility for the administration of public hospitals and health services from the chief executive of the Department for Health and Wellbeing to governing boards. Since the introduction of the bill into parliament, I have met with presiding members of the country health advisory councils to discuss the changes, to many country people and to local regional media.

It would be no surprise to members that the decision to return to local boards has been welcomed by those living in regional South Australia. They have been neglected under 16 years of Labor, and they see the loss of boards as a key factor in their decline. Their feelings are best summed up in the editorial from the *Port Lincoln Times* of 13 June 2018, which stated:

> When Country Health SA took over the running of local regional hospitals, hospital boards were done away with leaving local communities without the local voice in health they once had.
>
> In the years since hospital boards were abolished, hospital auxiliaries and health advisory councils have tried to do what they can to make sure money donated locally is spent on local health services and equipment but they have never had the power to make decisions.
>
> They lack potency and authority, and many would argue it has cost local hospitals and health services dearly.

The foundation of this bill is unorthodox corporate governance framework, with skills-based boards. Board members are appointed for the skills they bring to the task of running the organisation, not to represent one or other of the stakeholders of the organisation.

Boards are not meant to function like parliaments, to represent constituents, they are meant to function as a team, with the single purpose of delivering the best health services for the population in their network. If individual directors regard themselves as representatives of a particular group, this can give rise to the interests of that group overwhelming the broader interest.

Directors must act in the interests of the whole organisation and apply an independent mind to the board's work and decision-making. To be effective, a board needs the right group of people with an appropriate mix of skills, knowledge and experience that fits with the organisation's objectives and strategic goals.

The government will oppose amendments that undermine the skills-based nature of the board. To do otherwise would be to weaken the board's capacity to deliver on quality and safe health services. The bill outlines an appropriate skills mix to oversee the operations of the local health network.

The bill requires that two members on the board are to be health professionals. In the context of the comments I just made, it is important to recognise that health professionals are not there to represent health professionals, they are there to bring their skills to the board table, whether they be in health management, clinical governance, health policy, health matters generally, and so on. They are not there to represent health professionals generally, or their own profession specifically. This is a key reason the government will oppose the amendments that seek to specify the health professional background of members.

Boards are also likely to have key health professional leaders from their local health network attend board meetings, whether ongoing or on an as needed basis. However, it is good practice that, to avoid conflicts of interest, board members should not be employees of their own LHN.

As part of communications across the system about the introduction of governing boards, there have been a number of questions asked about the eligibility requirements. The government will be moving a minor technical amendment that it hopes will provide clarity. However, it does not detract from the government's position that persons providing services in local health networks will not be eligible for appointment to the governing board for that local health network. We want to ensure that the governing boards are able to operate without compromising probity.

I refer members to the review of hospital governance practices from Victoria as a result of a number of perinatal deaths that occurred in the Djerriwarrh Health Services during 2013 and 2014. A review into the health service found that many of the deaths were avoidable or potentially avoidable, with many of the deaths involving common and recurring deficiencies in care. The review identified the health service had inadequate clinical governance and was not monitoring and responding to adverse clinical outcomes in a timely manner. This failure was across the system not only in terms of what happened at the health service but also that the health service board did not discharge their duty to ensure that care is safe and continuously improving.

One of the factors from the review into Djerriwarrh Health Services was the need to have independent clinicians on the board who can assist the board in understanding clinical issues rather than potentially impeding the board. In South Australia, we can learn from these failures and ensure they are not repeated. The board composition provision supports the board having the skills and expertise in clinical governance that it will need. Given the experience at Djerriwarrh, I do not see the need to change the policy position to exclude clinicians working at a local health network from being appointed to the governing board for that local health network.

I turn now to respond to stakeholder input. I met with the chair and chief executive of the Health Consumers Alliance, who have provided me with comments on the bill. The comments were tabled in this chamber by the Hon. Tammy Franks on Tuesday. Whilst they are supportive of the intention of the bill, they have sought the inclusion of consumers on the boards and compliance with the National Safety and Quality Health Service Standards, which call for greater involvement of consumers in governance. The bill does not exclude the appointment of consumers to governing boards. There is no explicit requirement for consumers to be appointed to a board. However, a consumer could be appointed should their experience and expertise be perceived to support the board in the effective performance of its duties.

Beyond the board, the model is based on the presumption that consumers will play an important role in the governance of the local health network. Boards will be required to develop a consumer and community engagement strategy to receive input about health services provided by the local health network. Hospital boards will be required to report annually on this engagement strategy. As members will note, the requirements for the engagement strategy may be prescribed by regulation. It may well be that the strategy recognises policies such as the National Safety and Quality Health Service Standards to ensure that consumers are appropriately engaged.

I note the Health Consumers Alliance of South Australia's comments about health services needing to be safe as well as efficient and accessible. I refer members to the role of the board, which is to ensure effective clinical governance frameworks are established. This encompasses all aspects, including the governance arrangements to manage patient safety and quality risks, care provided by health professionals, qualifications and skills of managers and the clinical workforce to provide safe and high-quality health care, management of incidents and complaints, and patient rights and engagement.

As I mentioned earlier, there will be further work on the governance and accountability framework for the public health system over the coming months that will lead to further legislative amendments. These amendments will take a broader focus on the governance of the health system. There will be consultation with stakeholders and the community. The government will take on board the comments made as part of this bill in the next stage of legislative amendments.

My department has also consulted with the unions that represent the employees in the health system. Most of the unions' concerns relate not to this bill but to the broader reform of governance arrangements to which I have just referred. That bill is of more relevance to their members than the content of this bill, and they will be kept informed and consulted as this work proceeds.

The comments of the ANMF relate to the interrelationship between the minister, the chief executive of the department and the board. The AMA also raised similar concerns about accountability. As I mentioned in my second reading explanation, the boards will be accountable to me for the oversight and delivery of health services in accordance with a service level agreement negotiated between the local health network and the board.

These boards will be required to operate within government and departmental policies, which is no different to how local health networks are operating currently. The bill requires that the board must comply with any directions of the minister or the chief executive. I consider that is a reasonable requirement, particularly where a board has failed to comply with its functions or is not operating within government or departmental policies. The ability to provide direction to a board should be viewed as a reserve power.

At the end of the day, the minister, the chief executive of the department and the governing board will have distinct roles, with the minister performing his or her role in setting policy and direction for the portfolio in South Australia, the chief executive of the department being the system manager of the health system and the board being responsible for the governance of the local health network and its service delivery. Each party needs to understand each other's role and respect that role and authority in order for the system to function. The community has the right to hold each accountable.

The governing board will be responsible for the appointment of the chief executive for their local health network. The bill includes a provision for the board to consult with the chief executive of the department, but at the end of the day it will be the board's decision to appoint a person as their chief executive officer. The chief executive officer of the local health network will be responsible to the board and not to the minister or the chief executive of the department. The ANMF has also requested that clinicians appointed to the board should not be limited to medical practitioners. There is nothing in the bill to preclude the appointment of members from other professions to the board. The AMA has taken the view that the board members must include at least one medical practitioner, preferably as chairperson.

I reiterate what I said earlier: the board members are meant to bring their skills to the board table, not to act as a representative of a body or group beyond the board. Appointments will be merit-based appointments to ensure that the best persons are engaged on the board. The health professionals appointed to the board are not there to represent their profession but rather to provide an understanding to other members on clinical governance and other health issues to ensure that health services are safe and effective. I also note that, as far as I am aware, no representative body has put forward amendments in relation to election of a representative to the board as proposed by the opposition.

The Hon. John Darley has raised concerns about how the government can assure the council that the boards of local health networks will be given realistic budgets with which to work. Budgets are currently determined and negotiated each year for the LHNs through the service level agreement negotiation process. That will continue to be the case under the board governance model. Significant changes have occurred in the budget-setting process since the last time boards existed in South Australia.

In the past, these negotiations used the state casemix price as the basis for funding. The 2011 National Health Reform Agreement established the basis for national activity-based funding arrangements. These arrangements ensure that South Australia now follows as closely as possible funding LHNs at a national efficient price for all activity-based funding so that there is both transparency and equity with respect to the basis of funding.

The national activity-based funding arrangements have not only allowed for national comparability but also led to increased investment in data activity and costing systems at the patient level across more service types and locations. This has increased the accuracy and comprehensiveness of funding models at the national and state level and supported improved efficiency.

The Public Sector (Honesty and Accountability) Act clauses apply in relation to this legislation. The government supports the opposition's proposal that it is appropriate that the boards be required to disclose interests rather than simply manage current interests. We propose therefore

to put forward amendments that—and they have been distributed—based on the precedent of the Planning, Development and Infrastructure Act 2016, we would institute a provision for disclosure of interests.

Relying on the model that is already in the planning act means that less of the detail that is in the opposition's amendments would need to be in the act; it would be in the regulations instead. This would make it easier to add or modify interests in time rather than having to do so through legislative amendment. It does not detract from matters that the opposition wishes to have disclosed. We want to be cautious in relation to what disclosures are required to be made. We appreciate that the opposition's amendments looked more like a parliamentary disclosure regime, and we need to get a balance between people who are serving on a government board and people who are serving in a parliamentary context.

In terms of the opposition amendments that have been filed in relation to the inspector, we believe that the opposition has misconceived the role of the inspector. The bill is an appropriate opportunity to consider this issue, which relates to the relationship between the minister and the board. In committee I will explain the fundamental role of the inspector and why the government will be opposing the amendment.

Another matter that the Hon. John Darley raised in his second reading speech was the issue of the scope of a board's responsibilities. He asked the government to clarify whether boards would take a hospital-centric approach or whether, as part of their responsibilities, boards will be expected to adopt a more holistic approach to the way healthcare services are delivered and coordinated within a particular region. I confirm that the government's view is the latter and that we will not be making the mistake of the previous government under Transforming Health with its almost exclusive focus on hospitals.

Focusing on hospitals is not the way to transform our health system. It is not the way to develop and deliver the joined-up health system that the South Australian community expects and the government is committed to delivering. Local health networks already are responsible for many services and programs that are delivered beyond the walls of the hospital they run. This will continue to be the case under the boards, although the governance of statewide services is likely to change.

While the act uses the term 'incorporated hospital', in practice, the term 'local health network' is used in recognition of the range of health services that are provided by these entities. As defined under the act, this will include services for the promotion of health and wellbeing; the prevention of disease, illness or injury; intervention to address or manage disease, illness or injury; the management or treatment of disease, illness or injury; or the rehabilitation of ongoing care for persons who have suffered a disease, illness or injury. In some country areas, the local health network will also be providing residential aged-care services.

Beyond state government services and programs, the government will be expecting boards to work closely with other players in the health space: with local GPs, with the Adelaide and country PHNs and with non-government organisations. This wider remit is reflected in the functions of the board in clause 11, proposed section 33(2)(h). I would like to take this opportunity to thank officers from the department and parliamentary counsel who have assisted me in bringing this legislation before the chamber, and I thank honourable members for their indications of support for the second reading of the bill. I look forward to the committee stage.

Bill read a second time.

Committee Stage

In committee.

Clause 1.

The Hon. K.J. MAHER: I have a couple of questions, broadly, on the operation of this bill. As the bill that is before us currently stands unamended, can the minister explain whether his system of health boards could be up and running under this bill alone? That is, could this bill give effect to the boards running without the need for this stage 2 program?

The Hon. S.G. WADE: The government has no intention of boards becoming fully operational without the full governance and accountability framework being in place.

The Hon. K.J. MAHER: I thank the minister for his response. Is there technically, as this bill is drafted, a reason they could not be, though?

The Hon. S.G. WADE: The bill could be proclaimed but the government has no intention of the boards becoming operational. The stage 2 bill will need to deal with a whole range of elements of governance and accountability.

The Hon. K.J. MAHER: I thank the minister for his response, but I am not sure he quite understood the question. Technically, are there any reasons this scheme could not become operational under the bill before us?

The Hon. S.G. WADE: It would not be possible for the government to implement the governance and accountability framework it envisages in relation to boards without the legislation that is envisaged in stage 2. All the government could do with this legislation is establish boards; that is the purpose of this bill. That is why we have decided to do it in two stages.

I will just highlight the benefits of that approach. If we were to take the opposition's approach and wait until the full bill was concluded, considering that we want to give both the community time to consult and the parliament time to consider, it is highly likely we would not be able to establish boards until February or March next year, in terms of constituting them. If that were the case we would be required to concertina the induction and the training required, and for the boards to be taking on full responsibility in a much shorter time frame.

It is our view that not only is it helpful to have board chairs working with their management in an informal way as early as possible and, if you like, getting a better understanding of the business before they take full operational responsibility on 1 July 2019 but also the boards together can do induction and training work.

The Hon. K.J. MAHER: I understand the minister saying that they have this plan and that this is what they may do and this is how it may go. The bill before us sets out how the boards are constituted, the function of the boards and how they work. If they were not to do stage 2, what is the reason these boards could not operate under just this bill?

The Hon. S.G. WADE: The boards could exist and could operate, but they would not have the framework that the government intends. That is why we are intending doing it in two stages.

The Hon. K.J. MAHER: I thank the minister. That is what I was getting at: this actually sets up the boards, this sets up the functions of the boards. I understand the minister is telling us that they have plans to do more with that, and I think the plans are to actually repeal this act and replace it with an entirely new act that would have further and better details, but I thank the minister for letting us know that this scheme could become operational if we pass this bill, that the scheme of health boards could work in the absence of anything further, notwithstanding a statement of intention to do something in the future.

On that basis, I suggest that if this could become operational—and there is no technical reason why this could not become operational and these health boards be in place and start carrying out their functions—and if it is also the intention to repeal this with further and greater details, then what possible harm could the opposition amendments do if you are going to change it anyway? Won't the opposition amendments be merely a safeguard? As the minister said, this could all become operational without anything further, so these opposition amendments could be merely a safeguard in case the government does not do exactly what they say they are going to do and bring back other things.

The Hon. S.G. WADE: My presumption would be that a more responsible way to provide the council assurance, if they need it, would be to put a clause in that repeals the bill on 30 June 2019. In terms of the matters that are dealt with in this bill, I think that should be the focus.

I do find it somewhat hypocritical, actually, from the opposition; they say how important consultation is, but they want their framework legislated without having consulted on it. That is why we, as a government, have said that we want to put down the framework for the boards, their

composition and their eligibility, so that we can make appointments. As I said, we are happy to even amend the elements that are in stage 1. As I said, we would be very reluctant to change the elements that relate to eligibility because we put board members in the invidious position of becoming ineligible after their appointment.

I would suggest to the council, if they have such little trust in governments that they want to make sure that we cannot use stage 1 right through and beyond 1 July 2019, they might be attracted to a sunset clause on 30 June 2019 rather than the option of pre-empting consultation on these important stage 2 matters.

The Hon. K.J. MAHER: The minister has referred to consultation and how important consultation is when establishing such a fundamental change. I know the minister outlined a couple of letters in response to consultation. Can the minister outline in detail all the stakeholders who were consulted with before the bill was drafted?

The Hon. S.G. WADE: I will take the Leader of the Opposition's question to relate not to before the bill was drafted, but rather on the bill. Is that—

The Hon. K.J. MAHER: Before it was introduced.

The Hon. S.G. WADE: Before it was introduced. There was not consultation before it was introduced; it was consultation on the bill itself. That consultation was broad and included employee organisations. It included the community in terms of the SA Health website that was put in place, which had detailed information about the boards. Also the health advisory councils were written to, both in relation to the bill and in relation to inviting them to apply to be on the board.

The Hon. K.J. MAHER: I thank the minister for outlining generic groups of individuals or organisations who may have been consulted. Can the minister outline specifically which organisations were consulted before the introduction of the bill and, probably more importantly, what organisations did the minister himself hold discussions with before the introduction of the bill?

The Hon. S.G. WADE: As I have already indicated to the council, the consultation occurred after the tabling of the bill. In relation to people and organisations, they included the Ambulance Employees Association, the AMA, the ANMF, the Health Services Union, Professionals Australia, the Public Service Association of South Australia, South Australian Salaried Medical Officers Association and United Voice.

The Hon. K.J. MAHER: I want to be clear: by what date does the minister intend this so-called stage 2, the complete repeal and replacement of what we are supposed to be doing here, to be concluded and legislated by?

The Hon. S.G. WADE: I do suffer from chronic optimism: I would hope it would be by the end of this year, but I do note that my officers tend to talk more about late this year, early next year.

The Hon. K.J. MAHER: If we are putting boards in place now, is the minister saying he would expect this second round of legislation to have passed the parliament possibly by the end of this year?

The Hon. S.G. WADE: My optimism is being highlighted again by my adviser. I would hope that the consultation would go well and that it might pass by the end of this year, but the prevailing view in the department is it is more likely to be early next year.

The Hon. K.J. MAHER: Can the minister provide what he has now and, given that he said he intends to appoint these boards, what the estimated costs are of appointing these boards?

The Hon. S.G. WADE: I am advised that the remuneration of boards would be $3.6 million in a full financial year but that that would be offset by the savings made in relation to governing councils. Governing councils in the local health networks are currently remunerated, so there would be an offset.

The Hon. K.J. MAHER: I thank the minister for the advice, as I understand it, that the direct costs—just for boardroom fees, effectively—will be, I think, $3.6 million a year?

The Hon. S.G. Wade: Remuneration.

The Hon. K.J. MAHER: Yes, the boardroom fees for the new boards being created. Can the minister outline what are the other on-costs or costs associated with the establishment of these boards in addition to just the director or board fees paid to board members?

The Hon. S.G. WADE: The costs of the administration of health as a result of these changes will be explored as we go into stage 2. Let us be clear: when we talk about devolving, we are not just talking about devolving control. These boards will be resourced, but that will significantly involve an investment in the LHNs as opposed to activity that is currently occurring at the centre. So there will be a significant redistribution of resources.

The Hon. K.J. MAHER: The minister is asking us to establish these boards. I think it is only fair to the members in this chamber for the minister to outline not just the direct costs associated with boardroom fees but what the other costs are associated with the establishment of these boards.

The Hon. S.G. WADE: I fully respect the right of this council to have information in relation to the bill before us. That is why this bill establishes boards which will be remunerated, and on that I have given the council the advice that I have been given in terms of the costs. In terms of the matters that are not in this bill, the stage 2 matters, that will impact on the costs, I cannot give an answer because (a) it does not relate to this bill and (b) those costs are completely related to both, if you like, governance issues that will be unpacked under stage 2 and, perhaps more significantly, processes within SA Health, particularly with their employees on the structure of services going forward.

The Hon. K.J. MAHER: I thank the honourable minister for his answer. If he is not willing to tell us, can the minister at least indicate: does he or his department—maybe through his adviser—have any idea what these costs will be? That is, have they an estimate of what they might be in the future at all that he is just not letting the chamber know?

The Hon. S.G. WADE: I am not aware of any estimates, but what I can indicate is how confident I am that boards will more than pay for their remuneration fees. The contrast between this government and the former government is that the former government was willing to spend tens of millions of dollars on overseas and interstate consultants to consult on their Transforming Health budget cuts process, and we are going to invest $3.6 million into South Australians with skills working with their communities to manage their health services.

The Labor opposition seems very proud of what it has achieved under Transforming Health in the last four years and what they have done under their watch since the abolition of the boards. I can assure you that that is not what I hear on the street.

The Hon. K.J. MAHER: I thank the minister for his answer. He has talked about using interstate consultants. Was the recruitment firm used to undertake the recruitment process for the board chairs a South Australian or interstate company?

The Hon. S.G. WADE: I understand it is an interstate company.

The Hon. K.J. MAHER: Can we be clear? The very first thing that these boards have had to do—that is, find some sort of consultant to recruit these chairs—the minister has decided to go interstate for that, after he has just bemoaned the use of interstate consultants. Is that really what the minister is telling us?

Members interjecting:

The CHAIR: Order! Minister.

The Hon. S.G. WADE: I can advise the council that the recruitment consultant that the member refers to is costing significantly less than $60 million.

The Hon. K.J. MAHER: I thank the minister. The very first thing they have done in relation to this is an interstate consultant. So anything the minister says about the former Labor government is absolute hypocrisy, given that at the very first step it is, 'We will use an interstate consultant.'

The minister has said that he has no idea how much this is going to cost operationally going forward. The actual remuneration of the board members is the only thing he has any idea whatsoever about. The minister has also said that he hopes to have the so-called stage 2 up and running by the end of this year. In my experience, if you are only half a year off having something up and running,

you have to turn your mind, particularly with a budget process, to how these things might work. Does the minister want to reconsider whether there is any information, any advice he or his department has about what these might cost into the future once stage 2 is finished?

The Hon. S.G. WADE: In terms of the development of the framework, of course there is a range of options being looked at.

The Hon. K.J. Maher interjecting:

The Hon. S.G. WADE: There is a range of models being looked at in terms of the way SA Health would operate, and particularly how Country Health would operate. A range of models is being developed. The implications of those models, I presume, include financial implications, but I am advised by my advisers that there is no estimate for the administrative changes related to the implementation of boards.

The Hon. K.J. MAHER: So I am clear: did the minister just say that his department has considered the financial implications of how different models might operate?

The Hon. S.G. WADE: I am advised that the budget discussions with Treasury focus on the remuneration of boards and the cost of reform to support the project work.

The Hon. K.J. MAHER: I thank the honourable minister. The minister did say within the last half hour that there was no information either he or his department had on the possible costs. I think he is saying something very different now—he might want to reflect on that. Misleading parliament is not just something that happens in question time. Can he outline the possible costs that are non-remuneration related, and consider what he said here and whether it has been accurate?

The Hon. S.G. WADE: I can reiterate what I have said, which is that the budget discussions with Treasury in relation to this financial year relate to the remuneration of the board and the unit which will be managing reform. I have nothing else to add.

The Hon. K.J. MAHER: What are the possible costs for next financial year in relation to the non-board fees part of this reform?

The Hon. S.G. WADE: In relation to 2019-20 and beyond, the costs will be significantly influenced by the design of the framework, which is the subject of the second bill, but it will also be significantly influenced by administrative processes, which will not need to come back to parliament. So the costs will be impacted by both administrative decisions and statutory decisions.

The Hon. K.J. MAHER: I might give this one more quick go. The minister said earlier that neither he nor his department had any idea of indicative costs. He came back a little later and said, yes, there had been models drawn up and 'we are examining their financial implications'. Just so we can be very clear: does the minister or his department have any indicative costs or any estimations of what the non-board fees might be for the next year and ongoing years of this reform?

In my experience, when something is six months away and you are in the middle of a budget bilateral process, I would be surprised if there was not. Of course, FOIs and questions on notice can help reveal this later.

The Hon. S.G. WADE: The first point I would make is that the full introduction of the boards is not six months away, it is 12 months away or slightly less on 1 July 2019. A lot of consultation has been had in the department already in preparation for both this bill and the second stage, which has raised a whole series of options, but I would not want the council to think that detailed options with detailed financial models have been developed, because they have not.

The Hon. K.J. MAHER: I appreciate the minister's tricky words. Have any indicative or draft options and financial implications been developed? While the minister is seeking advice, I might remind the minister that comments made at the briefings that the opposition was given did indicate that there were such indicative costings available.

The Hon. S.G. WADE: My advice is that the incoming government briefs probably included high-level costings, but those briefings were prepared before they had the opportunity to consult the incoming government, before the engagement with other jurisdictions that has occurred since the election and also discussions within SA Health.

The Hon. K.J. MAHER: He might not have them with him here but, if he does, can the minister indicate what those initial costings were? If he cannot do that now, given that we will be back here after question time, can he inform the chamber after question time of what they were?

The Hon. S.G. WADE: I do not intend to reveal the contents of my incoming brief. What I would say is that I actually cannot see the relevance of costings that were not informed by an engagement with a new government, the consultation with other jurisdictions that has occurred and the further consultation within SA Health.

The Hon. K.J. MAHER: After those initial costings in the incoming government brief, have there been any better or further costings, as draft or initial as they may be, about what the costs of these boards—the non-boardroom salaries—might be over the future years? Or is the minister telling us that he has got this plan, they have stage 2 in mind, but they have not turned their mind at all to whether this might cost millions or tens of millions extra? Are they flying absolutely blind in terms of what the overall cost might be? Is that what he wants the chamber to believe?

The Hon. S.G. WADE: I understand there was work done in the context of the budget bid, but Treasury wants to focus on board remuneration and the costs of the reform project. The early figures would only be indicative because the model is heavily dependent on the governance and accountability framework to be implemented.

The Hon. K.J. MAHER: I thank the minister. It took us a while to get here, that there are indicative figures about what this reform will cost. I wonder if the minister will do the chamber the benefit of letting us know what the reform we are expected to vote on might cost the taxpayer of South Australia, just indicatively?

The Hon. S.G. WADE: The figures are early. As a full business case is developed and devolves as the accountability and governance framework is developed, we will have much greater clarity. I think it is also important for members to remember how important it is to be aware of not just the costs of these reforms but also the benefits from them. As I said earlier, with regard to the $10 million that the opposition claims in its press release today is the cost of remuneration, the benefits to the state of better governance, better local engagement with clinicians and better engagement with communities are very tangible benefits.

One has to ask oneself: why, after 10 years of Labor, are we the only state in Australia that does not have board governance? Board governance at a LHN level was actually a reform promoted by federal Labor, yet this state opposition, having centralised the health system year after year after year, is saying that it is somehow a threat to the health system.

What I think South Australians believe—and it is certainly the belief of the Liberal government—is that a centralised system which is disconnected from its communities and its clinicians is far more costly than any board remuneration. It is very costly in terms of inefficiency and a failure to deliver quality services.

The Hon. K.J. MAHER: Can the minister outline how health advisory councils will be affected as a result of this reform?

The Hon. S.G. WADE: The impact on health advisory councils will become clearer in the stage 2 consultation. The health advisory councils are maintained under this bill and, in fact, the boards have a specific responsibility to consult with health advisory councils. I met with the presiding members of the health advisory councils recently and found them to be very positive about the bill, and I am keen to work with them to make sure the relationship between health advisory councils and the boards is clarified during the second stage.

The Hon. K.J. MAHER: I think this is going to be a problem that we will encounter as we go through this committee stage and into clauses in that we will ask questions about how this will operate and the minister will just say, 'Don't worry about it; that's off to the next thing. That's going to be part of stage 2.' It is a tricky way to hide what the intentions are. A different path to have taken might have been to actually work out what you are going to do, consult on it and come to the chamber with an actual developed plan where there is some clarity about how things are going to work.

The minister has already admitted that this could all be implemented and we could have these boards up and running and functioning just with this legislation without stage 2. This is enough to have these boards up and running. Given that these boards could be up and running, I think many members of this council are going to get a bit sick of it if we just keep getting the answer, 'Look, that will be stage 2.' The minister has admitted that you do not necessarily need a stage 2. The boards will be up and running, could be functioning, could be doing what they intend to do without a stage 2.

I ask the minister to reflect and maybe provide at least some guidance about where this might go rather than treating us with the disrespect of continually saying, 'Don't worry about it. Just pass this legislation now. There will be a stage 2,' even though—as has been admitted—this legislation could potentially be with the boards up and running. I wonder if the minister, with those comments in mind, can outline what is going to happen with Country Health and statewide services under the full implementation of this plan?

The Hon. S.G. WADE: I also make the point to the council that the benefit of establishing the boards under this change in anticipation of the second bill is that board chairs and board members would be able to be involved in the consultation and the development of the bill. Subject to the appointment of the board chairs, which is expected at the end of July, and the progress made on appointing board members, that obviously will be over time and so their input will be over time; however, I think it is useful for them to become part of the conversation.

The member might say that we are going to get bored with questions about things that are not related to the bill but people who want to ask questions about matters that are not related to bill can expect to get bored.

The Hon. K.J. MAHER: I think that is showing a great deal of disrespect. As the minister has said, this bill can be up and running by itself; it does not need stage 2. I know the minister said, 'We intend a stage 2,' so what we have is the minister saying, 'We have a bill here that establishes these health boards. It remunerates these health boards. We are going to appoint these health boards before stage 2.' What the minister said was that these health boards can function without stage 2. They can carry out all their duties except some transparency and accountability that will apparently come in at a future stage.

If that is the case then this chamber and the members in this chamber have absolutely nothing to lose by passing all of the opposition's amendments. If the government is going to repeal it anyway, it is a good safety valve to have the opposition amendments in place just in case the government does not do exactly what it says it is going to do.

If the minister is true to his word and this is all going to be repealed and replaced with a whole fresh set of things, it does no harm to have the government's accountability and transparency measures in place now, given that you are just going to overturn it anyway. I have a question that needs an answer now, so we can understand it. What is the financial responsibility of these boards? What is the threshold for capital works spending? How will this be determined? What are the spending controls? I think the minister has to give us some assurances on some of these things.

The Hon. S.G. WADE: The amendments will be considered when we go to the relevant clauses. As I said in my earlier remarks, if the opposition is serious about consulting on the amendments, consulting on this bill, they would not be insisting on putting in amendments that relate to stage 2 without consulting with the community. The government has not even formed a view on a number of opposition amendments because they relate to stage 2 considerations that we want to consult the community on. If the opposition wants to put the horse before the cart, they will not have the support of the government.

The Hon. T.A. FRANKS: I refer the minister to the correspondence from the AMA of South Australia to myself of 18 June, which notes at the bottom of an unnumbered page:

> The AMA(SA) would stress that there should be no loss of funding/resources for regional health/clinical surfaces due to costs associated with establishing the Boards.

Could the minister provide some clarification that this will not be the case?

The Hon. S.G. WADE: It is my expectation that the costs of the boards would be met from within the administrative element of the operation of the department, not the service element.

The Hon. T.A. FRANKS: I move onto the next paragraph of the AMA of South Australia's correspondence. It notes that it:

> …favours certain functions of statewide significance to remain centrally managed. For example, the Rural GPs Service Agreement has significant workforce implications. It is not reasonable or sensible for 6 regional Boards to negotiate across the 60 relevant rural health services for GP services. This function should remain the responsibility of a small central executive which would be responsible for other statewide functions also.

Can the minister provide comment to those concerns?

The Hon. S.G. WADE: These are issues that will be unpacked in stage 2. It certainly does not make sense to devolve everything. There would be at least three options. One would be that these negotiations be managed centrally by the department, perhaps in consultation with the industrial relations function, which I think is in the Department of Treasury and Finance.

It could be done cooperatively across the country boards. One of the options being discussed is having an office of Country Health, which might be a cooperative office across the six country regions, but it could be managed by individual boards. That is the sort of discussion we want to have with the community and with the board chairs when they are appointed and also to consider within government.

The Hon. T.A. FRANKS: I now refer the minister to some correspondence that he provided to crossbenchers, including myself, after a briefing that his office and those in the Public Service supporting the administration of this bill provided to elaborate on the consultation previously undertaken with regard to the proposed boundaries. It is a letter from the now minister, but from when he was shadow minister, dated 1 December 2017.

I assume this particular letter is to the presiding member of the Balaklava Riverton HAC, but I assume it went to all the HACs. First, could the minister confirm the scope of the HACs consulted? The letter says:

> In early 2017, the Liberal team in the Parliament of South Australia released a policy on board governance of Local Health Networks (LHN). If we are elected to government in March 2018, we are committed to establishing 6 LHN boards in regional South Australia and appointing all board chairs by 31 July 2018.
>
> I write in relation to the boundaries of the proposed regional LHNs. As I am sure you are aware, Country Health SA currently operates with six districts—see map enclosed. I seek the views of your Health Advisory Council (HAC), or individual members of the HAC, as to whether the boundaries of the current Country Health SA district would be appropriate boundaries of the regional Local Health Networks.
>
> Health Advisory Councils will continue to operate at the local level following the establishment of the regional boards.

Courtesy of the minister's advisers I also have a copy of the map that was used. My questions to the minister are: what was the extent of that particular piece of correspondence that he undertook in opposition and were there any opposing voices to the boundaries that have now found their way into this legislation?

The Hon. S.G. WADE: My understanding is that all HACs were written to with a similar letter on 1 December. In terms of opposing voices, I do not recall any opposing voices.

The Hon. T.A. FRANKS: I thank the minister for that, but if he could double-check during the lunch break to make sure of those facts. I would not be surprised if they had not been uncovered to this point but, not to rely on just the minister's recall on something, if he could double-check that over the lunch break it would be appreciated.

The Hon. R.P. WORTLEY: Who will be responsible for ensuring that these boards work within a financial budget? Whose responsibility will it be to ensure that they do not overspend on capital works or just the very basics of running a hospital?

The Hon. S.G. WADE: LHNs report to the department in relation to the service level agreements and the boards report to me.

Progress reported; committee to sit again.

Sitting suspended from 12:59 to 14:15.

Petitions

CAPTURED FARMLAND WATER

The Hon. J.A. DARLEY: Presented a petition signed by 1,314 residents of South Australia concerning captured water on farmland. The petitioners request the council to urge the state government to:

1. Remove Part B of the interpretation of infrastructure in the Natural Resources Management Act 2004 so it cannot be defined to mean dams or reservoirs.

2. Remove Chapter 7, Part 2, Division 2 of the Natural Resources Management Act which restricts the amount of water a landowner can use from dams and reservoirs.

3. Ensure that a water levy cannot be imposed on water captured in dams, reservoirs or rainwater tanks that started out as rainfall.

Parliamentary Procedure

ANSWERS TABLED

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

PAPERS

The following paper was laid on the table:

By the Treasurer (Hon. R.I. Lucas)—

Rules of Court—
Magistrates Court—Magistrates Court Act 1991—
Civil—Amendment No 21.

Ministerial Statement

CHILD DEATH AND SERIOUS INJURY REVIEW COMMITTEE

The Hon. R.I. LUCAS (Treasurer) (14:16): I lay on the table a copy of a ministerial statement made by the Minister for Education in another place today on the subject of new chair appointed for the Child Death and Serious Injury Review Committee.

STATE RECORDS OF SOUTH AUSTRALIA

The Hon. R.I. LUCAS (Treasurer) (14:16): I lay on the table a copy of a ministerial statement made by the Attorney-General in another place today on the subject of State Records partnership with FamilySearch.

BATTLE OF HAMEL

The Hon. R.I. LUCAS (Treasurer) (14:17): I lay on the table a copy of a ministerial statement made by the Premier in another place today on the Battle of Hamel and 100 years of mateship with the United States.

Question Time

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. K.J. MAHER (Leader of the Opposition) (14:18): My question is to the Minister for Health and Wellbeing. Will the minister advise whether he has had discussions with South Australian of the Year, Professor David David AC, about his concerns regarding changes that are being imposed on the world-renowned Australian Craniofacial Unit? In particular, will the minister firstly outline what these changes are; secondly, advise how the unit is being impacted by SA Health's decision to not reappoint a senior oral surgeon after the end of the financial year on 30 June; and thirdly, confirm whether the unit will no longer be supporting any overseas humanitarian cases that have been part of the world-renowned unit for the past 44 years?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:19): I have had contact from Professor David, as has the Premier. I understand the Premier has had discussions with the professor, and I am in the process of receiving advice in response to the communications from Professor David.

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. K.J. MAHER (Leader of the Opposition) (14:19): Supplementary arising from the answer: is the minister aware of SA Health not reappointing a senior oral surgeon for that unit?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:19): I am aware, from the communication from Professor David, that there is a recruitment process underway.

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. K.J. MAHER (Leader of the Opposition) (14:20): Supplementary arising from the original answer: the minister said he is aware of the concerns of Professor David David. Could he please share with the chamber what those concerns are?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:20): I am happy to take that on notice.

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. K.J. MAHER (Leader of the Opposition) (14:20): Supplementary arising from the original answer: is the minister aware of any of the concerns that Professor David David has? Are you aware of any concerns?

The PRESIDENT: It is a slightly different question to what the member asked.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:20): As I indicated, Professor David has been in contact with me. Professor David has been in contact with the Premier. I am aware that he has concerns. In terms of the details, I will come back to the house.

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. K.J. MAHER (Leader of the Opposition) (14:20): Is the minister aware—

The Hon. D.W. Ridgway: Is this a supplementary or another question?

The Hon. K.J. MAHER: Supplementary arising from the original answer: is the minister aware that the unit will no longer be supporting the overseas humanitarian cases that have been part of this world-renowned unit for the last 44 years?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:20): I am not aware, but I will seek advice from my department.

AUSTRALIAN CRANIOFACIAL UNIT

The Hon. K.J. MAHER (Leader of the Opposition) (14:21): Final supplementary: what is the minister aware of? He said he knows about the concerns, but he refuses to name a single one of them. He says he knows about the concerns—

The PRESIDENT: I am ruling that out of order.

The Hon. K.J. MAHER: —but he won't name a single one of them.

The PRESIDENT: Leader of the Opposition! Sit down!

The Hon. K.J. MAHER: What does the minister know?

The PRESIDENT: Sit down, the Leader of the Opposition! I rule that question out of order.

MENINGOCOCCAL B STRAIN VACCINATION

The Hon. C.M. SCRIVEN (14:21): My question is to the Minister for Health and Wellbeing. Will the minister confirm that the expert task group appointed by the minister to consider meningococcal B vaccines recommended children up to five years old should get access to the vaccine, not four years, as the government announced yesterday?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:21): My understanding is that the program that has been announced is completely consistent with the expert working group report, including the age ranges.

MENINGOCOCCAL B STRAIN VACCINATION

The Hon. C.M. SCRIVEN (14:21): Supplementary: just to clarify, the minister is saying the expert task group did not recommend vaccines for children up to 5 years old?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:22): I have just taken the opportunity to open up a copy of the expert working group report, which was posted on the SA Health website yesterday, and my reading of the executive summary on page 5 is that they refer to five separate elements; the second element was a meningococcal B catch-up program, childhood, which referred to a cohort of greater than one year of age to less than four years of age.

MENINGOCOCCAL B STRAIN VACCINATION

The Hon. K.J. MAHER (Leader of the Opposition) (14:22): Supplementary arising from the original answer: the expert report that is up on a website, is that the full report or are there secret parts that the minister is not making public?

The PRESIDENT: That is not by way of clarification, Leader of the Opposition. Minister, do you wish to answer it? No? I am ruling that question out of order.

CARDIAC SERVICES

The Hon. E.S. BOURKE (14:23): My question is for the Minister for Health and Wellbeing. Will the minister advise why the government has not delivered the $6.5 million in funds promised to upgrade the cardiac labs at The Queen Elizabeth Hospital, and why has SA Health informed clinicians at The Queen Elizabeth Hospital that only $4 million has been allocated by the government for the cardiac labs, not the $6.5 million promised?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:23): I am surprised the Labor Party would dare put their head above the parapets on this one. This is the government which is restoring the 24/7 cardiac services that the former government withdrew. We delivered on the commitment to restore 24/7 cardiac services before our 100 days deadline, and we will continue to deliver other aspects of that policy.

JUNCTION AUSTRALIA

The Hon. J.S. LEE (14:24): My question is to the Minister for Human Services. Can the minister please advise the chamber about the recent Junction Australia staff conference?

The Hon. J.M.A. LENSINK (Minister for Human Services) (14:24): I thank the honourable member for her question. Junction Australia is a leading provider of a wide range of community support services and quality housing. It operates under the principle that all people have value regardless of their life circumstances and aims to strengthen lives and communities by providing aspirational intentions for all people. It assists over 8,500 South Australians every year. It has in its portfolio 2,200 homes accommodating 4,000 tenants, of whom 1,500 are women-led households. Some 4,500 people access 30 different services across 33 local government areas in South Australia.

Junction Australia focuses on three main areas of need in our community, those being homelessness and affordable housing, child protection and domestic violence. As well as housing services, it provides a range of wraparound services, including counselling to children, young people and adults, behaviour programs, support for parents and a program called Siblings in Focus, which provides the opportunity for children to take time out of their caring role so that they can enjoy being a child and spend time with other children of their age to develop skills and better cope with life. They have a community centre and also provide a range of domestic violence services. A number of their properties are focused in Adelaide's south and on Kangaroo Island and the Fleurieu Peninsula.

Junction Australia has a conference annually for its 250 staff, which was held on 27 June. The guests included Professor Pascale Quester, who is the Deputy Vice-Chancellor of the University of Adelaide, who spoke about the important partnerships that the university has with an organisation

such as Junction Australia; the chair, Mr Mike Canny; and Maria Palumbo, who is the CEO. I also acknowledge the Hon. Rachel Sanderson, Minister for Child Protection, who addressed the staff; Ms Jayne Stinson, the opposition spokesperson for child protection; and Ms Nat Cook, the shadow minister for human services.

I was also asked to speak to the staff and was able to provide them with some information about our new housing authority, which the organisation has expressed excitement about going forward. One of the other speakers for the day was well-known comedian Fiona O'Loughlin, who no doubt would have been very entertaining. I was pleased that she was not slated to speak before myself because she would be a very hard act to follow.

It was an event that went all day. I understand that it is run annually for the staff to provide them with an opportunity to reset, examine some serious issues and have a bit of time out, and also to acknowledge the good work of the staff, who have some very challenging times in their daily work. I congratulate them on organising such an important event, for acknowledging their staff in this space and for all the work they do for South Australians.

STATE RECORDS OF SOUTH AUSTRALIA

The Hon. M.C. PARNELL (14:28): I seek leave to make a brief explanation before asking the Leader of the Government representing the Attorney-General a question about access to State Records.

Leave granted.

The Hon. M.C. PARNELL: I have reworded my question on the run in light of the ministerial statement that was delivered about five minutes ago. In a post on the State Records of South Australia Facebook page last month, State Records reports that it has partnered with the organisation FamilySearch to 'digitise and publish some of our most popular records relating to family history including passenger lists, school admission records and social welfare records'.

For the benefit of members, FamilySearch is a genealogy organisation operated by the Church of Jesus Christ of Latter-day Saints, more commonly known as the Mormons. It is apparently the largest genealogy organisation in the world. When you log on to the FamilySearch website, you need to provide personal details, including your name, date of birth and email address, before you can access South Australian State Records data. On the registration form you are also invited to identify whether or not you are a member of the Church of Jesus Christ of Latter-day Saints.

Before accessing South Australian State Records data on the FamilySearch website, users are also required to accept the terms and conditions of access, which include the Mormon church's privacy policy and an agreement to be bound by the laws of the state of Utah in the United States of America. Whilst access to the FamilySearch website is free, the data held by FamilySearch, derived from South Australian State Records, is also shared with the commercial operation Ancestry.com. My questions to the minister are:

1. Does the minister think that it's appropriate that accessing state records of South Australia for no charge should require handing over personal and contact details to the Mormon church in America?

2. What steps is the government taking to provide alternative free access to State Records data without going through the intermediary of an overseas religious organisation?

3. Given that the contract, which was provided to us five minutes ago, obliges the Mormon church to provide State Records with digitised data, why then does it cost $9.25 per record to access that information in South Australia if a person, for example, does not wish to give their contact details to the Mormon church and avail themselves of free access via the website?

The Hon. R.I. LUCAS (Treasurer) (14:31): I thank the honourable member for his question. Obviously, I will refer the question to the minister for reply. Indeed, the Attorney-General has made a ministerial statement on this very issue, and I think it's pertinent to point out a couple of aspects of that particular ministerial statement; namely, that this arrangement with FamilySearch was actually entered into by the former Labor government in November 2015, so it wasn't actually something that

has been initiated, as perhaps some out-of-order snide interjections across the chamber might have led some people to mistakenly believe. This has evidently been a longstanding arrangement.

The other point I would make, according to the Attorney-General's ministerial statement today in relation to free access, is that:

> The records accessed by FamilySearch can be accessed by any member of the public who wishes to examine them and who would be free to make a copy of that material, should they wish to do so.

So this would appear, on the basis of this particular statement, not to mean that FamilySearch has a monopoly in relation to access to information. I think it's important for the Hon. Mr Parnell to understand that if he has the mistaken belief that in some way members of the public don't have free, unencumbered access to the information—

The Hon. M.C. Parnell: It's not free; it's $9.25.

The Hon. R.I. LUCAS: No, they say:

> The records accessed by FamilySearch can be accessed by any member of the public who wishes to examine them and who would be free to make a copy of that material, should they wish to do so.

The other point to bear in mind is that the Attorney-General states:

> Only those records that are currently open for public access, as determined by the agency that is responsible for the records, are provided to FamilySearch. No restricted material is made available.

I think it is important to reiterate again what the Attorney-General has said to allay any misplaced concerns that there might be that, in some way, restricted material is being provided to FamilySearch. I am sure the former Labor government who initiated this process wouldn't have wished that to have occurred, and that's what the Attorney-General has been advised and has placed on the public record. I will refer the honourable member's question to the Attorney-General but, as is her way, she is one step ahead. She has put this information on the record through her comprehensive ministerial statement today. Nevertheless, we thank the honourable member for his Dorothy Dixer in relation to this particular issue.

QUEEN ELIZABETH HOSPITAL

The Hon. R.P. WORTLEY (14:33): My question is to Minister for Health and Wellbeing. Will the minister advise whether the government still intends to deliver the full redevelopment of The QEH within the stage 3 redevelopment? Why is SA Health now saying that there will need to be a future unfunded stage 4 redevelopment for The QEH?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:34): The government made an election commitment to deliver stage 3. I will take on notice how many times the Labor Party postponed that redevelopment. We have no intention of backing away from our commitment. I am not aware of a stage 4 but I will seek further information.

QUEEN ELIZABETH HOSPITAL

The Hon. R.P. WORTLEY (14:34): Supplementary arising out of the answer to the original question: what services or functions of the hospital will not be included in the stage 3 redevelopment and left to a stage 4 redevelopment?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:34): If I was aware of a stage 4 redevelopment, I could answer that question.

ADELAIDE ENGAGE WORK EXPERIENCE NETWORK

The Hon. D.G.E. HOOD (14:34): My question is to the Minister for Trade, Tourism and Investment. Will the minister update the house about the great work being done through the new Adelaide Engage pilot program that is assisting international students to expand their skills, networks and experiences in South Australia?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:35): I thank the honourable member for his very good question and his ongoing interest in the international students here in Adelaide. On Monday night I had the honour of opening the Adelaide Engage Work Experience Network internship program at the National Wine Centre. Adelaide Engage—

Members interjecting:

The Hon. D.W. RIDGWAY: Mr President, there is a conversation going; I'm trying to inform the house and they are distracting me.

The PRESIDENT: Let me handle it, Hon. Mr Ridgway.

The Hon. D.W. RIDGWAY: Thank you, Mr President. I will have to start again, I've lost my place.

Members interjecting:

The PRESIDENT: That's why it should be left to me, Hon. Mr Ridgway.

The Hon. D.W. RIDGWAY: On Monday night I had the honour of opening the Adelaide Engage Work Experience Network internship program at the National Wine Centre. Adelaide Engage is a two-year pilot program, designed to give up to 130 international students from South Australia's universities the opportunity to work as business consultants in a business, local government or not-for-profit organisation over a three-week period. This gives students invaluable hands-on experience working on real-world problems in the South Australian business environment, enhancing their job prospects both here and abroad, and strengthening their skills base, experience, cultural immersion and language skills and expanding their connections and networks.

The program provides a structured learning environment, where students are divided into groups and are given a project to deliver for one of the participating businesses, local governments or NGOs. Participating businesses provide experienced mentors to guide the students through the initial stages, and task them with delivering the project over a three-week period. The students are responsible for managing the project, scheduling all meetings, conducting research and strategic planning, and ultimately presenting the project to their mentors.

Monday night was a very good event. I think we had about 13 or 14 tables, 10 students in each task force sitting down with their mentors. I went around and discussed and had a look at a number of the projects, and I am certainly looking forward to their completing their projects.

The businesses and organisations that were participating in the program include SA Water, Bupa, Barossa Fine Foods, BankSA, StudyAdelaide and more, and I thank them for getting involved. It is a fantastic initiative that will assist in deepening the ties international students have to South Australia. It is my hope that they will all act as ambassadors to encourage other students and potential leaders to either come here or stay here and study and pursue a career here in our state. This is the first group of students to undertake the program, with further intakes to occur in November this year and February 2019.

The Liberal government has a positive agenda about bringing more international students here and enriching our community and our economy, because international students will shortly, I expect, go past wine as our single biggest export. I commend the University of Adelaide, the Flinders University, the University of South Australia and Torrens University Australia for their corroboration with the South Australian government, and of course the students participating in the program. No doubt it will be a positive and worthwhile experience, and I will be excited to see the outcomes of all students and projects, and I am hopeful that upon completion of the Adelaide Engage program and their studies in South Australia many of these students will choose to put their talents, skills and knowledge to use right here in South Australia.

It was interesting to note that yesterday I also had the opportunity to help launch the Westin Hotel investment down in the GPO—

The Hon. K.J. MAHER: Point of order, Mr President: he was asked a very specific question about a specific program, and he has said absolutely nothing at all about—

The PRESIDENT: I understand the point of order. I will allow the minister some latitude; it may have some relevance to the question. Let me listen.

The Hon. D.W. RIDGWAY: It does and I do beg the opposition to just sit for a moment.

The Hon. K.J. MAHER: On a point of order, no, not in terms of relevance, but in terms of the time this answer is taking—it has been an inordinate amount of time compared with—

Members interjecting:

The PRESIDENT: Leader of the Opposition, let me assure—

The Hon. K.J. MAHER: —some of his erstwhile colleagues, who have now learnt that brevity is an admirable quality.

The PRESIDENT: Leader of the Opposition, rest assured, my eye is on the clock. He has to respond to his Leader's public—

The Hon. D.W. RIDGWAY: It is only one page, not the 20 pages that minister Hunter—however, the point I want to make is that the investor and the businessman behind the Westin Hotel is a Mr Nicho Teng, a former international student who came to Adelaide 14 years ago. As a former international student, he is exactly the sort of person I have been talking about. He has come back and invested $200 million in our great state. He is a great example of how international students can grow our state's economy.

The PRESIDENT: It was relevant, Leader of the Opposition.

ADELAIDE ENGAGE WORK EXPERIENCE NETWORK

The Hon. K.J. MAHER (Leader of the Opposition) (14:39): A supplementary arising from the answer: can the minister clarify who funds the program that he has been talking about and what is the amount of state government funding for the program?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:39): I'm glad the former minister asked that supplementary question, because it is actually funded out of existing resources. I think it is about $189,000 to $190,000 for the 2018-19 and 2019-20 programs. It is 350 places and it is about $450 per student. So in actual fact, it is being funded out of existing resources. It is something that we are very happy to support. We think it will do wonders for these students to learn something about local businesses and business activity in South Australia. The costs are—

The Hon. K.J. Maher: This is state government money?

The Hon. D.W. RIDGWAY: Yes.

ADELAIDE ENGAGE WORK EXPERIENCE NETWORK

The Hon. K.J. MAHER (Leader of the Opposition) (14:40): And a final supplementary arising from the answer: does the minister guarantee that this funding will continue over the forward estimates?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:40): As I said earlier, it is a pilot program and we will make that evaluation at the end of it. Early indications are there are 130 students. We expect it to grow to some 350 places. If it ends up as positively as it was received the other day, I am sure that we will find the money to continue it.

The PRESIDENT: I am going to indulge you, Leader of the Opposition.

ADELAIDE ENGAGE WORK EXPERIENCE NETWORK

The Hon. K.J. MAHER (Leader of the Opposition) (14:40): A final supplementary to clarify: was the program the minister referred to an initiative that he started or was it started under the former government?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (14:41): I am not exactly sure when it started, but certainly we launched it—

The Hon. K.J. Maher interjecting:

The PRESIDENT: Leader of the Opposition, you have asked your question. Let the minister answer.

The Hon. D.W. RIDGWAY: —on Monday. It is a great initiative. This is what you find: they now want to pick fault with a program that is enhancing the experience of international students in Adelaide. It is a fabulous program. It is a pilot program for the next two years, and we will do that evaluation at the end of that pilot program.

INDEPENDENT WATER PRICING INQUIRY

The Hon. J.A. DARLEY (14:41): My question is to the Treasurer. In view of the fact that the parliament is considering the establishment of a productivity commission, why did the government recently appoint Mr Lew Owens to conduct an independent water pricing inquiry?

The Hon. R.I. LUCAS (Treasurer) (14:41): As I have discussed with the honourable member, that is indeed a very apt question. The government did consider the possibility of delaying the implementation of the promised independent water inquiry, which we promised to undertake within 100 days. In the end, having considered that, we rejected that particular option, because it is critical for the reasons I outlined, I think, either yesterday or Tuesday in terms of the timing of the water pricing review by ESCOSA.

It is important for this particular inquiry into the regulated asset base and the weighted average cost of capital to be conducted as expeditiously as possible to inform the government and in particular myself as Treasurer as to what the potential guidelines for ESCOSA should be in terms setting water pricing for 2020 to 2024. I think as indicated in that answer, ESCOSA has already commenced that work now in terms of the readiness for that.

It was an issue that we did consider, but I think as we are seeing through the debate in the house, there's every prospect that the passage of the productivity commission might be delayed for some time and might not even pass the parliament. There have been some attitudes, I understand, expressed by some members of parliament and political parties which would indicate that they are not entirely supportive of the government's proposition for a productivity commission.

The government cannot be assured that the bill will go through or indeed will go through in the form that the government would wish it to go through. There is this vexed question of whether we delay the implementation of a necessary independent water commission inquiry, which is necessary, and wait for the parliament to decide on whether there will be a productivity commission and what the nature and flavour of it would be.

So, it is a very sensible question, as I indicated to the honourable member in a prior conversation that the member put to me as Treasurer and to the government, but in the end we made the judgement that it was too important to delay the potential water commission inquiry and wait, with a potential delay, for a productivity commission establishment. For those reasons, we have decided to proceed with the independent water commission inquiry with the appointment of Mr Owens.

SA PATHOLOGY

The Hon. T.T. NGO (14:44): I have a quick question for the Minister for Health and Wellbeing. Is the minister considering closing any SA Pathology sites across South Australia?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:44): To pick up a comment from my honourable colleague, the Minister for Human Services, we are in the budget development process and—

Members interjecting:

The PRESIDENT: Order! I can't hear the minister.

The Hon. S.G. WADE: —I'm not going to go into the practice of ruling in and ruling out.

SA PATHOLOGY

The Hon. K.J. MAHER (Leader of the Opposition) (14:45): Supplementary arising from the answer: so the minister is not guaranteeing any SA Pathology site to stay open.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:45): That is not what I said.

SA PATHOLOGY

The Hon. T.T. NGO (14:45): A supplementary question: can the minister tell whether the Woodcroft branch is potentially on the list being considered for closing?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:45): I wonder if the member is confusing a current process from any future processes. The current process—and I can't confirm if Woodcroft is part of this but there were some temporary closures of pathology centres in the context of the problems with the implementation of EPLIS. EPLIS was an IT system developed in the term of the previous government, and Professionals Australia has indicated extreme concerns about the way the government rolled out that IT program. The Hon. Tammy Franks has asked questions in this house highlighting her concerns about the rollout of that program. There certainly were some temporary closures as part of SA Pathology dealing with the consequences of that implementation.

SA PATHOLOGY

The Hon. R.P. WORTLEY (14:47): Supplementary question: is there any intention to privatise SA Pathology?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:47): No.

The PRESIDENT: That didn't really arise out of the original answer, Hon. Mr Wortley, but the minister was so fast that I couldn't rule you out of order.

SA PATHOLOGY

The Hon. R.P. WORTLEY (14:47): I do have one that arises out of the original answer. Have there been any discussions with Treasury or SA Health or anyone else about closing any SA Pathology sites?

The PRESIDENT: That is in order; well done, Hon. Mr Wortley. Minister.

Members interjecting:

The PRESIDENT: Order! Leader of the Opposition, I cannot hear the minister responding to your own member's supplementary.

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:47): As I have advised the house, our pre-election commitment—which we will honour—is that the Marshall Liberal government will not sell any public hospitals, nor will we move to have any public hospital privately managed. The Labor Party has sourced a wide range of services beyond the public sector. In assessing such options, the Liberal Party will be focused on health outcomes.

The PRESIDENT: Hon. Mr Dawkins.

Members interjecting:

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

COUNTRY HEALTH SA

The Hon. J.S.L. DAWKINS (14:48): Thank you, Mr President. I will drown him out, if you like. I seek leave to make a brief explanation before asking the Minister for Health and Wellbeing a question about Country Health.

Leave granted.

Members interjecting:

The Hon. J.S.L. DAWKINS: I think I can drown you out any time.

The PRESIDENT: Don't engage with him, Hon. Mr Dawkins.

The Hon. J.S.L. DAWKINS: Members of the council will know of my support for country South Australians across a range of issues, from my sponsorship of the Country Press SA Awards, some of which have highlighted mental health awareness, to other particular health challenges faced in rural and regional areas. Will the minister update the council on improvements to health services in rural and regional South Australia?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (14:49): I thank the honourable member for his question and his ongoing support for rural and regional South Australians and their health care. The former Labor government had no interest in country SA; the focus throughout its 16 years of government was the metropolitan area. The Marshall Liberal government has made a strong commitment to change that and this government is committed to addressing the imbalance.

We have already seen changes, and one of which we are very proud is the rollout of clinical support 24 hours a day, seven days a week, for potential stroke patients in rural and regional hospitals. Through this program, neurologists at metropolitan stroke units will be able to support country stroke patients at the state's 61 country hospitals via phone and videoconference at any time of the day. This new and improved model of care enables faster and more accurate decision-making, which will lead to improved patient outcomes.

In the case of a potential stroke, it is important to identify quickly which patients are suitable for transfer to Adelaide and which can receive their treatment close to home. Neurologists from metropolitan hospitals will be able to assist in this process. The two main types of acute stroke treatment are thrombolytic therapy, which uses medication to break down clots and remove the blockage and blood flow to the brain, and endovascular thrombectomy, which involves surgery to remove the clot from the brain.

Thrombolytic therapy has been available for several years to stroke patients at three country stroke services—Mount Gambier, Whyalla and the Riverland—with the support of metropolitan stroke units. Until last month, this service was only offered during business hours, Monday to Friday. Now, with additional support from metropolitan neurologists, this will expand to 24 hours a day, seven days a week. The new model is especially important for those country hospitals where there are no CT facilities. Being able to videoconference will allow the neurologist at the metropolitan stroke unit to examine the patient remotely, supporting the local care team in determining the best care pathway.

GAS INFRASTRUCTURE

The Hon. F. PANGALLO (14:51): I seek leave to make a brief explanation before asking a question of the Treasurer, as Leader of the Government, about the state's gas pipelines.

Leave granted.

The Hon. F. PANGALLO: The Treasurer and others in this place would be aware of the proposed $13 billion takeover of the APA Group, Australia's largest pipeline operator, by a consortium led by Hong Kong-based CK Infrastructure, also known as CKI. My diligent colleague in federal parliament, Centre Alliance Senator Rex Patrick, has serious national security concerns about the takeover bid on the grounds it would further expand Chinese control of Australia's vital energy infrastructure. He has written to the federal Treasurer, Scott Morrison, calling on him and the Foreign Investment Review Board to intervene.

If successful, the takeover would see the CKI-led consortium own $22 billion of energy infrastructure assets, stretching through every mainland state, including the substantial assets in South Australia of South Australia Power Networks (the former ETSA) and Australian Gas Infrastructure Group (the former Envestra).

My question to the Treasurer is: does the Treasurer and the Premier share the same concerns as me and my federal colleague Senator Rex Patrick in believing the potential sale of the APA Group to the CKI-led consortium could be prejudicial to our national security interests? Has the Treasurer and the Premier written to the federal government outlining concerns, requesting it to intervene in the process and block the bid, and, if not, why not?

The Hon. R.I. LUCAS (Treasurer) (14:53): I cannot speak on behalf of the Premier. I have not discussed the issue with the Premier, but in relation to my personal view, no, I do not share the view of the Hon. Mr Pangallo. I am comfortable in leaving these sorts of issues to the bodies and authorities that are given the power and the authority and the capacity to make judgements about these things, and that is the Foreign Investment Review Board.

We are not in a position in South Australia as a government or, indeed, as a parliament to make judgements about national security issues. Clearly, there are appropriate federal agencies that

advise appropriate federal authorities, I assume, including the Foreign Investment Review Board. I am not sure exactly what the interrelationship is between the Foreign Investment Review Board and appropriate authorities at the national level, but there are obviously ways of accessing information that the Investment Review Board has, and they report to various federal ministers as well. It is at that level, in my view, that appropriate judgements can be made.

I have to say I don't—and I am not suggesting the honourable member does—start off with, as some in the community might have, a xenophobic view against Chinese investment. I am someone who was born not too far from China, in Japan. I don't start off with a view opposed to Asian investment, whether it be Chinese, Japanese or indeed any other country from Asia.

I think there have been concerns about companies which might be owned by or controlled by the Chinese government, and I won't mention any names but they have been commonly referred to. There have been issues raised at the national level in relation to their investment in certain strategic assets. Again, the appropriate authorities that have access to that sort of information are indeed the authorities at the national level.

But I don't start off with a default position which says that Chinese investment is bad. In fact, from South Australia's viewpoint, under the former Labor government, there was much encouragement. There was a conga line of ministers that went to China to encourage Chinese investment in industries in South Australia—and not just ministers but senior public servants, ministerial advisers and others.

Sensible, rational engagement with China as a trading partner, in the absence of any evidence to the contrary, is something that I personally support. I, however, accept that there will be occasions when the appropriate national authorities will say this is not in the national interest, whether it be for national security or for other reasons, as to why we shouldn't invest.

But I will not as a minister start off with a kneejerk, xenophobic response which says anything that has China or a Chinese company or a Chinese investment associated with it, in and of itself should be ruled out before somebody has made the appropriate decision at the national level in relation to whether there are issues of evidence in relation to national security. If that's the case, there are appropriate bodies to make those decisions and I will happily accept those particular decisions, but I am not going to rush to judgement as an individual minister in this government in relation to the issues the honourable member has raised.

GAS INFRASTRUCTURE

The Hon. F. PANGALLO (14:57): Supplementary: I reject the notion I was being xenophobic. Would the government be concerned if the sale resulted in an increase in the already high gas prices that would impact on industry in South Australia?

The Hon. R.I. LUCAS (Treasurer) (14:57): Yes, obviously I would be, but they weren't the sorts of issues that were solely raised by the honourable member in his initial question. Can I indicate, and I think the *Hansard* record will show, that I said quite explicitly that I did not suggest the honourable member was being xenophobic in terms of the question he raised. His response was he wasn't. I wasn't making that accusation of him, but there are many in the community who have adopted a particular position on this issue, and I make the accusation in relation to them.

As a member of the government, we are obviously concerned about any particular decision which might lead to increased energy prices, whether that be gas or electricity, to South Australian businesses. That's why we have a comprehensive energy plan, which has been outlined in terms of trying to drive down, in particular, the unsustainably high electricity prices generated by the policies of the former Labor government over the last 16 years. In relation to gas prices, there are obviously issues the government, this new state government, is implementing to help try to drive down prices in that particular area as well.

I have to say, in relation to gas pricing, I think one of the proudest unsung moments of the former Liberal government many years ago, 16 years ago, was the courageous decision that it took to diversify gas competition delivery into South Australia. We were solely reliant on a big pipe coming from the north of the state into Adelaide. The former government was the government that initiated all of the discussions in relation to a new big pipe from Victoria through the South-East of South

Australia to broaden the opportunity for gas provision to Adelaide because, in our view, the previous Labor government—this was the Bannon government and Dunstan government—had not looked at, in essence, the monopoly of supply of the gas producers in the north of the state to Adelaide, the metropolitan area and businesses here.

We needed to take some decisions in relation to encouraging competition to help drive down gas prices. It was through a process initiated by the former government, which attracted little or no publicity at the time, to encourage and to fast track to the extent that that was possible that particular investment in a big new pipe from Victoria, through the South-East to Adelaide. That was one of the many important policy decisions that the former Liberal government took in the period between 1993 and 2002.

SA HEALTH EMPLOYEES

The Hon. J.E. HANSON (15:00): My question is to the Minister for Health and Wellbeing. Minister, what are the reasons for the departure from SA Health of SA Ambulance Service chief executive, Jason Killens, and the Chief Pharmacist, Steve Morris? Did anyone from the government ask the chief executive or the Chief Pharmacist to quit or ask them, in any way, to consider their future?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:00): I am aware of the departure of the Chief Pharmacist and the CEO of the ambulance service. If you are talking about the government as in the executive, I certainly took no action to seek the departure of either of those gentlemen.

SA HEALTH EMPLOYEES

The Hon. J.E. HANSON (15:01): Supplementary: is the minister aware of who did, in any way?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:01): I have no reason to believe that those resignations were not at the initiative of the individuals concerned.

SA HEALTH EMPLOYEES

The Hon. J.E. HANSON (15:01): Supplementary: what open and transparent selection processes are underway to select their replacements?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:01): I thank the honourable member for his question. I will take that on notice and get back to the council.

GOODS AND SERVICES TAX

The Hon. D.G.E. HOOD (15:01): My question is to the Treasurer. Will the Treasurer outline what impact there would have been on South Australia should the federal government have accepted the Productivity Commission's recommendations with respect to the GST divisions across the states.

The Hon. R.I. LUCAS (Treasurer) (15:01): That is indeed a good question. It's a very important question from the viewpoint of the people of South Australia. The South Australian community, the South Australian parliament and the South Australian government were looking down the barrel of calamitous circumstances if the federal government had supported and sought to implement the recommendations of the Productivity Commission in relation to the distribution of the GST.

I think the figures that have been quoted in the paper this morning were—in terms of their final recommendations, the federal government has outlined that it would have cost South Australia $3.9 billion over an eight-year period. Certainly on the previous information on the penultimate report, or their draft report, the impact in one particular financial year was over $500 million a year. That would have been, indeed, calamitous for South Australia. That's $500 million a year that we currently spend on schools, hospitals, child protection services and a range of services right across the board that we could not have afforded to have lost in terms of the state budget. It would have meant, in essence, having to either raise new taxes or increase taxes and charges or further reductions in terms of the provision of services right across the board as a result of such a massive hit to the state finances.

That is why this Liberal government, both in opposition and since election on 17 March, adopted a public position that said we would not support any federal government—Liberal or Labor—that adopted a position that would impose such calamitous circumstances on South Australia. We said we would put the interests of the people of South Australia first before party. We indicated that this was too important an issue for us to sit by quietly and not indicate, both publicly and privately.

Having done that—and I pay tribute to the Premier, the member for Dunstan, who tirelessly, over the last months, both as leader of the opposition, but more particularly now as Premier, has had a series of individual discussions with both the Prime Minister and the federal Treasurer, and also with senior federal ministers based here in South Australia.

It is important, in relation to the impact of these sorts of decisions, that the influence of senior federal ministers, together with the Prime Minister and federal Treasurer, is critical in terms of turning these things around. That is why we are delighted, in terms of the announcement today, that the federal government has rejected the implementation of the Productivity Commission recommendations, because they would have been calamitous for South Australia. We welcome the fact that the Prime Minister has made a promise—

The Hon. K.J. MAHER: On a point of order, Mr President—and I appreciate your rulings to date—it has been quite an extraordinary length of time that the minister has been on his feet.

The PRESIDENT: It has not been extraordinary; I am watching it. It is close to four minutes. The member has made statements that he will hold himself to account. Treasurer, I assume we are getting close.

The Hon. R.I. LUCAS: We welcome the fact the Prime Minister has made a promise to the state—indeed to all states—that no state will be worse off. We have seen the figures that the federal government and the federal Treasury have produced. What will occur over the coming months is that state Treasury offices will now work with federal Treasury offices to assure us as a state government that that is indeed the impact of the deal that has been put.

Can I say in conclusion that we won't be signing any deal, towards the end of this year as is proposed, that is not in the best interests of the people of South Australia.

GOODS AND SERVICES TAX

The Hon. T.T. NGO (15:06): A quick supplementary: will the Treasurer publish the advice from the department when it is available, regarding this proposal?

The Hon. R.I. Lucas: The what?

The Hon. T.T. NGO: The advice from the Treasury on the impacts on South Australia when it is available?

The Hon. R.I. Lucas: Of the Productivity Commission?

The Hon. T.T. NGO: No, no, the proposal.

The Hon. R.I. LUCAS (Treasurer) (15:06): We are going to do as we have been doing for the last few months—conduct grown-up, adult conversations with our federal colleagues until we actually finalise the deal. We don't want to be in a position at this stage to conduct in the public arena the negotiations. I think the success so far achieved—and there is still more work to be done by the Premier in his negotiations—has been because there have been grown-up, adult conversations and discussions and negotiations conducted. It has not been the approach of the former government, which essentially wanted to spend taxpayers' money attacking the federal government on this issue and indeed any other issue.

In relation to the detail of the deal and the final detail of the deal, ultimately when the deal is concluded all of the information will be publicly available. We are hoping, as has occurred already, that there is a continuous negotiation, where, from South Australia's viewpoint, things improve in terms of the impact on South Australia. We intend to continue to conduct the conversations and negotiations in a respectful, discreet way, and ultimately when a deal is struck it will be publicly announced, and we will be answerable, as will the federal government be answerable, for the nature

of that deal, and all of the information will be publicly available in relation to the impact on South Australia.

The mechanism of getting there, whilst of interest, is in the end not the important issue. It is ultimately what is the final deal, and we believe the best way of achieving the best deal is to conduct these discussions and negotiations respectfully and in private, then being answerable for whatever deal is eventually struck.

TOURISM PROMOTION APPEARANCE FEES

The Hon. T.A. FRANKS (15:08): I seek leave to make a brief explanation before addressing a question to the Minister for Tourism on the topic of appearance fees.

Leave granted.

The Hon. T.A. FRANKS: As members are well aware and as the issue of the secret appearance fees for Lance Armstrong highlighted for many years—and indeed it was later revealed that we had employed SAPOL and STAR Force to provide security for Mr Armstrong back in the day—minister Ridgway in his previous guise has long called for transparency around appearance fees with regard to money spent, from the South Australian purse, in the attempt to bring in tourism.

My question to the minister is: will he stand by his calls for transparency, that he made in opposition, and—while I will acknowledge that some commercial-in-confidence considerations may take precedence—guarantee that appearance fees will not be subject to contracts in perpetuity of secrecy and that a two or three-year period should be given before those fees be disclosed to the public?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:09): I thank the honourable member for her question. She joins with all of us in how we were outraged at the time that we discovered that the deal that the former government had done with Lance Armstrong was a 10-year secret deal. We are aware that, of course, there was a range of other details, like SAPOL and the security arrangements around Mr Armstrong. I don't have any details on that because it is all secret, but I think at the time there may also have been a house rented for him to reside in with his entourage.

Certainly, I have been quite outspoken in relation to transparency. Yes, there are often commercial-in-confidence issues, whether they are individuals or we are negotiating with other companies, other sporting codes or the promoters of events. I had questions a few weeks ago about MasterChef. That is something that was signed prior to the change of government. Pretty much everything that we are dealing with now has been signed by the former government, and I have all of those.

The Hon. R.P. Wortley interjecting:

The Hon. D.W. RIDGWAY: I know you shouldn't respond to interjections, Mr President, but there are some good things that happened. Tourism is one of the things that has enjoyed bipartisan support. Look at the Tour Down Under, the Adelaide 500, all sorts of things.

The Hon. K.J. MAHER: Point of order. We are already some time into this answer and there hasn't been a single attempt to even come close to answering the question.

The PRESIDENT: I am not accepting that. I am not finding in favour of yourself, the Hon. Kyam Maher, on this point of order. The minister is responding directly to the Lance Armstrong query and coming to previous contracts—

The Hon. D.W. RIDGWAY: Absolutely.

The PRESIDENT: —whether signed by the previous government or this one.

The Hon. D.W. RIDGWAY: Prior to the election, we said we would like to have a greater level of transparency. As a result, I have asked the Tourism Commission to have a look at the contracts that we can offer to people, because I think it is important to have people. We saw recently that Zaheer Khan, the former opening bowler for the Indian cricket team, and his wife came here. My understanding at that time was that they were paid not an appearance fee but some hotel and flights

to come here because they have between them 14 million followers on Instagram and Twitter, which is another way of promoting our great tourism opportunities in South Australia.

There is a range of deals that are done with people from all over the world. I have asked the Tourism Commission to have a look at what we can do to have a greater level of openness and transparency but still giving the South Australian tourism operators some world-class people to promote their offerings. It is a bit of a challenge.

I agree with the honourable member in her question, that the 10-year deal offered to Lance Armstrong was excessive. We are looking at a range of options and we are talking to people that we may try to contract to do that sort of work for South Australia as to what would be seen as a reasonable amount of time for that commercial-in-confidence to exist, for that period, whether it is a year or two years after the event, whether it is a one-off event or whether it is an ongoing event.

As you saw, last Friday night we had the Sydney Roosters and Melbourne Storm play an NRL match. We had one last year, we have another one next year, and it culminates in the NRL State of Origin in 2020. You can see that that is a four-year arrangement. It was signed by the previous government, but you can understand why. You can't talk about the actual fees paid for all that until well after the event, because it lasts for more than just one year.

The member can rest assured that we are looking at it and we are trying to come up with a mechanism that will allow greater transparency but still give our tourism operators and our industry a chance to promote ourselves in the best possible way to the whole world.

TOURISM PROMOTION APPEARANCE FEES

The Hon. T.A. FRANKS (15:14): Supplementary: what deadline have you set the Tourism Commission for them to provide a framework for this transparency?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:14): I thank the honourable member for her supplementary question. I actually haven't set a firm deadline. I have asked them to look at it and come up with some recommendations and to talk to some of the people whom we have contracted before to ask them what they could live with and what time frame they could live with. Really, it's just a work in progress. I haven't set a time frame but it is on their agenda.

TOURISM PROMOTION APPEARANCE FEES

The Hon. T.A. FRANKS (15:14): Supplementary: will any future contract offers provide a short-term confidentiality clause as a first opening offer for anyone who wants to take South Australians' money to come here or be part of our events?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:15): I think it's a bit too premature. We are trying to talk to some of those whom we have contracted before.

The Hon. T.A. Franks interjecting:

The Hon. D.W. RIDGWAY: I accept that it's South Australians' money, but there is a fine line between the confidentiality and whether it's short term. What is short term? One month, two months, six months or 12 months? That's the discussion we are having with the people that we like to engage. I think we all want to be transparent, but we also have to take into consideration that there is often this commercial-in-confidence. Sometimes people won't come, or you have to pay more. They are happy for it to be disclosed, but they won't come and do the work we want them to do unless we pay them significantly more.

So there are some challenges, but I am well aware of the issues and we are trying to work our way through them. At this point in time I don't have a deadline, but we are working with the Tourism Commission to come up with what we think will be a better solution.

TOURISM PROMOTION APPEARANCE FEES

The Hon. T.A. FRANKS (15:15): Final supplementary: how does the minister know that people will refuse the clause, unless they have been asked?

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (15:16): I suspect that in the end that's maybe where we end up: with some sort of a contract that will say, 'This

will be subject to disclosure', and then they can either elect for it not to be disclosed, or they will put a time limit on it. Those are the discussions we are having. There might well be an opportunity for somebody to say, 'Yes, sure, I'm very happy for that to be disclosed publicly. I don't have a problem. As soon as the event is concluded I am happy for it to be disclosed.'

It's one of those things, and we are having those discussions. I am not trying to be secretive with the chamber. It's early days, but we are trying to work out a way that, as I said earlier, gives the best possible promotion to South Australia's tourism industry and events to fill the Adelaide Oval and the hotels and to couple that with the best possible level of transparency for the South Australian taxpayers.

FLINDERS MEDICAL CENTRE

The Hon. I. PNEVMATIKOS (15:16): I seek leave to make a brief explanation before asking a question of the Minister for Health and Wellbeing in relation to the Flinders Medical Centre.

Leave granted.

The Hon. I. PNEVMATIKOS: We have received reports that an 84-year-old man passed away at Flinders Medical Centre approximately two months ago. He was originally admitted to the hospital for suspected kidney stones. We understand that the patient had one operative procedure, following which he began refusing treatment and medication. We have also received reports that no action was taken to notify the family of the patient's deteriorating state or of his refusal to take his medication for days, in spite of the fact that the family were visiting every day. Tests were finally commenced and medication administered only a few hours prior to the patient's death.

My question to the minister is: why was the family of a patient of Flinders Medical Centre, who died after admission for kidney stones, not notified of the deteriorating state of their loved one? Why do the family continue to be in the dark in terms of the circumstances and the cause of his death some two months later?

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:18): I am concerned to hear about the circumstances that the member refers to. If the member would like to make the details available to me, I will certainly follow them up. I can assure you that SA Health regards patient and family-centred care as a fundamental value and it always strive to deliver that. As I said, I will follow that up if the member is able to give me details.

QUEEN ELIZABETH HOSPITAL

The Hon. S.G. WADE (Minister for Health and Wellbeing) (15:18): If I may, Mr President, I was wondering if I could add to an answer that I gave to Mr Wortley earlier. I am advised that, following the completion of stage 3 of The QEH, there will be a requirement for a stage 4 redevelopment to complete the redevelopment. Stage 3 is projected to conclude in the 2022-23 financial year. To be frank, that's beyond the next election. In relation to the other part of the earlier question about the scope of stage 3 and stage 4, I am advised that there is no current proposal to postpone any elements of stage 3 to a future stage 4.

DRINK-DRIVING FINES

The Hon. F. PANGALLO (15:19): I seek leave to make a brief explanation before asking a question of the Treasurer representing the Attorney-General about drink-driving fines.

Leave granted.

The Hon. F. PANGALLO: First time, low-range drink-drivers in New South Wales could soon be given on-the-spot fines rather than appear in court to be sentenced under a proposal being considered by the New South Wales government. It means that a driver in that state who is caught with a blood alcohol level of under .10, and does not have a previous conviction for drink-driving, will not have to face a magistrate.

Although the proposed changes, which could bring the state in line with Victoria, have not been finalised, it is hoped they will declutter New South Wales' already stretched to capacity court system and therefore save court resources for more serious offences. My questions to the Treasurer, and on to the Attorney-General, are:

1. Is the South Australian government aware of the proposed new changes in New South Wales and is it considering similar changes to our drink-driving laws?

2. Does the government see merit in having similar laws here as a means of freeing up our clogged courts to dedicate to more serious offences and reducing waiting times for trials?

The Hon. R.I. LUCAS (Treasurer) (15:20): I am happy to take the honourable member's questions on notice and refer them to the Attorney-General and bring back a reply as soon as possible.

Bills

HEALTH CARE (GOVERNANCE) AMENDMENT BILL

Committee Stage

In committee (resumed on motion).

Clause 1.

The Hon. S.G. WADE: I was hoping to provide a response to the Hon. Tammy Franks in relation to consultation on boundaries. As I have advised the chamber, I wrote to the health advisory councils. I am not aware of any responses to my office that opposed that proposal.

In terms of consultation since the bill, the bill was tabled on 7 June and the second reading explanation has made clear that district boundaries would be used as the boundaries for the regional local health networks. On Friday 22 June, I met with HAC presiding members. At that meeting I said I did not want to make changes that did not bring a net benefit.

On that basis it was my intention to maintain metropolitan boundaries for local health networks in the city and use Country Health SA district boundaries for the boundaries of the local health networks in the country. I indicated that I was open to contrary views and none were raised at that time, and I am not aware of any being raised since. Of course, I would be interested if other members have had other advice.

In relation to the issue of costs, as I have advised previously, in the incoming brief there were broad cost estimates prepared by the department. Those estimates were prepared without the benefit of engaging the incoming minister on the government's plans. They were made before the interstate jurisdictions had been engaged and without detailed discussions with the department.

I am advised that the estimated cost for board remuneration is up to $3.6 million per year. We recognise that moving towards local control will support improved efficiencies. The expectation of the government will be that any potential incremental costs in terms of administrative arrangements to support boards will be managed within the overall funding allocations of LHNs and that the boards will drive efficiencies within the overall funding allocations of LHNs.

If it assists the chamber, I am also happy to give an undertaking that the government will bring back to the council a second bill with the governance and accountability framework before boards become fully operational.

Clause passed.

Clause 2.

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

Amendment No 1 [Maher–1]—

Page 3, line 3 [clause 2(2)]—Delete subclause (2)

The amendment removes clause 2(2) to make section 7(5) of the Acts Interpretation Act 1915 not apply to this act. Section 7(5) deems that if a bill has not been assented to within two years, it will come into force. Given the minister has outlined that there will be further progression on this and has given representations to the chamber, it is completely unnecessary to give a greater time frame than two years for this to come into force. It seems a simple, good idea to remove this.

The Hon. S.G. WADE: I agree with the Leader of the Opposition and the government will be supporting the amendment.

Amendment carried; clause as amended passed.

Clauses 3 to 10 passed.

Clause 11.

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

Amendment No 2 [Maher–1]—

Page 6, lines 22 to 26 [clause 11, inserted section 33B(1)]—Delete inserted subsection (1) and substitute:

(1) A governing board for an incorporated hospital consists of the following members:

(a) 5 or more members (but not more than 7) appointed by the Minister, being persons who collectively have, in the opinion of the Minister, knowledge, skills and experience necessary to enable the board to carry out its functions effectively;

(b) a person elected, in accordance with procedures set out in the regulations, by persons employed to work at the hospital.

I might not speak to this in great detail because I think there will be a bit of discussion on clause 11 in total that will help inform us about this amendment. However, I will speak to this specific amendment to help the chamber. The bill provides that boards have at least six and no more than eight members. Our amendment changes it to five but not more than seven, so one less, but inserts a new subsection saying that there should be a person elected in accordance with procedures set out by regulation from people employed to work at the hospital that the boards have jurisdiction of.

In effect, we are not changing the total number. What we are doing is saying that one of the people there should effectively have direct skin in the game and be elected by a hospital in the area to sit on that board.

The CHAIR: Is that amendment distinct from your other amendments? Are there any consequential amendments? That will just determine what I am going to put, that's all. As I understand it this one stands alone, Leader of the Opposition.

The Hon. K.J. MAHER: Yes, they are interrelated in terms of what other things do but I do not think—

The CHAIR: They are not strictly consequential.

The Hon. K.J. MAHER: I do not think one flows necessarily from this one passing or not.

The Hon. T.A. FRANKS: If it helps the debate, I indicate that the Greens might be more willing to support one of the other amendments if this one stands alone.

The CHAIR: I understand that technically this one stands alone.

The Hon. T.A. FRANKS: Yes, it does. While I am on my feet then I will say that the Greens are not of a mind to support this particular one because it leads to a representative model for these particular bodies. We are very mindful of having clinical and, indeed, consumer and diverse clinical representation, but to have a person elected in accordance with procedures set out in the regulations by persons employed to work at the hospital we do not think brings much to this particular structure that has been presented in this bill.

It does set somebody up to be an elected representative in one way or another of those who work at the hospital. Of course, the regulations could determine that it is only senior management who works at that hospital and that certainly would be of concern to us, if that is how this particular amendment played out. However, that idea of electing where no-one else is elected in this circumstance we think skews the nature of these particular bodies.

The Hon. S.G. WADE: Yes, I agree with the honourable member. I think it fundamentally undermines the skill-based nature of the board. Could I suggest to the council that it might cause some very difficult relationships within the networks. Let's say that an election was to take place in

the Central Adelaide Local Health Network: does anybody expect that anybody who did not work at the Royal Adelaide Hospital would not win that election? Immediately you are giving the RAH a designated position on the board which you are not giving to any other site.

In relation to a country region, can anyone imagine that the Lower South-East—let's say Mount Gambier or Millicent—would not carry the weight to elect a member from that region? I think it would be very unhelpful in terms of undermining the skills-based nature of the board but it would also introduce very unhelpful dynamics within the board.

The Hon. J.A. DARLEY: I indicate that I will not be supporting this amendment.

The Hon. F. PANGALLO: I will not be supporting it, either, Mr Chairman.

The CHAIR: Leader of the Opposition, do you want to make any further contribution? I put that amendment No. 2 [Maher-1] be agreed to.

Amendment negatived.

The CHAIR: Leader of the Opposition, do you wish to move amendment No. 3 [Maher-1]?

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

Amendment No 3 [Maher–1]—

Page 6, line 39 [clause 11, inserted section 33B(3)]—Delete '2' and substitute '3'

For the benefit of the chamber, this is related to amendment No. 4 [Maher-1] and if this fails we will not be proceeding with the next one. What amendment No. 4 [Maher-1] does is that instead of having the requirement that at least two members of the governing board must be health professionals, our amendment makes sure that in effect at least one member has to be a doctor, one has to be non-doctor health professional and a third one can be either of those two.

That is why amendment No. 3 [Maher-1] deletes 2 and inserts 3 and then amendment No. 4 [Maher-1] instead of just two members of the governing board being health professionals, there are three members of the governing board: one being a doctor, in effect, under amendment No. 4 [Maher-1] and one being a non-doctor health professional, and a third one being either of those two. We think rather than the possibility of having two doctors or two allied health professions, it is a much better balance to ensure there is greater representation of the clinical knowledge and healthcare providers by having three and, in effect, making sure that at least one of those three is not a doctor or not a non-doctor healthcare professional.

The Hon. S.G. WADE: I am sure that non-doctor health professionals will be pleased to know the opposition thinks they do not have an understanding of clinical governance. We are having a debate on amendment Nos 3 and 4. The government does not support any profession having a dedicated seat on the board. Even if we were to do so, we would not accept the wording of subclause (a), which excludes a retired medical practitioner.

We do not support Maher 3 or 4. We think it reduces the scope for nonclinical skills on the board. The board will always be able to involve staff in their proceedings. With six members, they would already have a third of their members who are health professionals. We believe that is an appropriate balance. It is not stipulated in the bill for the professions to be represented, and we believe it should be merit-based. I would be more than happy to appoint more than one of a profession on the basis of merit.

The Hon. T.A. FRANKS: I indicate the Greens will be supporting amendment No. 3 [Maher- 1], but we will not be supporting amendment No. 4 [Maher-1].

The Hon. S.G. WADE: I would make the point to those members who have not indicated their position—and I respect the Hon. Tammy Franks' position—that if we are going to have a proportion of health professionals on the board to maintain the other skill elements the board has—it needs to have legal expertise, financial expertise, and so forth—the inevitable consequence of the honourable member's amendment would be to increase the size of the board.

The well-established practice of corporate governance in Australia is that often a smaller board is a better board. I respect the intent of the Hon. Tammy Franks supporting it, but it would have

the consequence of increasing the size and costs of the board, and not necessarily making a significant difference to the health expertise input on the board. Let's remember that not only will there be the two designated health professionals on the board, current or former, but there will also be, I would expect, at every board meeting the leadership of the network, which would invariably involve health professionals.

The Hon. J.A. DARLEY: I indicate I will not be supporting amendment Nos 3 or 4.

The Hon. T.A. FRANKS: I would note that, in the same way that there is no greater virtue in the number 47 than the number 22, there has not been any real evidence about what is the perfect number for a board.

The CHAIR: Hon. Mr Pangallo, do you wish to give any contribution on your position in relation to this?

The Hon. F. PANGALLO: I will not be supporting it.

Amendment negatived.

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

Amendment No 4 [Maher–1]—

Page 6, line 40 [clause 11, inserted section 33B(3)]—After 'professionals' insert 'of whom—'

(a) at least 1 must be a person who is a medical practitioner within the meaning of the *Health Practitioner Regulation National Law (South Australia)*; and

(b) at least 1 must be a person who is not and never has been a medical practitioner within the meaning of the *Health Practitioner Regulation National Law (South Australia)*.

It was discussed at the same time as the last amendment, so I will move the amendment without taking much more of the committee's time.

The Hon. S.G. WADE: I would suggest they are related, if not consequential.

The Hon. K.J. MAHER: They do stand alone; you could have one without the other.

The CHAIR: They do tend to be similar.

The Hon. S.G. WADE: I will not call it consequential, but it is related, and I would urge the council to persist in its wisdom.

Amendment negatived.

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

Amendment No 5 [Maher–1]—

Page 6, after line 40 [clause 11, inserted section 33B]—After inserted subsection (3) insert:

(3a) At least 1 member of a governing board must be a person who has expertise, knowledge or experience in relation to Aboriginal health.

This requires that at least one member of each governing board must be a person who has expertise, knowledge or experience in relation to Aboriginal health. I am informed that there is something similar in New South Wales in relation to governing boards. We know that Aboriginal people suffer diseases and health effects at a much greater rate in many areas than non-Aboriginal South Australians. Their life expectancy is significantly shorter and, in a whole range of areas, there is a big gap between the health of Aboriginal and non-Aboriginal South Australians. To have just one member of each board with experience in this area I think would be an important step and may help, in some way, to close that gap.

The Hon. S.G. WADE: Let me from the outset indicate how seriously I take the poor state of Aboriginal health and the fact that more needs to be done. I note the honourable member's comments that New South Wales has a provision such as this. Considering we are the only jurisdiction not to have board governance, that would imply that, of the five jurisdictions that have board legislation, only one of them has a provision such as this. Considering the level of Aboriginal disadvantage in health, expertise in this area would certainly be a very meritorious attribute for any

applicant to a board, but on the basis of the government's eagerness that we maintain that focus on a skills mix, we do not support this amendment.

The Hon. J.A. DARLEY: I indicate that I will be supporting this amendment.

The Hon. T.A. FRANKS: Mr Chair, I might surprise you. I will reiterate the commitment to Aboriginal health, but I do not support this amendment on behalf of the Greens. I think it is too prescriptive. Yes, absolutely, Aboriginal health must be a primary concern. We have a long way to go to closing the gap, but as to having this provision with regard to the membership of the board, I would hope that every single medical professional actually has knowledge of Aboriginal health. This is incredibly broad and I think it again seeks to be more of a representative than a skills-based body. I would be interested to hear more about how the New South Wales model works and whether or not the clinical engagement strategy is actually the better location for this particular goal to be achieved.

The Hon. F. PANGALLO: I will support this amendment. We all know the poor outcomes in Aboriginal health throughout the state and particularly in regional areas. We know that there is a serious problem with diseases like diabetes. There is also drug substance abuse. I think this amendment has merit, and I will be supporting it.

Amendment carried.

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

Amendment No 6 [Maher–1]—

Page 7, line 2 [clause 11, inserted section 33B(4)]—After 'incorporated hospital' insert 'under subsection (1)(a)'

This removes the part of the clause that prohibits a person from being a member of a board if they are an employee of a hospital that is in the board area. We had previous amendments to try to ensure that that was the case. Those failed but, without this amendment, the legislation would specifically preclude a person who may have the most knowledge about a particular area from being a member of the board. It does not require it to happen, but it means that, if they are one of the most appropriate people to sit on the board, they are not going to be excluded from doing so.

The Hon. S.G. WADE: I believe this is consequential and should therefore be opposed. It is related to (1)(a), the elected member, is it not?

The Hon. K.J. MAHER: The member might help me clarify this, but as I understand it, this takes out the provision under subclause(4)(a) that we are dealing with, that the person who is an employee of the incorporated hospital is not eligible for appointment to the governing board. I think that stands alone. The minister might correct me if I am wrong, but as it is currently drafted the intention we are seeking to amend is that someone who is an employee of an incorporated hospital within the board area is not eligible to be made a board member. We are saying you do not have to make them a board member, but that possibility should be open to do so.

The Hon. S.G. WADE: Sure. If I understand what the honourable member is suggesting, I suggest we might be talking at cross-purposes. As I understand it, the chair is drawing attention to an amendment which proposes to insert in subclause (4) after the words 'incorporated hospital' the words 'under subsection(1)(a)'. That 'under subsection (1)(a)' is the elected member provision in the earlier amendment.

I would suggest that if it is the view of the opposition that employees of an incorporated association, persons engaged to provide a service to an incorporated hospital or the person who is employed in the department, should be eligible to be appointed to a board, then he may want to delete the whole of subclause (4). If it is only the intention of the opposition that a local employee of the local health network is able to be appointed, then he may want to move an amendment to delete subclause (4)(a). I am happy to take that on the floor, as long as we are clear what we are doing. We will oppose either, because we do not believe that it is appropriate.

The CHAIR: Leader of the Opposition, just for your clarity, it is technically consequential because your amendment refers to 'under subsection (1)(a)' which is what was lost. You can make further amendments.

The Hon. K.J. MAHER: I move the amendment standing in my name in an amended form:

Page 7, line 2 [clause 11, inserted section 33B]—

Delete subclause (4)(a) and renumber paragraphs (b) and (c) accordingly.

So that (4) reads, 'A person is not eligible for appointment to the governing board for an incorporated hospital if—' and paragraph (b) will now become paragraph (a) 'the person is engaged to provide a service to the incorporated hospital;' and paragraph (c) will now become paragraph (b) 'the person is an employee of the Department.'

The CHAIR: I am going to read it so that honourable members know. The member has moved to delete subclause (4)(a), which reads 'the person is an employee of the incorporated hospital'. He is further moving that (4)(b) becomes (4)(a) and (4)(c) becomes (4)(b).

The Hon. S.G. WADE: Thank you to the honourable member for clarifying what he is trying to do. I would also indicate my disappointment that the council was not given the opportunity of foreseeing that amendment in advance. I am still happy to express that the government's view is strongly that this subclause should be opposed.

It is actually discriminating against nurses. If you go to a local health network, a person who is an employee of an incorporated hospital, particularly in the country, is likely to be a nurse or an allied health professional or a midwife. In the country, in most of our hospitals, bar four or five, the medical services are provided by, shall we say, in-reach general practitioners. What the opposition amendment would say would be that you are allowing nurses—sorry, it is the other way round actually. It is discriminating against doctors.

It is saying that a nurse can be a member of the board, but a doctor cannot. I think it has the same fatal flaws of the earlier failed amendment in relation to an elected member and also in relation to health professionals. It is very important that we maintain a skills-based board. It is also important that we maintain probity.

One of the strongest messages given to us from particularly our interstate consultants—and when I say interstate consultants, these are experienced health professionals who have actually managed health systems. One of them is the health administrator who helped the Western Australian government do the most recent board governance reforms, in 2016. One of the strongest pieces of advice is: do not burden the boards with the conflicts of interest that comes by having employees on the board.

My understanding is that New South Wales is a jurisdiction that, if you like, is more liberal towards employees being involved on boards, and that has been a real problem. I would urge members not to create conflicts of interest problems, probity issues, for the boards. We should maintain the position and not support this amendment.

The Hon. J.A. DARLEY: I indicate I will not be supporting the amended amendment.

The Hon. F. PANGALLO: I will not be supporting it either.

Amendment negatived.

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

Amendment No 1 [HealthWell–1]—

Page 7, lines 3 to 5 [clause 11, inserted section 33B(4)(a) and (b)]—Delete inserted paragraphs (a) and (b) and substitute:

(a) the person is employed to work at the incorporated hospital; or

(b) the person provides a service to the incorporated hospital; or

This also relates to the importance of the values I was just talking about. It is the government's intent to ensure that the governing board is independent, and to reflect this section 33B(4) of the bill states that an employee of the department is not eligible to be appointed to the governing board, nor is a local health network employee eligible to be appointed to the governing board for the local health network that employs them.

In response to communications about the establishment of the governing boards, there are a number of queries about the eligibility requirements, particularly from persons who work in country health services where there are varying employment arrangements. This amendment is put forward. We believe it is a minor and technical amendment and we believe it will simplify the wording around the eligibility requirements to refer to persons providing a service rather than being engaged to provide a service.

The end result is that it does not matter whether a person is employed, contracted or granted visiting rights, they will not be eligible to be appointed to the board. The requirement that employees of the Department for Health and Wellbeing are not eligible for appointment to a governing board has not been amended.

Amendment carried.

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

Amendment No 7 [Maher–1]—

Page 7, after line 8 [clause 11, inserted section 33B]—After inserted subsection (5) insert:

(5a) The Minister must endeavour to ensure that the diversity of communities in rural districts is reflected in the membership of governing boards for incorporated hospitals located in those districts.

This amendment seeks to ensure that the diversity within a particular area and community that a board represents is reflected on the membership of the board. The amendment speaks for itself. Generally, when the diversity of a community is represented on decision-making bodies they make the best decisions, bringing the diversity to that table.

The Hon. S.G. WADE: The government opposes this amendment. I would make the point that in making appointments the government will be very mindful of diversity and not just geographic diversity. I am a bit concerned that the opposition's amendment suggests that diversity matters only to people in rural South Australia. My understanding of the metropolitan districts is that there is incredible diversity in metropolitan districts.

Let's take the Southern Adelaide Local Health Network, for example. You have relatively prosperous communities around Glenelg and Brighton, through to some of the most challenging communities in the south. There are the Hills suburbs and country towns like McLaren Vale. There is incredible diversity in the south, too.

There is a Latin expression, expressio unius est exclusio alterius: the expression of one thing excludes the other. To say that diversity should be respected in rural communities implies it should not be in metropolitan. We do not support that distinction. The boards, again, are not representative bodies. The primary focus on appointments is on skills, and all other things being equal, issues such as regional spread will be considered. Communities will be engaged as part of an engagement strategy, and we do not believe that this element of representation amongst board members is helpful.

The Hon. J.A. DARLEY: I indicate that I will not be supporting this amendment.

The Hon. F. PANGALLO: I will not be supporting it either. I think the suggestion of input from a diversity of community representatives normally sounds meaningless, and the stipulation that members should act in the public interest is self evident, so I will not be supporting it.

Amendment negatived.

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

Amendment No 8 [Maher–1]—

Page 7, after line 24—After inserted section 33B insert:

33BA—Members of governing boards for incorporated hospitals to act in public interest

A member of a governing board for an incorporated hospital is to act impartially and in the public interest in performing the member's duties.

33BB—Members of governing boards for incorporated hospitals to disclose interests

A member of a governing board must disclose their interests in accordance with Schedule 3A.

Amendment No. 8 [Maher–1] seeks to introduce levels of accountability and transparency that were lacking from the bill as originally drafted. It requires a statement that members of the governing board are to act impartially and in the public interest in performing their duties, which I understand is very similar to a requirement that is in place in Queensland.

It then goes further and sets out a schedule in schedule 3A of the requirements for disclosure of members' interests. It also sets out, as happens in other areas, as for members of parliament or local council, publication of those interests so that members of the community can be absolutely assured that interests are being made only in the interests of the health sector and not in interests that a member might have any other financial interest in.

The Hon. S.G. WADE: First of all, I dispute the opposition's suggestion that the bill as it stands does not have probity requirements. The bill is subject to the Public Sector (Honesty and Accountability) Act 1995.

The Hon. K.J. Maher interjecting:

The CHAIR: Leader of the Opposition, you have an opportunity to make comment in the committee stage. Let the minister finish his answer.

The Hon. S.G. WADE: Having said that, the government sees the wisdom of the opposition approach to go beyond the management of conflict of interest approach within the Public Sector (Honesty and Accountability) Act 1995 and move towards disclosure. We will therefore be supporting amendment No. 8, which relates to 33BA and 33BB, but we do have an alternative approach that we believe is to be preferred in a future amendment.

The Hon. T.A. FRANKS: The Greens will be supporting this amendment.

Amendment carried.

The Hon. C.M. SCRIVEN: My question to the minister is: in clause 33(2)(b), will procurement of equipment and supplies be undertaken locally by the health boards?

The Hon. S.G. WADE: As I indicated earlier, these elements of policy, such as procurement and what level of devolution will occur, will be part of the stage 2 discussions.

The Hon. C.M. SCRIVEN: I appreciate the minister's response but, given that it is talking about the operations of the hospital being carried out efficiently and effectively, managing its budget and using hospital resources equitably, I think it is reasonable for local regions to know whether procurement will be part of the proposed remit of these boards.

The Hon. S.G. WADE: The honourable member is correct: communities will know when the boards are in place and what they can hold them accountable for. That information, that scope of responsibility, will be clear when the boards become fully operational from 1 July 2019.

The Hon. C.M. SCRIVEN: Can you say whether local boards will be subject to industry participation plans?

The Hon. S.G. WADE: In relation to procurement policies, it depends on whether they have responsibility for procurement.

The Hon. C.M. SCRIVEN: If they do have responsibility for procurement, will they be subject to industry participation plans?

The Hon. S.G. WADE: They will certainly be held to government policies, as is indicated in the legislation, and to the extent that that applies to procurement, so be it.

Clause as amended passed.

New clauses 11A, 11B, 11C and 11D.

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

Amendment No 9 [Maher–1]—

Page 8, after line 7—After clause 11 insert:

11A—Amendment of heading to Part 5 Division 4

Heading to Part 5 Division 4—delete 'audits and reports' and substitute:

audits, reports and publication

11B—Amendment of section 36—Accounts and audit

Section 36(1)—after 'in respect of' insert:

each quarter and

11C—Amendment of section 37—Annual report

(1) Section 37(2)—delete subsection (2) and substitute:

(2) The report must incorporate, for the financial year—

(a) the audited accounts and financial statements of the incorporated hospital (for each quarter and the financial year); and

(b) the following information for each site of the incorporated hospital:

(i) emergency department waiting times of the site; and

(ii) elective surgery waiting times of the site; and

(iii) outpatient waiting times of the site; and

(c) details of all health services provided by the incorporated hospital and the sites at which those services are provided; and

(d) detailed financial information for each site and health service operated by the incorporated hospital.

(2) Section 37(3)—delete 'to be laid before both Houses of Parliament' and substitute:

—

(a) to be laid before both Houses of Parliament; and

(b) to be presented to the Social Development Committee of Parliament.

11D—Insertion of sections 37A, 37B, 37C and 37D

After section 37 insert:

37A—Publication of quarterly financial statements

The governing board for an incorporated hospital must cause the financial statements of the incorporated hospital for each quarter prepared under section 36(1) to be published on a website accessible by the public at no charge within 7 days of being prepared under that section.

37B—Publication of agreed performance measures

The governing board for an incorporated hospital must cause all performance measures agreed with the Chief Executive for the incorporated hospital (including performance measures in the service agreement between the incorporated hospital and the Chief Executive) to be published on a website accessible by the public at no charge.

37C—Publication of real-time operational information

(1) The governing board for an incorporated hospital must cause prescribed operational information for the incorporated hospital to be generated and published in real-time (as far as is reasonably practicable) on a website accessible by the public at no charge.

(2) The website on which prescribed operational information for an incorporated hospital is published may include prescribed operational information for 1 or more other incorporated hospitals.

(3) In this section—

prescribed operational information, for an incorporated hospital, means the following information:

(a) emergency department patient levels, activity and waiting times;

(b) ambulance levels, activity and waiting times;

(c) outpatient levels, activity and waiting times;

(d) elective surgery patient levels, activity and waiting times;

(e) hospital bed levels and inpatient activity;

(f) other information relating to the operations of an incorporated hospital as may be prescribed by regulation.

37D—Publication of serious clinical failure

(1) The governing board for an incorporated hospital must cause notice of all serious clinical failures occurring in the incorporated hospital to be published on a website accessible by the public at no charge.

(2) In this section—

serious clinical failure means an event that results in death or serious harm to a patient and—

(a) is identified as a sentinel event by the Australian Commission on Safety in Quality Health Care; or

(b) is an event of a kind prescribed for the purposes of this definition.

This amendment does two things in relation to audits and reports. It does not just require the auditor's reports but also requires their publication. The second part of the amendment requires them not to be performed yearly but quarterly. This is in line with the minister's long-trumpeted desire for accountability, transparency and openness. We look forward to the government's support in making our health boards more accountable, transparent and open.

The Hon. S.G. WADE: This brings the council to the key choice that we have this afternoon. On the basis of my undertaking that this is a stage 1 bill—we will have a stage 2 bill before the boards become fully operational—the honourable Leader of the Opposition suggested, 'How about you accept all my amendments and use my version of the bill as the starting point for the stage 2 consultation?' The main reason the government would oppose that is that our bill is based on best practice. One of the gifts the former Labor government has given us is that, because they fought so long and hard to avoid board governance, we are actually the last jurisdiction in Australia to introduce board governance for health.

That means we can draw on best practice in other jurisdictions right across Australia, and we have done that. The most recent jurisdiction to introduce health board governance was Western Australia. As I said earlier, we have engaged a senior health administrator to be involved in that reform process to make sure we can distil best practice. It would be fair to say—in fact, I am happy for the government to be accused of plagiarism—that there are elements of a number of different interstate models. I have already admitted that the Queensland bill was the inspiration for the consumer and community engagement strategies and also the clinician engagement strategy. There are different elements of the bill that pick up on different elements in other jurisdictions.

I think that, if the house is faced with the question of whether we should use the government's bill as a starting point for stage 2 consultation and the governance and accountability framework, or whether we should use the opposition's version, in the context of best practice and to avoid drifting into uncharted waters it is best to use the government's starting point.

In terms of the elements that are highlighted in the honourable member's amendment No. 9, there are a number of aspects there which are very worthy and deserve the consideration of the parliament in the stage 2 debate. As I said earlier, if the opposition was serious about respecting consultation, they would not be putting down suggested amendments to what is, if you like, the best practice framework, without going into that consultation.

So I am not going to be opposing this amendment because any particular element is necessarily offensive. It is, in my view, matters that should appropriately be considered in the totality of the governance accountability framework, and that consultation will be occurring in the months ahead.

The Hon. T.A. FRANKS: The Greens will be supporting this amendment and the related amendments, and we look forward to that consultation ahead.

The Hon. J.A. DARLEY: I will not be supporting this amendment.

The Hon. F. PANGALLO: I will not be either.

The committee divided on the new clauses:

Ayes 8
Noes..... 8
Majority..... 0

AYES

Bourke, E.S.	Franks, T.A.	Hanson, J.E.
Maher, K.J. (teller)	Ngo, T.T.	Parnell, M.C.
Scriven, C.M.	Wortley, R.P.	

NOES

Darley, J.A.	Dawkins, J.S.L.	Hood, D.G.E.
Lee, J.S.	Lensink, J.M.A.	Pangallo, F.
Ridgway, D.W.	Wade, S.G. (teller)	

PAIRS

Hunter, I.K.	Bonaros, C.	Pnevmatikos, I.
Stephens, T.J.		

The CHAIR: There being 8 ayes and 8 noes, I will exercise my casting vote for the noes.

New clauses thus negatived.

Clause 12.

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

Amendment No 10 [Maher–1]—

Page 8, after line 15 [clause 12, inserted section 48A]—After inserted subsection (1) insert:

(1a) At any given time there must be at least 1 inspector holding office under subsection (1) for each incorporated hospital.

I indicate that, whilst not consequential, the next amendment, amendment No. 11 [Maher-1], deals with very similar issues and I think I will address both of them and we can discuss them both as we are going through. Having said that, I do not propose that 11 will fall if 10 fails but, for the sake of the discussion here, I think it would be wise to discuss them together.

The bill sets up a scheme where inspectors 'may' be appointed. These amendments make it that inspectors 'must' be appointed so that at least one inspector must be appointed for each incorporated hospital under how the scheme works for incorporated hospitals. There are a number of schemes that have inspectors. I am familiar with the correctional visitor scheme. There is the Community Visitor Scheme that operates in the disability and mental health sector, providing an exceptionally valuable service to the government, but also as a reassurance for those involved in the system, whether it is Corrections or the disability or mental health sector.

We think the amendments that require inspectors to hold office and then the further amendments in amendment No. 11 [Maher-1] that talk about the functions of the inspector and the independence of the inspector, the requirement for the absolute independence of the inspector and the requirement to inspect hospitals at regular intervals, help with openness and transparency, and we commend the amendments to the chamber.

The Hon. S.G. WADE: I support the suggestion of the honourable member that we discuss amendments Nos 10 and 11 together, and it is in his hands as to how we vote on them. I propose to the chamber that these amendments demonstrate a fundamental misunderstanding of the role of inspectors. The clauses in relation to inspectors as provided in the bill are reserve powers so that if the minister or the department needs information from a local health network they do not have to rely on an employee of the department checking on the role of the board or the hospital.

The inspector, as envisaged in the bill, will be used where the relationship between the minister and the board has broken down and the board or local health network was not being cooperative. I see these inspectors being appointed on an as-needed basis and being used only in more serious matters where an adverse event had occurred and the board was not cooperating with an investigation or inquiry, or there was a substantial threat to the local health network—let's say serious financial matters.

I note the comments from the Australian Medical Association about ensuring the independence of the board. I cannot see how the perceived threat of an inspector coming in every two or three months will allow the board to act independently. In the context of that role, the elements in the amendment that basically say the minister cannot direct an inspector, totally neuters this proposal for the purpose for which it is designed. If I cannot say to the inspector, 'I need information on clinical governance,' or, 'I need information on financial management,' then I am not going to send them in—they are not providing me with the information I need. Therefore, I think it significantly increases the risk that I will have to take more severe action without all the information I need.

If I could send the inspector in and ask, 'Can you give me an assessment on how they are going with clinical governance? I have heard that the board financial statements are not reliable. Can you check on that?' that gives me a chance to resolve issues at a lower level. If I do not have access to that information through a measure such as the inspector, I have to escalate to more draconian responses.

I think it is a fundamental misconception to see this as a visitor scheme, such as the schemes that were referred to like the Principal Community Visitor scheme. This is very much a matter of governance and accountability and an inspector is a very discrete role to assist the minister in that duty.

The Hon. K.J. MAHER: I thank the minister for setting out how he would prefer to see inspectors work. I do not doubt that is how he would prefer them to work and for them to have a very limited and discrete role and duty, but that is not how we think they can operate and it is not how we think they might be able to operate. We think our proposal provides much better service to the government and to health consumers in general.

The Hon. S.G. WADE: If the honourable member thinks we need a community visitor scheme for hospitals, I would suggest he might want to consider a separate amendment. We would not be supporting it because one of the big differences between a principal community visitor, who visits disability houses, supported residential facilities or mental health facilities, is that there are already accreditation procedures: residential aged-care accreditation, hospital accreditation or mental health aged-care accreditation that applies to hospitals completely independent of state government, which is to be welcomed. Let's put it this way: I am open to a proposal which outlines how a community visitor scheme would work in hospitals and why it is needed. The opposition playing with a very necessary role within the corporate governance framework for the boards I do not think is a helpful way.

The Hon. K.J. MAHER: I thank the minister for letting us know that he is open to such a scheme. My proposal is that the committee supports this particular scheme and we go back and work on a bigger and more substantive hospital visitor scheme and, when we do that, we can amend this bill, that we put it in here. I do not think the fact that an invitation to say we may support a stand-alone scheme should mean we should not support one that we have before us at the moment. If we do come back with a stand-alone scheme, great, and we can amend this one that is no longer needed, but I think there is good reason to put this one in now.

The Hon. S.G. WADE: I would ask the honourable member: what is the estimated cost of his hospital-based community visitor scheme?

The Hon. K.J. MAHER: I thank the honourable member for his question. That is one of the great joys of now being in opposition, and crossbenchers as well. I hope the minister would not do a disservice that, if any crossbench member had an idea that would help consumers, help with transparency and accountability, he would be so churlish to crossbenchers to say we should not do this because we do not know the exact cost of doing something that is the proper function of government.

The Hon. S.G. WADE: I am not going to prolong the debate. All I will do is make the point that it is common practice in this parliament, if people put up a proposal, for people to ask what are the implications, including financial. I do not believe the opposition has made a case for a community visitor scheme for hospitals. I believe I have made a case that, within the corporate governance framework, I need an inspector. I would urge the council to not support Maher amendment No. 10 [Maher-1].

The Hon. J.A. DARLEY: I indicate that I will not be supporting this amendment.

The Hon. T.A. FRANKS: The Greens will not be supporting this amendment. I think we are at cross-purposes here. There has been a lot of talk about community visitors. It is actually not a community visitor scheme that this bill proposes. A community visitor scheme would be worthwhile. And, oh, I remember when I worked for the mental health coalition of South Australia lobbying the Weatherill-Rann government for a community visitor scheme for many, many, many years before we finally got one. So I welcome their new-found enthusiasm, but this part of the bill is not about a community visitor scheme, it is about an inspector. It is a corporate governance tool. It is not there for what the debate has just turned its mind to. For those few reasons, we will not be supporting the opposition amendments.

Amendment negatived.

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

Amendment No 11 [Maher–1]—

Page 9, after line 7 [clause 12, inserted Division 10]—After inserted section 48A insert:

48B—Inspection of incorporated hospitals

Each site of an incorporated hospital must be inspected by an inspector at intervals of not more than 2 months.

48C—Independence

(1) In exercising functions and powers under this Act, an inspector must act independently, impartially and in the public interest.

(2) Neither the Minister nor the Chief Executive can—

(a) control how an inspector is to exercise the inspector's statutory functions and powers; or

(b) give any direction with respect to the content of any report prepared by an inspector.

Note—

This provision does not derogate from any express power of the Minister or Chief Executive under this Act.

48D—Staff and resources

The Minister must provide inspectors with the resources reasonably required for exercising their functions.

48E—Reporting obligations of inspector

(1) An inspector may, at any time, provide a report to the Minister on any matter arising out of the performance of the inspector's functions.

(2) A person appointed as an inspector must, not less than 3 months after the expiry of their appointment as an inspector, provide a written report to the Minister on any relevant matters arising out of the performance of their functions as an inspector during the period of the appointment.

(3) 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.

The amendment is not contingent on No. 10 having passed or failed.

The Hon. S.G. WADE: As the minister who might be asking an inspector to go in, and considering that I may not need information on the 67 hospitals every two months, I would suggest we do not need amendment No. 11. The government opposes this amendment.

The Hon. J.A. DARLEY: I will not be supporting this amendment.

The Hon. F. PANGALLO: I will not be supporting it either.

Amendment negatived; clause passed.

Clause 13 passed.

New clause 13A.

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

Amendment No 12 [Maher–1]—

Page 9, after line 10—After clause 13 insert:

13A—Insertion of section 102

After section 101 insert:

102—Review of amendments to Act by Health Care (Governance) Amendment Act 2018

(1) The Minister must cause an independent review of the operation and effect of the amendments made to this Act by the *Health Care (Governance) Amendment Act 2018* to be undertaken within a reasonable time after the third anniversary of the commencement of section 11 of the *Health Care (Governance) Amendment Act 2018*.

(2) A review under this section must—

(a) be conducted by a person with expertise in health care administration or service delivery; and

(b) include information about the operation and effect of the amendments in relation to—

(i) the quality and safety of health care in this State; and

(ii) the costs of providing health services at incorporated hospitals; and

(iii) the coordination of health services provided by incorporated hospitals.

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

This amendment calls for a review of the act, should it pass. The minister has outlined that he is hopeful that, by the end of this year, there will be a new act that will replace everything and make all the work we have done today completely redundant, but that is the minister's prerogative. Given those assurances of the minister, no-one should be afraid of having a review of this act in the future, given the minister has assured the house it will have no work to do and this will be repealed, as he optimistically says, by the end of this year.

The Hon. S.G. WADE: I have always said that this stage 1 bill will be a foundation for stage 2, and I see the merit of a review after three years. The government will be supporting it. Our understanding is that the consequence of the clause would be that the three years would count from 1 July 2019 because that is when the provision comes in.

I certainly would not want the review to be, shall we say, activated when we proclaim stage 1 and move to appointment, because that effectively puts the boards being reviewed two years into their full operational status. Just to make it clear, that is my understanding. The government supports the amendment but would want the boards to be reviewed after three years of full operation.

The Hon. F. PANGALLO: I will be supporting it.

The Hon. T.A. FRANKS: The Greens will also be supporting it. We note that the more things change, the more they stay the same. It is the opposition moving for a review. It is always the crossbenchers and the opposition supporting a review, and it would be really nice if the government came back with reviews in their future bills.

The Hon. J.A. DARLEY: I will be supporting this amendment.

New clause inserted.

Clause 14.

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

Amendment No 13 [Maher–1]—

Page 10, after line 5 [clause 14, inserted clause 3]—After the present contents of inserted clause 3 (now to be designated as subclause (1)) insert:

(2) The Minister must cause the remuneration, allowances and expenses determined under this clause to be published on a website determined by the Minister that is accessible by the public at no charge.

(3) The Chairperson of a governing board must ensure that travel or entertainment expenses incurred by the board in respect of the performance by a member of the member's functions and duties are disclosed on a website accessible to the public at no charge not more than 60 days after the day on which they are incurred.

This amendment is aimed squarely at accountability and transparency of the costs of the board. These are things that particularly crossbenchers fight for regularly in terms of an understanding of what government is spending, and what expenses of taxpayers' dollars are being incurred on things such as travel and entertainment. We can see no reason why the remuneration, allowances and expenses in relation to these boards should not be published and published regularly, similar to what ministers of the government publish so that the public can be assured that their taxpayer dollar is being spent wisely.

The Hon. S.G. WADE: I commend the honourable member for having identified an amendment that is relevant to the stage 1 bill. This definitely does relate to boards and how they operate. The government supports this amendment on the grounds of transparency and accountability. The publication of remuneration, to be clear, is already covered as part of the annual report for government boards and committees that is tabled in parliament.

Despite this, I am willing to have the information also published on the website for the local health network. The remuneration level for board members is in accordance with provisions set by the Department of the Premier and Cabinet for government boards and committees and also in line with the Department of the Premier and Cabinet requirements for government boards and committees that members may be entitled to travel expenses. The government is willing to have these expenses also published. We support the amendment.

The Hon. T.A. FRANKS: Chair, can I clarify that we are dealing with Amendment No. 14 [Maher-1]?

The CHAIR: Amendment No. 13 [Maher-1].

The Hon. T.A. FRANKS: We are dealing with these as separate amendments?

The CHAIR: Yes.

The Hon. T.A. FRANKS: I am actually going to speak to the next range of procedural matters in a parcel and I will explain why, because it will give the Leader of the Opposition a little bit of time to do something. The Greens are broadly supporting some of these amendments but not all of them. When we get to the one in regard to the publication of minutes, we note that does not specify approved minutes and we have some concerns that that language is not tight enough and needs to be tightened up.

The other area where I have some concerns with the looseness of the language is that 'a meeting of the governing board must be conducted in a place open to the public'. I understand the intent of the amendment is that the meeting needs to be accessible to the public, but is that definition

prohibitive to a boardroom, for example, being used for a meeting? I realise that possibly I might be overthinking this but, on my reading of it, I was a bit concerned that that language was perhaps too loose. Certainly, in regard to the approval of minutes before they are published, I would want to ensure that we were not sending unpublished, uncorrected minutes out to the public before they were approved. Otherwise, we are broadly supportive.

The CHAIR: Do members wish to make a similar contribution on the collection of amendments to clause 14? If not, I am proposing that I will move to put the question in relation to amendment No. 13 [Maher-1].

The Hon. T.A. FRANKS: At this point, I indicate that the Greens will support this, but if the government has any concerns with the looseness of the language if that could be—

The Hon. S.G. WADE: I think we are still dealing with amendment No. 13. We will make comments on amendment No. 14 when we get there.

The CHAIR: All I am putting is amendment No. 13 [Maher-1], then we will go on to an opportunity for honourable members to comment on the other amendments that are proposed to clause 14.

Amendment carried.

The Hon. K.J. MAHER: By leave, I move this amendment in an amended form:

Amendment No 14 [Maher–1]—

Page 11, after line 10—After inserted clause 7 insert:

7A—Public meetings

(1) Subject to this section, a meeting of a governing board must be conducted in a place open and accessible to the public.

(2) A governing board may, if the board considers that it is in the public interest to do so, order that the public be excluded from attendance at a meeting to the extent (and only to the extent) that the governing board considers it to be necessary and appropriate to act in a meeting closed to the public in order to receive, discuss or consider a confidential matter.

(3) A governing board must hold a meeting between 1 October and 31 December in each year at which—

(a) the annual report of the incorporated hospital for the previous financial year is presented to members of the public; and

(b) any member of the public in attendance at the meeting is entitled to address the meeting.

(4) The holding of the meeting under subsection (3) is to be advertised in at least 1 newspaper circulating generally in the area of the incorporated public hospital and by such other means (including on a website accessible by the public at no charge) as the governing board determines.

The amendment is in 7A(1) to add 'and accessible' after the word 'open', so that subclause (1) reads 'Subject to this section, a meeting of the governing board must be conducted in a place open and accessible to the public.' The amendment speaks for itself.

This is based on a number of things contained in the New South Wales legislation for hospital boards, making sure that the community has an understanding of what their taxpayers' dollars are being spent on and why in relation to the provision of health services in their area. It makes sure, again, that meetings are not just open but now accessible to the public and that once a year members of the public have a right to be heard and are entitled to speak at meetings of the board.

The Hon. S.G. WADE: It is the government's view that these matters are moving into tranche 2 matters. We have concerns about the capacity for the boards to deal with the range of matters before them if they are fully open. We are happy to have that conversation as part of the discussion on governance and accountability. It will be very interesting to hear the views of groups like the health advisory councils as to the way that they operate.

We also think there needs to be a lot more consultation about some of the implications of how this might work. A board could be open and accessible to the public at a very remote location. There are a lot of issues that need to be discussed if these matters are to be practical, and we believe that that is better done as part of the tranche 2 consultation. Those comments only relate to amendment No. 14 [Maher–1].

The Hon. T.A. FRANKS: I will try to keep my remarks to this particular clause this time. and apologise to the council for getting ahead of myself. I think the Leader of the Opposition has actually misunderstood some of my concerns. I am slightly concerned that 7A(1) would exclude a boardroom as a location for a meeting. I am prepared at this stage to say that we will support this amendment, but if that wording is of a nature that gives rise to problems, I would appreciate the minister taking that on board in the conversation between the houses.

The Hon. S.G. WADE: We would be happy if the council would not support this amendment, and I am not going to give an undertaking that the government is going to support it in the other place if it is passed.

The Hon. K.J. MAHER: In checking the procedure, I think I did slightly misunderstand the nature of what the honourable member suggested when she spoke to this amendment in the previous amendment: not just 'open and accessible' but 'accessible' rather than 'open', so that somewhere that is not usually open, like a boardroom, but for the purposes of a meeting could be accessible. Is that what the honourable member meant? Was the honourable member suggesting the word 'accessible' instead of 'open' rather than in addition to it?

The Hon. T.A. FRANKS: No, my concern is that we are moving a series of amendments around transparency. There are levels of transparency that I think are appropriate—publication of approved minutes, promulgation of an agenda, awareness of the issues to be debated—but I would expect that typically a place like a boardroom is where we would see these meetings take place, and they are not open and accessible to the public locations, so I am concerned that this definition is counterproductive.

The Hon. K.J. MAHER: I can indicate to the honourable member that if concerns became apparent, we would not be closed to a conversation. If this was amended in the other place and came back here with sensible amendments that made the operation of this even more effective and workable, we would not have a closed mind to changing it when it came back here.

The Hon. S.G. WADE: I appreciate the goals that the Hon. Ms Franks is going for, and I think the honourable member is highlighting more and more the problems with this amendment. I do not know why Mount Gambier is coming to mind, but I have been at a number of meetings in Mount Gambier and they care passionately about their health. How can a board know in advance that that meeting is going to produce a community response that means they need to hire the community hall, not the boardroom at the hospital?

A board that was going to take this amendment seriously would therefore have to have every meeting at the town hall. Again, I would urge the council that a thought bubble from the opposition is not a substitute for a well-consulted proposal. We would suggest that this is better done in the tranche 2 consultation.

The Hon. K.J. MAHER: I thank the minister for his suggestions. I disagree with him, though, that a small boardroom that has no seating around it, perhaps in a hospital, or a big community hall are the two binary options that are available to hold a meeting in. Many regional councils hold their meetings in chambers that are very small and have limited seating and do quite fine with the possibility of each council meeting being open to the public.

There is the possibility that it is a boardroom that has some seating that, like many local small councils in the regions, would allow members of the public to attend. I think if there was a contentious matter being heard, as happens in council meetings, they would make appropriate arrangements for more seating or a place that would be even more suitable.

The Hon. F. PANGALLO: I share the concerns of the minister. I am quite bemused by this. How would this work? You make a comparison to councils, but we are talking about an executive board here. We are not talking about an open council meeting with elected members where you are

going to have people coming forward. I have been to some of these meetings, where things get quite passionate and open and fiery. It is a board that is actually dealing with the governance of a place.

I think we need to work out how it is going to work and how often they are going to have public meetings, if you suddenly open the doors every time you are having a board meeting. I do not see company boards opening up their boardroom to the public to come in and have a say. I just do not think it is workable, honourable opposition leader.

The Hon. K.J. MAHER: I thank the honourable member for his comments. I think the analogy with local government is a good one. Local government is open unless they decide not to be open. These boards will possibly be dealing with tens of millions of dollars, or even more, of taxpayers' money. That is even more substantial than local councils in terms of the quantum of money that they are spending.

This amendment provides a provision for the board, if it considers it is in the public interest to do so, to exclude people from attendance, if there was something that was necessary for it to be held in camera, for the board to discuss that they needed to make a decision not with the public around. They have the option to do it in here, much like local councils have the option to do it.

I would be surprised if the Hon. Frank Pangallo is going to not support an amendment that increases the public's right to know. That would fly in the face of many years of what he has done. A private company is not spending tens of millions of dollars of taxpayers' money; these boards probably will be. I think taxpayers have a right to know; the honourable member may disagree.

The Hon. F. PANGALLO: I agree, but I want to know how it is going to work effectively, so it does not descend from decorum. I think there needs to be some idea of what is going to be open to the public and what is not going to be open to the public. If there is an indication here that these boards are going to have to open their doors to the public at each meeting or the board then has the discretion of saying, 'Well, we are going to hold this in camera,' I think you are going to find it is going to create a lot of angst within communities.

As I have pointed out, this board is an executive board, not an elected board. For sure, I would like to hear what is going on and certainly give the public an opportunity to have their say to the board, but I think these sessions need to be properly structured rather than just having it sitting there that they can go in.

The Hon. K.J. MAHER: That is the analogy I had started. Local councils seem to do fine with much less money being spent and much less quantum of money being spent, but having their proceedings, everything they spend money on, open to the public, unless they decide that they should go in camera. I am surprised the honourable member would think that a much greater amount of money means there should be less public scrutiny on this, but it is up to the honourable member what he supports and does not.

The Hon. S.G. WADE: I do not agree with the Leader of the Opposition's suggestion that once you reach a certain threshold you should have your board meetings open. I do not recall the former government legislating in that regard in relation to SA Water or the TAFE board.

The Hon. K.J. Maher: I don't think I said that.

The Hon. S.G. WADE: It might be suggested that that was not relevant to what the Leader of the Opposition said. What he said was that these boards are spending a lot of public money, therefore they should be open. Well, what about the TAFE board? What about the SA Water board? The fact of the matter is that the councils are fundamentally different. Because they are representative, elected bodies, the community has the right to hold their elected members to account. That is why parliament is open. That is why councils are open. It is not relevant to hospital boards.

I would ask the Leader of the Opposition: if it was so important to have hospital boards open, why did they not do it for the first six years of their administration between 2002 and 2008? If it was so important for hospital boards to be open, why did they not do it the last time they had hospital boards?

The Hon. K.J. MAHER: I think this will put at ease some of the honourable member's concern about the public having too much right to know: I am going to seek leave to move this

amendment without subclauses (1) and (2), so that clause 7A will have only subclauses (3) and (4). In that way, the public will generally not know what goes on at board meetings and it can remain secret.

Only subclauses (3) and (4) remain, which is just one public meeting a year. That means that what happens on a day-to-day basis, what happens with the tens of billions of dollars being spent, remains completely secret. The public will not have a right to know. The public will only have a right to know once a year, and so the problem of how big the room needs to be will not be a problem at each board meeting. I will move an amended form to remove subclauses (1) and (2) and leave only subclauses (3) and (4) remaining.

The CHAIR: You have to do it in a slightly different way, but we will get there. I will give you some guidance in a moment. Does any honourable member wish to respond to what the Leader of the Opposition has just put forward? Then we will go to having him formally moving it.

The Hon. S.G. WADE: Again, I make the point that this discussion has highlighted the value of consultation. That is why the government believes that this amendment and others should be considered as part of tranche 2 and should benefit from wider consultation.

The Hon. K.J. MAHER: I would like to conclude before we go the mechanics of how this is moved separately. Having removed subclauses (1) and (2) means that every public meeting is not open anymore. That is taken off the table, and it is just one public meeting once a year that is open. The public gets one go at coming to a meeting, and the board knows it is that one meeting a year. That is all that is open. That is already in the New South Wales legislation. We are taking out the first two clauses, meaning that just one meeting a year is open to the public, not every meeting.

The Hon. F. PANGALLO: I will support that.

The Hon. J.A. DARLEY: I will support that.

The CHAIR: Leader of the Opposition, can I have you seek leave to withdraw your amendment and then move the amendment in the amended form.

The Hon. K.J. MAHER: I seek leave to withdraw my amendment and to move it in the following amended form:

Amendment No 14 [Maher–1]—

Page 11, after line 10—After inserted clause 7 insert:

7A—Public meetings

(1) A governing board must hold a meeting between 1 October and 31 December in each year at which—

(a) the annual report of the incorporated hospital for the previous financial year is presented to members of the public; and

(b) any member of the public in attendance at the meeting is entitled to address the meeting.

(2) The holding of the meeting under subsection (3) is to be advertised in at least 1 newspaper circulating generally in the area of the incorporated public hospital and by such other means (including on a website accessible by the public at no charge) as the governing board determines.

Leave granted.

The Hon. T.A. FRANKS: With regard to the wording in subclause (2), 'the holding of a meeting under subsection (3) is to be advertised in at least 1 newspaper', we no longer have a subsection (3). We have subclauses (1) and (2). So I assume we have to change that.

The CHAIR: I understand that is automatically taken into account in instructions to parliamentary counsel, should the amendment pass.

Amendment carried.

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

Amendment No 15 [Maher–1]—

Page 11, after line 13—After inserted subclause (1) insert:

(1a) The agenda for a meeting of a governing board must, at least 7 days before the meeting is to be held, be published on a website accessible by the public at no charge.

We have decided that meetings should be open to the public only once a year. We have removed the public's right to know and we have increased the secrecy in terms of how public money is spent. That was a decision this chamber made. At the very least, if the public has no right to be there when a decision is made, they should at least have a right to know what decisions are going to be made, even if they will not have any idea of how they were made. Publishing the agenda will help them do that.

The Hon. S.G. WADE: Whilst the more detailed matters of the government's framework will be discussed in the tranche 2 consultation, the government sees merit in the opposition's amendment insofar as we agree that the publication of an agenda is an appropriate disclosure to the public before a meeting.

The Hon. T.A. FRANKS: Obviously, the Greens will be supporting this, but we note that those bodies may wish to hold public meetings at any time, in addition to this one, and that they should do so at their own behest.

Amendment carried.

The Hon. K.J. MAHER: I move this amendment in an amended form:

Amendment No 16 [Maher–1]—

Page 11, line 37 [clause 14, inserted clause 8(6)]—After 'meetings' insert:

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 amended form is that, after the phrase 'publish the minutes' we have inserted 'approved', so that it reads 'publish the approved minutes'.

The Hon. S.G. WADE: To the other end of the bookend, we agree with both agendas and minutes.

Amendment carried.

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

Amendment No 17 [Maher–1]—

Page 14, after line 5—After inserted Schedule 3 insert:

Schedule 3A—Disclosure of interests

1—Interpretation

(1) In this Schedule, unless the contrary intention appears—

beneficial interest in property includes a right to re-acquire the property;

domestic partner means a person who is a domestic partner within the meaning of the *Family Relationships Act 1975*, whether declared as such under that Act or not;

family, in relation to a Member, means—

(a) a spouse or domestic partner of the Member; and

(b) a child of the Member who is under the age of 18 years and normally resides with the Member;

family company of a Member means a proprietary company—

(a) in which the Member or a member of the Member's family is a shareholder; and

(b) in respect of which the Member or a member of the Member's family, or any such persons together, are in a position to cast, or control the casting of, more than one-half of the maximum number of votes that might be cast at a general meeting of the company;

family trust of a Member means a trust (other than a testamentary trust)—

(a) of which the Member or a member of the Member's family is a beneficiary; and

(b) which is established or administered wholly or substantially in the interests of the Member or a member of the Member's family, or any such persons together;

financial benefit, in relation to a person, means—

(a) any remuneration, fee or other pecuniary sum exceeding $1,000 received by the person in respect of a contract of service entered into, or paid office held by, the person; and

(b) the total of all remuneration, fees or other pecuniary sums received by the person in respect of a trade, profession, business or vocation engaged in by the person where that total exceeds $1,000,

but does not include a financial benefit received by the person as a Member;

gift means a transaction in which a benefit of pecuniary value is conferred without consideration or for less than adequate consideration, but does not include an ordinary commercial transaction or a transaction in the ordinary course of business;

income source, in relation to a person, means—

(a) any person or body of persons with whom the person entered into a contract of service or held any paid office; and

(b) any trade, vocation, business or profession engaged in by the person;

initial return—see clause 2(1);

Member means a member of a governing board;

ordinary return—see clause 2(2);

a person related to a Member means—

(a) a member of the Member's family;

(b) a family company of the Member;

(c) a trustee of a family trust of the Member;

register—see clause 4(1);

return period, in relation to an ordinary return of a Member, means the financial year or part of a financial year to which the return relates (see clause 2(2));

spouse—a person is the spouse of another if they are legally married;

trade or professional organisation means a body, corporate or unincorporate, of—

(a) employers or employees; or

(b) persons engaged in a profession, trade or other occupation,

being a body of which the object, or 1 of the objects, is the furtherance of its own professional, industrial or economic interests or those of any of its members.

(2) For the purposes of this Schedule—

(a) a person who is an object of a discretionary trust is to be taken to be a beneficiary of that trust; and

(b) a person is an investor in a body if—

(i) the person has deposited money with, or lent money to, the body that has not been repaid and the amount not repaid equals or exceeds $10,000; or

(ii) the person holds, or has a beneficial interest in, shares in, or debentures of, the body or a policy of life insurance issued by the body; and

(c) in relation to a return by a Member—

(i) 2 or more separate contributions made by the same person for or towards the cost of travel undertaken by the Member or a member of the Member's family during the return period are to be treated as

1 contribution for or towards the cost of travel undertaken by the Member; and

(ii) 2 or more separate gifts received by the Member or a person related to the Member from the same person during the return period are to be treated as 1 gift received by the Member; and

(iii) 2 or more separate transactions to which the Member or a person related to the Member is a party with the same person during the return period under which the Member or a person related to the Member has had the use of property of the other person (whether or not being the same property) during the return period are to be treated as 1 transaction under which the Member has had the use of property of the other person during the return period.

2—Lodging of returns

(1) Each person appointed to be a Member must, no later than 30 days after the appointment, submit to the Minister a return (an *initial return*).

(2) Each Member must, no later than 31 August each year, submit to the Minister a return (an *ordinary return*) relating to the previous financial year or, if the member only held office for part of that financial year, the period for which they held office.

3—Contents of returns

(1) For the purposes of this Schedule, an initial return must contain the following information:

(a) a statement of any income source that the Member required to submit the return or a person related to the Member has or expects to have in the period from the day of the Member's appointment and ending on the next 30 June after that appointment;

(b) the name of any company or other body, corporate or unincorporate, in which the Member or a member of the Member's family holds office whether as director or otherwise;

(c) the information required by subclause (3).

(2) For the purposes of this Schedule, an ordinary return must contain the following information:

(a) if the Member required to submit the return or a person related to the Member received, or was entitled to receive, a financial benefit during any part of the return period—the income source of the financial benefit;

(b) if the Member or a member of the Member's family held office whether as director or otherwise in any company or other body, corporate or unincorporate, during the return period—the name of the company or other body;

(c) the source of any contribution made in cash or in kind of or above the amount or value of $750 (other than any contribution by the State or any public statutory corporation constituted under the law of the State, by an employer or by a person related by blood or marriage) for or towards the cost of any travel beyond the limits of South Australia undertaken by the Member or a member of the Member's family during the return period, and for the purposes of this paragraph *cost of travel* includes accommodation costs and other costs and expenses associated with the travel;

(d) particulars (including the name of the donor) of any gift of or above the amount or value of $750 received by the Member or a person related to the Member during the return period from a person other than a person related by blood or marriage to the Member or to a member of the Member's family;

(e) where the Member or a person related to the Member has been a party to a transaction under which the Member or person related to the Member has had the use of property of the other person during the return period and—

(i) the use of the property was not acquired for adequate consideration or through an ordinary commercial transaction or in the ordinary course of business; and

(ii) the market price for acquiring a right to such use of the property would be $750 or more; and

(iii) the person granting the use of the property was not related by blood or marriage to the Member or to a member of the Member's family,

the name and address of that person;

(f) particulars of any contract made during the return period between the Member or a person related to the Member and the Crown in right of the State where any monetary consideration payable by a party to the contract equals or exceeds $7,500;

(g) the information required by subclause (3).

(3) For the purposes of this Schedule, a return (whether initial or ordinary) must contain the following information:

(a) the name or description of any company, partnership, association or other body in which the Member required to submit the return or a person related to the Member is an investor;

(b) the name of any political party, body or association formed for political purposes, or trade or professional organisation, of which the Member is a member;

(c) a concise description of any trust (other than a testamentary trust) of which the Member or a person related to the Member is a beneficiary or trustee (including the name and address of each trustee);

(d) the address or description of any land in which the Member or a person related to the Member has a beneficial interest other than by way of security for a debt;

(e) any fund in which the Member or a person related to the Member has an actual or prospective interest to which contributions are made by a person other than the Member or a person related to the Member;

(f) if the Member or a person related to the Member is indebted to another person (not being related by blood or marriage to the Member or to a member of the Member's family) in an amount of or exceeding $7,500—the name and address of that other person;

(g) if the Member or a person related to the Member is owed money by an individual (not being related to the Member or a member of the Member's family by blood or otherwise) in an amount of or exceeding $10,000—the name and address of that person;

(h) any other substantial interest whether of a pecuniary nature or not of the Member or a person related to the Member of which the Member is aware and which the Member considers might appear to raise a material conflict between the Member's private interest and the public duty that the Member has or may subsequently have as a Member.

(4) A Member is required by this clause only to disclose information that is known to the Member or ascertainable by the Member by the exercise of reasonable diligence.

(5) Nothing in this clause requires a Member to disclose information relating to a person as trustee of a trust unless the information relates to the person in the person's capacity as trustee of a trust by reason of which the person is related to the Member.

(6) It will be sufficient compliance with subclause (2)(f) if a Member's return contains particulars of a class of contracts referred to in that paragraph (rather than particulars of the individual contracts comprised in the class) provided that each contract of the class is an ordinary commercial or arm's length contract.

(7) A Member may at any time notify the Minister of any change or variation in the information appearing on the register in respect of the Member or a member of the Member's family.

(8) A Member may include in a return such additional information as the Member thinks fit.

(9) Nothing in this clause may be taken to prevent a Member from disclosing the information required by this clause in such a way that no distinction is made between information relating to the Member personally and information relating to a person related to the Member.

(10) Nothing in this clause may be taken to require disclosure of the actual amount or extent of any financial benefit, gift, contribution or interest.

4—Register

(1) The Minister must maintain a register of interests (the *register*) and cause to be entered in the register all information provided under this Schedule.

(2) A person is entitled to inspect (without charge) the register at the place where it is kept during ordinary office hours.

(3) A person is entitled, on payment of a fee determined by the Minister, to a copy of the register.

(4) The Minister must, as soon as practicable after the receipt of initial or ordinary returns from Members, prepare a statement constituting a compilation of the information contained in the register relating to those Members.

(5) The Minister must cause a copy of a statement prepared by the Minister under subclause (4) to be laid before both Houses of Parliament within 14 days of its preparation if Parliament is then sitting, or, if Parliament is not then sitting, within 14 days of the next meeting of Parliament.

5—Restrictions on publication

(1) A person must not—

(a) publish information derived from the register unless the information constitutes a fair and accurate summary of the information contained in the register and is published in the public interest; or

(b) comment on the facts set forth in the register unless the comment is fair and published in the public interest and without malice.

(2) If information or comment is published by a person in contravention of subclause (1), the person, and any person who authorised the publication of the information or comment, is guilty of an offence.

Maximum penalty: $10,000.

6—Failure to comply

Any person who wilfully contravenes, or fails to comply with, any of the provisions of this Schedule (other than clause 5) is guilty of an offence.

Maximum penalty: $5,000.

This is a rival amendment to the minister's amendment. This relates to disclosure of interests. We think it is very important that there is accountability and transparency, particularly for the community to make up their mind and hold people who spend possibly hundreds of millions of dollars of taxpayers' money to account, and to understand where there are disclosures of interest. This has been drafted by parliamentary counsel, based on similar disclosures for things like members of parliament and local government, and we commend the amendment to the chamber.

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

Page 14, after line 5—After inserted Schedule 3 insert:

Schedule 3A—Disclosure of interests

1—Interpretation

(1) In this Schedule, unless the contrary intention appears—

domestic partner means a person who is a domestic partner within the meaning of the *Family Relationships Act 1975*, whether declared as such under that Act or not;

family, in relation to a member of a governing board, means—

(a) a spouse or domestic partner of the board member; and

(b) a child of the board member who is under the age of 18 years and normally resides with the board member;

family company of a member of a governing board means a proprietary company—

(a) in which the board member or a member of the board member's family is a shareholder; and

(b) in respect of which the board member or a member of the board member's family, or any such persons together, are in a position to cast, or control the casting of, more than one-half of the maximum number of votes that might be cast at a general meeting of the company;

family trust of a member of a board means a trust (other than a testamentary trust)—

(a) of which the board member or a member of the board member's family is a beneficiary; and

(b) which is established or administered wholly or substantially in the interests of the board member or a member of the board member's family, or any such persons together;

a person related to a member of a governing board means any of the following:

(a) a member of the board member's family;

(b) a family company of the board member;

(c) a trustee of a family trust of the board member;

spouse—a person is the spouse of another if they are legally married.

(2) For the purposes of this Schedule, a person who is the object of a discretionary trust is to be taken to be a beneficiary of that trust.

2—Disclosure of interests

(1) A member of a governing board must—

(a) as soon as practicable after the member's appointment, submit to the Minister a return in the prescribed form relating to the member's pecuniary interests in accordance with the regulations; and

(b) on an annual basis, in accordance with the requirements of the regulations, submit to the Minister an annual return in the prescribed form relating to the member's pecuniary interests in accordance with the regulations.

(2) Without limiting the effect of subclause (1), a member of a governing board will be taken to have a pecuniary interest for the purposes of this clause if a person related to the member has that interest.

(3) A member who has submitted a return under this Schedule may at any time notify the Minister of a change or variation in the information appearing on the register in respect of the member.

3—Register

(1) The Minister must maintain a register of interests and cause to be entered in the register all information furnished under this Schedule.

(2) A person is entitled to inspect (without charge) the register at the place where it is kept during ordinary office hours.

(3) A person is entitled, on payment of a fee determined by the Minister, to a copy of the register.

4—Compliance with Schedule

(1) A member of a governing board who fails to comply with a requirement under this Schedule is guilty of an offence.

Maximum penalty: $10,000.

(2) A member of a governing board who submits a return under this Schedule that is to the knowledge of the member false or misleading in a material particular (whether by reason of information included in or omitted from the return) is guilty of an offence.

Maximum penalty: $10,000.

5—Restrictions on publication

(1) A person must not—

(a) publish information derived from the register under this Schedule unless the information constitutes a fair and accurate summary of the information contained in the register and is published in the public interest; or

(b) comment on the facts set forth in the register under this Schedule unless the comment is fair and published in the public interest and without malice.

(2) If information or comment is published by a person in contravention of subclause (1), the person, and any person who authorised the publication of the information or comment, is guilty of an offence.

Maximum penalty: $10,000.

As I indicated earlier, the government appreciates the opposition highlighting the benefit of disclosure. Our regime in the bill was for managing conflicts of interest, but, the opposition having raised the issue, we do see that it is appropriate to have a disclosing of interests provision.

The honourable member indicates that the parliamentary counsel indicated that these disclosure provisions were similar to those in relation to parliament. I think the fuller disclosure requirements of parliament are very appropriate, considering the position the parliament holds in the decision-making process. We suggest that, rather than a parliamentary disclosure regime, members might prefer this amendment because it is modelled on the disclosure provisions contained in the Planning, Development and Infrastructure Act 2016.

Under this amendment the provisions for the disclosure of interests are set out in the principal act, with the details of the disclosure being prescribed by regulations. The government prefers this approach because it provides a more flexible approach to varying the reporting requirements, while still allowing parliamentary scrutiny over the requirements. In other words, the disclosure requirement will be by regulation and the regulation itself can be disallowed.

The key difference between this amendment and the one proposed by the opposition is the reporting of interests to parliament, which would then have these disclosed interests in the public domain. Consistent with the Planning, Development and Infrastructure Act, this amendment has the requirement for these disclosed interests to be maintained on a register that may be accessed by application of the minister. However, there is no requirement for these interests to be published.

The government considers that this is a better approach, ensuring that persons appointed to a governing board have disclosed their interests, while at the same time protecting their privacy. The government does not want individuals to be deterred from applying for board membership because they thought that their financial information, or that of their spouses, will be publicly accessible.

The role of a governing board member is different to a member of parliament or a corporate company that is accountable to shareholders whereby this information should be publicly available. We believe the government's amendment strikes the right balance.

The Hon. F. PANGALLO: I will be supporting the Leader of the Opposition's amendments simply because they are far more encompassing and cover a lot of ground. I think the amendments put by the minister do not go far enough, considering the responsibilities of this board.

The Hon. J.A. DARLEY: I indicate that I will be supporting the government's amendment and not the opposition's amendment.

The Hon. T.A. FRANKS: At this stage we are going to be supporting the opposition's amendments. I note that there are financial imposts on people to access some of the information under the government's scheme. The government amendment was only recently filed, so we have not actually had the time to compare them line by line, but on first glance some of the penalties in the government one are lesser and we think they should be of the larger amounts. We have concerns about the reference to financial imposts being put on people to access some of this information.

The CHAIR: The question I am going to put is in relation to the Leader of the Opposition's amendment No. 17 [Maher-1] because that was filed first. If it is successful then I understand that I do not put the government's amendment.

The Hon. K.J. Maher's amendment carried; clause as amended passed.

Title passed.

Bill reported with amendment.

Third Reading

The Hon. S.G. WADE (Minister for Health and Wellbeing) (16:58): I move:

That this bill be now read a third time.

Bill read a third time and passed.

EVIDENCE (JOURNALISTS) AMENDMENT BILL

Second Reading

Adjourned debate on second reading.

(Continued from 21 June 2018.)

The Hon. F. PANGALLO (17:00): I rise today to speak to the Evidence (Journalists) Amendment Bill 2018, otherwise known as the shield laws. As a career journalist of more than 40 years, I wholeheartedly welcome any legislation that offers immunity from prosecution and protection to reporters, their employers and their sources. I will, of course, be supporting this legislation in principle albeit with some amendments that I and the Greens will be moving. This is because despite what the Attorney-General in the other place thinks, there lurks a devil in the detail. Comprising just four words this devil in the detail undermines the entire intent of the law so that there is not a shield at all.

Journalists have a responsible role to play in our free and democratic society. Their job is to not only inform an audience about the happenings in their world but they are also entrusted to tell the truth without fear or favour. As American President Thomas Jefferson once said, 'Our liberty depends on the freedom of the press, and that cannot be limited without being lost.'

Unfortunately, there are some countries where to be a journalist is a hazardous profession. The International Federation of Journalists says attacks and threats against journalists are at epidemic levels. Last year, at least 81 reporters were killed or assassinated doing their jobs. Last week in the United States, five newspaper editorial staff were shot dead by a deranged reader who had been the subject of an investigation and a longstanding dispute with the paper.

It has not turned lethal in Australia, yet journalists interstate have gone to gaol to protect their sources. When investigative journalists step on big toes, inevitably the threats come. I received them anonymously in the course of my former profession when exposing wrongdoing and corruption, and on one occasion a four-wheel drive attempted to mow down me and my TV crew. Those are the risks of doing your job.

Today, no thanks to the internet, the fourth estate is undergoing a tumultuous revolution, and not all of it is for the good. We have entered an uncertain digital era where sometimes it can be difficult to separate fact from fiction. Fake news is spreading like a virus due to the instantaneous nature of news reporting. With the rise of citizen journalists and bloggers, standards are slipping. The 24/7 news cycle is placing pressure on young inexperienced journalists to churn out content. Plagiarising without checking the veracity appears to be the norm these days, and I am sorry to say that.

Conspiracy theories also abound. Millions still believe that the 9/11 terrorist attack on the World Trade Centre was a US government plot and that the planes never crashed into the building despite hundreds of witnesses on the streets of Manhattan, many of whom relived their horrid accounts on live TV, which was beamed to tens of millions of people around the world. Similar scepticism abounds about the moon landing in 1969.

An honourable member: I was there.

The Hon. F. PANGALLO: You were there?

Members interjecting:

The PRESIDENT: Order!

The Hon. F. PANGALLO: Yes, one of the greatest feats of mankind, Mr President, and it is incredible to believe that people think it was faked. Of course, there are jet streams we see every day, and people are thinking that they are poisoning us. Who could forget the Armageddon forecast of 2012? To quote the Hon. Rob Lucas from this week: don't always believe everything you read!

Fact checking has become a casualty, and it seems to be contagious because even our own Attorney-General, when speaking about this bill in the other place, flaunted as some kind of martyr of her shield laws a former South Australian journalist, Chris Nicholls. For the record, Mr Nicholls did go to gaol not because he was protecting informants for his beat up story on a former Labor minister and former member of this chamber but to protect his own backside from his dishonest and unethical conduct.

I worked with Mr Nicholls and, unlike the vast majority of ethical journalists in the state, he is a very poor example of the standards this craft upholds and that this bill intends to protect. In taking a velvet-glove swipe at me in today's media, I would like to remind the Attorney that the program I worked proudly for for 23 years, *Today Tonight*, has been awarded many industry awards for excellence in investigative journalism. I am not saying we were always perfect, but we did our best, with the public interest of South Australians always at the forefront. Furthermore, the Attorney says she consulted with all the industry stakeholders and claims they were satisfied with the legislation, that she has created a perfect balance.

I recently met with all the major news organisations in Adelaide. While they are supportive of the bill, they did express grave concerns about one key area. I share their view that, as it stands now, the proposed shield laws are not actually a shield because there currently exists a provision for a court to override the shield protection if disclosure of the whistleblower outweighs the public interest or, those four words, 'on its own motion', as it is currently worded in the bill.

I will only be asking for the words 'on its own motion' in 72B(2), line 34, to be removed. The rest applies, including 72B(3), meaning a court could still undertake proceedings on the application of another party to determine whether public interest disclosure outweighs any adverse impact on the informant or other persons. All participants can then still plead their case before a court. Keeping the wording 'on its motion' means, in effect, that a court can make its own determination whether or not to overrule the shield. To do that, the court has to hear both sides of the argument, then make its decision.

Basically, though, it is asking a court to stand in the shoes of all the participants in reaching its own decision. This raises issues of objectivity and natural justice. It becomes, basically, the judge, the jury and the executioner. This is also inconsistent with other shield laws, including of the commonwealth, New South Wales and Victoria. We should be mirroring their laws, not standing alone. As it stands, those simple words, 'on its own', undermine the intent of the bill to actually have a shield, making it inoperable. All media organisations are concerned about it, and they have shown support for my amendment.

I briefly met with the ICAC commissioner, Bruce Lander, today on another matter and raised this concern that I have with him. He expressed a willingness to discuss it further with me, and I will take up that invitation as soon as is practicable. However, if passed in its current form, a journalist and their editors could never contemplate breaking a big story involving high-level government corruption or serious crime or law and order injustices which would risk exposing their whistleblower. These are the very types of stories which investigative journalists pursue and which would then attract the attention of officials looking to go on a witch-hunt.

The Advertiser's investigative reporters have broken significant award-winning stories over the years, and some of these would have undoubtedly drawn the attention of government investigators and prosecutors. Let me give you a glaring example of a major world-changing investigation that would not be told here because the informant and the journalists would face serious legal consequences despite the enormous public interest.

Bob Woodward and Carl Bernstein and their editor Benjamin Bradlee could not risk breaking their landmark Watergate story here as they did in the *Washington Post* back in the 1970s because they would have risked having to cough up their informant, codenamed Deep Throat. Deep Throat was W. Mark Felt, associate director of the FBI. He only outed himself in 2012. If a court, on its own

motion, forced the *Post* to disclose the identity of its Deep Throat, Felt would have been crucified: hit with serious criminal charges and imprisoned for a very long time.

We also currently have an extraordinary situation in Australia where a commonwealth witch-hunt is underway to prosecute lawyer Bernard Collaery and a former intelligence officer for revealing that ASIS illegally bugged East Timor's government to seek a commercial advantage for the commonwealth. It was reprehensible conduct by a federal government agency, yet the authorities want to hang the messengers who believed it was in the public interest to disclose the bugging. They were acting within the law.

The federal Attorney-General has the discretion to decide whether or not to mount a prosecution but, in this case, it is still proceeding. This is an attack on free speech, and this is the type of prospect we would face in South Australia. Journalists should be watchdogs not lapdogs, as Newton Lee once said.

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

FARM DEBT MEDIATION BILL

Second Reading

The Hon. D.W. RIDGWAY (Minister for Trade, Tourism and Investment) (17:12): I move:

That this bill be now read a second time.

I seek leave to insert the second reading expalanation and explanation of clauses into *Hansard* without my reading it.

Leave granted.

It gives me great pleasure to introduce the *Farm Debt Mediation Bill 2018*. The introduction of this Bill into Parliament fulfils a commitment that the government made to introduce the legislation in its first 100 days.

Mediation is a structured negotiation process in which the mediator, as a neutral and independent person, assists, in this case, the farmer and the creditor in attempting to reach a mutually agreeable outcome on the present arrangements and future conduct of financial relations between them.

Currently, in South Australia a farming operation can be forcibly foreclosed without any form of negotiation. This can have a severe impact on a farmer and their family when we remember that a farm is not just a place of business, it is often also the family home.

At a time when South Australia's manufacturing industry is facing challenges and falling global commodity prices are placing pressure on the mining sector, our primary industries sector is more important than ever.

The agriculture industry has not only been the backbone of South Australia's economy since settlement in 1836, but will continue to be imperative to our state's future economic prosperity.

However, harsh climate conditions, damaging weather events and unpredictable commodity prices make farming a volatile industry which can leave farming families and their assets prone to financial crisis. In recent times South Australian farmers have been hit by severe storms, flood events and of course, drought.

The government is committed to our farmers and believes that farmers, through a mandatory farm debt mediation scheme, should be given a fair opportunity to present and discuss their case with an independent mediator before they can have their farm foreclosed on them. And through this mediation, there will be an opportunity to facilitate an outcome for all parties involved, but one that enables our farmers to take ownership of decisions rather than have circumstances imposed on them.

Let me summarise some of the key components of the Farm Debt Mediation Bill 2018.

A creditor who proposes to take enforcement action against a farmer under a farm mortgage must, before doing so, give written notice to the farmer. A creditor must not take enforcement action until the expiry of the period of 21 days from the day that notice is given. The notice must state that, under this act, mediation between the farmer and the creditor is available. A farmer who is liable for debt (whether or not the farmer is in default) may request mediation under this act.

A farmer who is given a notice may, within 21 days from the date the notice was given, notify the creditor in a manner and form approved by the Commissioner, that the farmer requests mediation concerning the farm debt involved. A creditor who receives a request for mediation from a farmer may, by notice given to the farmer, agree or refuse to participate in mediation in respect of the farm debt involved. The notice of a response by a creditor to a request for mediation must be given in a manner and form approved by the Commissioner.

If a creditor refuses to participate in mediation with a farmer who has made a request, and if the farmer is in default, the farmer can apply to the Small Business Commissioner for a prohibition certificate, preventing the creditor from taking enforcement action against the farmer for up to six months.

Conversely, the creditor is entitled to apply for an exemption certificate if the farmer is in default under the farm mortgage, no prohibition certificate is in force against the creditor, and (i) a satisfactory mediation has taken place; or (ii) a satisfactory mediation has not taken place due to the farmer's refusal to participate; or (iii) at least 3 months (or such longer period agreed to in writing by the creditor and farmer) has elapsed since notice was given and throughout that period the creditor made attempts to participate in mediation in good faith but satisfactory mediation has not taken place; or (iv) in any other case—satisfactory mediation has taken place under an alternative dispute resolution process.

The exemption certificate allows the creditor to begin enforcement proceedings and remains in force for varying periods of time depending upon the steps previously taken under the act.

If the Small Business Commissioner, who is responsible for the administration of the farm debt mediation scheme, receives notice that a creditor and a farmer have agreed to participate in mediation, the Small Business Commissioner must make arrangements to facilitate the resolution of a farm debt dispute by mediation.

This Bill improves the protections in place for South Australian farmers, building on the existing, voluntary South Australian Farm Finance Strategy and the Farming Industry Dispute Resolution Code under the *Fair Trading Act 1987*. This Bill brings South Australia up to date with other states where Farm debt mediation legislation has been operating successfully, in New South Wales, Victoria, and Queensland since 1994, 2011, and 2016 respectively.

A Bill for Farm Debt Mediation was first introduced into the South Australian Parliament in 2015. That Bill formed the basis of this legislation. The *Farm Debt Mediation Bill 2018* is largely aligned with Victoria's legislative framework and the New South Wales' and Queensland's legislative frameworks for Farm Debt Mediation have also been reviewed and considered.

Victoria conducted a recent independent evaluation of the Victorian farm debt mediation scheme. The evaluation found an agreement between parties has been reached in 96 per cent of all mediations held since commencement of the scheme, well above the program's initial target of 75 per cent.

The evaluation process also revealed that participation in the Victorian farm debt mediation scheme resulted in improved outcomes for many farmers, and also saved both farmer and creditors' time and money that may otherwise have been incurred in different debt resolution processes.

It should be noted that the Federal Government is committed to a nationally consistent approach to farm debt mediation. The introduction of this Bill is timely.

A mandatory farm debt mediation scheme in South Australia will help relieve the emotional and mental stresses associated with a foreclosure at what is understandably an extremely difficult time and ensure our South Australian farmers are given every opportunity to succeed.

The Government has consulted with key stakeholders on the design of the Farm Debt Mediation Bill 2018, including agricultural and banking industry stakeholders as well as the Small Business Commissioner.

With those words, I commend the bill to members and look forward to further debate.

Explanation of Clauses

Part 1—Preliminary

1—Short title

2—Commencement

These clauses are formal.

3—Object of Act

This clause sets out the object of the Act to provide for the efficient and equitable resolution of farm debt disputes by requiring creditors to provide farmers with the opportunity to have the disputes referred to mediation before the creditors are able to take possession of property or other enforcement action under farm mortgages.

4—Interpretation

This clause defines certain terms used in the measure.

5—Application of Act

This clause provides that the Act—

(a) applies to creditors only in respect of farm debts; and

(b) does not apply to a farmer in certain specified circumstances.

6—Enforcement action in contravention of Act void

This clause provides that enforcement action taken by a creditor otherwise than in compliance with the measure is void.

7—Relationship with other Acts

This clause sets out the interaction between the measure and other legislation.

Part 2—Availability of mediation

Division 1—Availability of mediation

8—Notice of availability of mediation to be given

This clause provides that enforcement action must not be taken unless the notice requirements set out in the provision are met.

9—Farmer may request mediation

This clause enables a farmer to request mediation.

10—Creditor may agree to or refuse mediation

The proposed section provides that a creditor who receives a request to mediate under section 9 may agree or refuse to mediate.

11—Enforcement action postponed to allow for mediation

This clause provides that if a farmer requests mediation under section 9, the creditor must not take enforcement action unless an exemption certificate is in force.

Division 2—Prohibition certificate

12—Application by farmer for issue of prohibition certificate

This clause provides that if certain conditions are met (as set out in the clause) a farmer is entitled to a prohibition certificate.

13—Issue of prohibition certificate

The clause sets out the requirement for the Commissioner to issue a prohibition certificate and provides that a creditor must not commence enforcement action against a farmer if a prohibition certificate is in force.

Division 3—Exemption certificate

14—Application by creditor for issue of exemption certificate

This clause provides that if certain conditions are met (as set out in the clause) a creditor is entitled to an exemption certificate.

15—Issue of exemption certificate

The clause sets out the requirement for the Commissioner to issue an exemption certificate and provides that the Act (other than Part 2 Division 3) does not apply to the creditor who holds the farm mortgage while the certificate is in force.

16—Creditor may satisfactorily participate in mediation without forgiving or reducing farm debt

This clause provides that a failure by a creditor to agree to reduce or forgive any debt does not, of itself, demonstrate a lack of good faith on the part of a creditor in participating in, or attempting to participate in, mediation.

17—Duration of exemption certificate

This clause sets out time limits for exemption certificates.

Division 4—General

18—When is a farmer or creditor presumed to have refused to participate in mediation?

This clause sets out the basis on which a farmer or a creditor (as the case may be) is presumed to have refused to participate in mediation.

Part 3—The Commissioner and mediation

Division 1—The Commissioner and mediators

19—Administration of Act

This clause provides that the Commissioner is responsible for the administration of the proposed Act.

20—Functions of Commissioner

This clause sets out the Commissioner's functions.

21—Functions of mediators

This clause sets out the functions of a mediator engaged by the Commissioner under clause 20.

Division 2—The mediation process

22—Commissioner must arrange mediation

The clause provides that the Commissioner must arrange mediation if notified under clause 10(4) that the parties have agreed to take part in mediation.

23—Conduct of mediation

The clause sets out the manner in which mediation must be conducted.

24—Confidentiality

The proposed section makes it an offence to disclose information obtained in the course of mediation under the Act, or in the administration of the Act, except in specified circumstances.

25—Mediation fees

The proposed section provides for the payment of mediation fees by each of the parties to a mediation.

Part 4—General

26—Agreement reached by parties at mediation

This clause provides that a creditor must ensure that any binding agreement relating to the farm debt made between the creditor and the farmer that is entered into during or at the conclusion of mediation is reflected in any contract, deed, mortgage or other instrument executed as a result of that binding agreement.

27—Contracting out prohibited

The proposed section provides that a provision of an agreement or other instrument that attempts to 'contract out' from the operation of the Act or attempts to have a farmer (as debtor or guarantor) or a guarantor indemnify a creditor for any loss or liability arising under the Act is void.

28—Waiver of rights void

The proposed section provides that a waiver of rights under this Act is void.

29—Notices by mortgagee

This clause provides that if land is subject to a farm mortgage and another Act requires the mortgagee to give notice to the mortgagor before exercising in relation to the land a power or right conferred by the other Act or by the farm mortgage nothing in this Act derogates from the requirement to give the notice under the other Act.

30—Service

This clause sets out the manner in which the service of a notice or document may occur.

31—Offences by bodies corporate

This clause provides that if a body corporate is guilty of an offence against this Act (other than an offence against the regulations), each director of the body corporate is guilty of an offence and liable to the same penalty as is prescribed for the principal offence if the prosecution proves certain specified matters.

32—Regulations

This clause facilitates the making of regulations by the Governor for the purposes of the Act.

Schedule 1—Transitional provision

1—Transitional provision

This clause states that the Act applies to farm debt (whether or not incurred before or after the commencement of section 8) in respect of which no enforcement action was taken before the commencement of that section.

Debate adjourned on motion of Hon. R.P. Wortley.

STATUTES AMENDMENT (NATIONAL ENERGY LAWS) (RULES) BILL

Introduction and First Reading

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

JUDICIAL CONDUCT COMMISSIONER (MISCELLANEOUS) AMENDMENT BILL

Introduction and First Reading

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

At 17:16 the council adjourned until Tuesday 24 July 2018 at 14:15.

Answers to Questions

SA HEALTH

15 The Hon. K.J. MAHER (Leader of the Opposition) (29 May 2018). For the period between 18 March 2018 and 15 May 2018:

1. What is the total cost spent on marketing, advertising, stationery and other costs due to the rebranding of the department?

2. What consultancies have been issued by SA Health and what are their costs?

3. What grants have been awarded by SA Health and what are their amounts?

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

1. On 17 May 2018, the department name change was gazetted and is now named the Department for Health and Wellbeing. As the department will continue to operate under the SA Health name from a public-facing branding perspective, costs associated with the name change will be negligible.

2. This Information is made publicly available.

3. This information is made publicly available.

QANTAS PILOT TRAINING ACADEMY

In reply to **the Hon. F. PANGALLO** (31 May 2018).

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

1. The South Australian government provided a consolidated whole-of-state proposal to Qantas to establish its pilot academy in regional South Australia. On 8 June 2018, the proposal was delivered to Qantas executives who complimented the South Australian government on its co-ordinated approach and the quality of our submission.

2. Eight regional airports provided a submission to the state government to assist the preparation of its proposal to Qantas. The whole-of-state proposal to Qantas was location-agnostic, and as such all airports were treated equally. The proposal showcased each airport and the regions in which they are located and clearly outlined the hard and soft infrastructure available by 2019 and going into the future to support the pilot academy's predicted growth.

3. The South Australian government stood ready to work with Qantas to help find the right solution to meet the company's needs, potentially with in-kind or other support on a case-by-case basis.

HOUSING AUTHORITY

In reply to **the Hon. F. PANGALLO** (5 June 2018).

The Hon. J.M.A. LENSINK (Minister for Human Services): The Department for Human Services has advised that:

There has been no change to policy with regard to the write off of debt, but a more rigorous process of review has been implemented in recent years ahead of a business system replacement.

Outstanding debt may be written off in cases of bankruptcy, death, debt settlement, domestic violence, financial hardship, imprisonment or legal judgement. It may also be written off where:

- the customer is experiencing long term financial hardship
- the statute of limitations has been reached
- Housing SA has made an error
- the debt is uncollectable
- the debt is uneconomical to recover
- the debtor is un-locatable
- the debt is unsubstantiated.

Of the 1000 homes in 1000 days approximately 660 homes are expected to be completed by the end of September 2018. The remaining homes will be completed in the following months. Tenders to build 1,000 homes have been released to market.