ESTIMATES OF REVENUE AND EXPENDITURE

Consideration of Tabled Papers

Resumed from 24 June on the following motion moved by Hon Helen Morton (Parliamentary Secretary) —

> That pursuant to standing order 49(1)(c), the Legislative Council take note of tabled papers 2044A–H (budget papers 2010–11) laid upon the table of the house on 20 May 2010.

HON MAX TRENORDEN (Agricultural) [3.08 pm]: Something is rotten in the state of Western Australia. The tale I am going to tell today reveals that there is much amiss in the public service and there is much amiss in how we treat our public servants. It raises many questions. Some are answered; most are not. This is a story of a whistleblower. I have served the state for many years and have done so with pride, but the tale I tell today is one that makes me extremely disappointed to be a Western Australian and especially a Western Australian parliamentarian. As a person who was in Parliament and witnessed the royal commission and the parliamentary side of the Royal Commission into Commercial Activities of Government and Other Matters, and as someone who has seen many reforms, I now have to ask: what has changed?

In my speech today my targets are fairly and squarely the Department of Health and sections 8 and 9 of the Public Sector Management Act. I add, in these introductory remarks, that I believe very strongly, indeed passionately, in a public service that is well placed to do what its name implies: serve the public. There is no higher calling. But that means as a Parliament we must ensure that we treat our public servants with the decency and respect they deserve. It means that we need to create a cadre of people who, in serving the public and this house, know that in doing so we will give them the support they need to carry out their duties. We owe them a duty of care. If we fail in that duty of care, what then? What does this do—not just in terms of some lofty ideal of working for the common good and supporting democratic principles—to the morale of the public service? What does it do to encourage our brightest and bravest to serve? What it does is encourage them to leave their jobs to go where they will be better appreciated. I will end up in this speech calling for two parliamentary inquiries, and I will explain why this is necessary and, indeed, in my view, essential.

But, first, why me? Why is Max Trenorden doing this? I am a longstanding member of Parliament and what is clear today is that I cannot remain silent. Too many senior people in this state have remained silent, with horrendous consequences for one man and his family, and more generally also for the public service itself.

I was approached by Professor Gavin Mooney, the health economist, who takes special interest in the Western Australian health service. He was most concerned and sought to enlist my support to investigate these issues, as I knew some of the history through the Public Accounts Committee and the hospital trust accounts report, and the Douglas inquiry into patient care at King Edward Memorial Hospital. I could have said no, Mr President, but the words of Edmund Burke, which have been pinned on my office noticeboard for many years, stopped me. That quote is —

> All that is necessary for the triumph of evil is that good men do nothing.

My tale is about one man in particular: Michael Moodie. Mr Moodie, for various reasons, is not the most popular person in this state—or at least he is not popular within some very powerful circles. Yet, as I will come to, many women and families in this state—former patients of King Edward Memorial Hospital—have good reason to see Michael Moodie in a very favourable light. He is someone who stood up for them when others who should have did not. While it is his tale that I tell, he is for the prime purposes of this tale simply a senior public servant. Mr Moodie was the CEO of a New South Wales health service before Western Australia recruited him. We invited him here because he was well regarded and well educated; he was a senior executive with impressive credentials. He has degrees in the arts and in social work, and he holds a master's degree in public health and in public administration. In recognition of his academic achievements here, Edith Cowan University appointed him an adjunct professor.

When he came to Western Australia in 1999, he was made chief executive of King Edward Memorial Hospital and Princess Margaret Hospital for Children. At the time these institutions were presented to the world by the administration as world class. These facilities were perceived to be excelling in the quality of care that they provided to Western Australian people. Soon after Michael Moodie arrived, senior nursing staff at King Edward Memorial Hospital approached him and told of how the supposed high-quality care at these facilities was a myth. Moodie looked into it and discovered to his horror that things were far from right, and, more worrying still, had not been right for the best part of a decade before he arrived. Mr Moodie uncovered not only clinical concerns at King Edward Memorial Hospital for Women but also, more alarmingly, serious issues with the administration of trust accounts by doctors at Princess Margaret Hospital for Children. Despite enormous pressure on Mr Moodie to stay quiet, he refused and persevered. Why? Quite simply because, as a senior health service executive, he believed his first responsibility and his primary duty of care was to the patients and the citizens of Western

Australia and not to KEMH or PMH as institutions. This, in his eyes, was morally wrong. Yet, sadly and despicably, others saw things differently.

In the five years leading up to 1998, the clinical performance of King Edward Memorial Hospital, as documented by the Douglas inquiry, involved many cases of unsafe or very unsafe treatment. Dr Gareth Goodier was the chief executive officer at KEMH at the time and he did not act on these concerns. I understand that Dr Goodier was on the short list for the position of director general of health. Given his failure at KEMH, one wonders why he was on that list and why he was being considered.

Let me stop for a moment in my tale. The issue of public duty is absolutely critical in the public service. Public servants must be women and men of integrity who will speak up on behalf of the citizens of Western Australia and, in this case, patients. Martin Luther King said, "Our lives begin to end the day we become silent about things that matter." Patient care matters. There had been preventable negative outcomes at KEMH at the rate of one per week for approximately 10 years. That has involved 500 families—babies and mothers. They have suffered enormous grief and will forever be affected by these tragedies. In exposing this problem, Mr Moodie is a hero to 500 families. He stood up for patients' rights; for what is morally right. We did not hear about that.

In the aftermath of this issue and throughout Mr Moodie's courageous stance did anyone in power publicly acknowledge Moodie's efforts? I found a precedent in a parallel case that occurred at Bristol in Britain. In that case, the whistleblower involved received an honourable mention in the Parliament from the Minister for Health who said he was owed a debt of gratitude for what he did. The house passed a vote of thanks. Given that almost certainly the clinical malpractices at KEMH would have continued if Mr Moodie had not taken action, was an expression of thanks offered to Michael Moodie? No, it was not. Considering the need to have public servants with the integrity displayed by Mr Moodie, was any attempt made to promote Michael Moodie to a more senior role? No, it was not.

The Douglas inquiry totally, utterly and completely exonerated Michael Moodie in his actions. It is worth my quoting from the Douglas report. In referring to the employees, the report states —

> Some voiced their concerns in a low-key manner by speaking or writing to others, including those in leadership roles at KEMH. This was an important first step. There are, however, many examples over the years of similar concerns being raised in a similar way. And little or nothing being done about them.
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> … Others took a more prominent and active role in exposing the problems and urging corrective action. By doing so, they risked the repercussions to their professional and personal lives experienced by many whistleblowers. In a recent article, James Gobert and Maurice Punch explained it is in fact not uncommon for the whistleblower to suffer physically, mentally and emotionally. Whistleblowers often find themselves facing an all-out effort by their employers to discredit them. The whistleblower may be demoted, suspended or reassigned in the employer in an effort to degrade his/her status and credibility.

The report states that to discredit a whistleblower, he or she will often be characterised as a non–team player, a troublemaker, an anti-authoritarian, misfit or even worse.

The Douglas inquiry report states —

> For some, whistleblowing may become a form of professional suicide that can effectively end a career …

It is apparent that there are a number of King Edward Memorial Hospital employees who have paid, and continue to pay, a high price, both professionally and personally, for their roles in exposing the problems at the hospital and ensuring these problems could be addressed and remedied. The repercussions for Michael Moodie are well known. It is time not only to provide real protection for people who have the courage to speak out about wrongdoing, but also to act to ensure that government departments and agencies fully investigate disclosures and remedy any defects or wrongdoing. In the meantime, it is important to appreciate and acknowledge the courage shown by these KEMH employees, particularly former employees, who, knowing the risks, spoke out about the problems at KEMH. Some have paid a particularly high personal and professional price to ensure that the quality of patient care and safety at KEMH is improved for the benefit of the public of Western Australia.

I will continue to quote from the Douglas inquiry. The report states —

> It was largely due to the efforts of Mr Moodie and a small group of senior KEMH personnel that resulted in the MHSB commissioning the Child & Glover report.

That was a report that in turn led to the setting up of the Douglas inquiry. The Douglas inquiry could not have known the full cost of Michael Moodie's courage, not only in respect of revealing these political failings, but

also in exposing the financial rorting of trust fund accounts, which would not be revealed until 2001. There is more of this that has never before been publicly revealed.

Before I leave the subject of King Edward Memorial Hospital, I remind the house that one chapter of the Douglas inquiry report was suppressed. This chapter dealt with many cases in which clinical practices were described as unsafe or very unsafe. I recommend that members read the report. The chapter was suppressed by the Gallop cabinet because of pressure from the Australian Medical Association. Who is running the health service in this state? Is it the government or the AMA? My point is that the Douglas inquiry might never have happened but for Michael Moodie. These unsafe and very unsafe practices could still be going on; they had been going on for a decade then, and could perhaps have continued for another decade had it not been for Mr Moodie's intervention. We should also note in passing that there was considerable pressure from various powerful quarters to not proceed with that inquiry. Mr Moodie won no popularity contests in these quarters.

I turn now to the issue of the rorting of trust account funds by doctors at KEMH. I was a member of the Public Accounts Committee when it started to examine this matter; in fact, I was the chair. It was then, for the first time, that I heard of Michael Moodie. After the election of 10 February 2001, the fifth report of the Public Accounts Committee was finalised on 4 December 2003. John D'Orazio was by this time chair of the committee. I quote extensively from that PAC report, entitled "Inquiry into Hospital Trust Accounts". Finding 45 of that report states —

> Mr Moodie's attempts to address the problems with hospital trust accounts, Special Purpose Accounts and other problems at King Edward Memorial Hospital / Princess Margaret Hospital were both legitimate and necessary. However, his actions were opposed by some clinicians and administrators, and were not supported by the Metropolitan Health Services Board.
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> …
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> Mr Moodie's concerns and decision to initiate investigations into a number of serious allegations that had been brought to his attention, especially those relating to the bulkbilling of Medicare by doctors, were both legitimate and an entirely appropriate response by a hospital Chief Executive Officer.
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> Furthermore, the Health Insurance Commission's findings that the long-standing bulkbilling practices at Princess Margaret Hospital were inappropriate vindicate Mr Moodie's actions.
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> …
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> The performance of the Metropolitan Health Service Board was inadequate for all parties concerned, especially Michael Moodie, who can feel justifiably aggrieved by his treatment …

That is, by that board. The report continues —

> Mr Moodie fulfilled his role as Chief Executive Officer of King Edward Memorial Hospital / Princess Margaret Hospital in the manner he saw fit, and at not time was advised to alter his style, which had been subject to so much speculation. According to Mr Moodie, the MHSB provided little reason for him to believe it was dissatisfied with his performance and, in fact, reassured him that he was doing a good job despite the campaign undertaken by the Clinical Staff Association.
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> …
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> Michael Moodie's removal as Chief Executive Officer of King Edward Memorial Hospital / Princess Margaret Hospital was not justified and was handled poorly.
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> …
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> The mismanagement and poor oversight of hospital trust accounts and Special Purpose Accounts by the individual hospitals and the Department of Health established an environment in which fraud and waste was difficult to detect.
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> …
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> The severe breakdown in effective governance structures and processes demonstrated an appalling lack of accountability.

The Public Accounts Committee report, as with the Douglas inquiry, completely and utterly exonerated Mr Moodie. However, again, one can see that Mr Moodie would have won few friends in the medical establishment by exposing this rort. Remarkably, a second investigation was conducted into the rorting of trust funds. The findings of that investigation have never been published as a final report and remain a draft because the state did not want to expose the guilty. These trust funds were a vehicle for doctors not to be with their patients; the trust accounts were a linkage to travel in the name of research so that they did not have to be at the hospital. The most telling outcome from both the Douglas inquiry and the Public Accounts Committee report is that no action was

taken against those public officers who clearly failed in their duties and responsibilities—none. However, maybe this next aspect of the matter is yet worse.

We can all agree in this house that patient care matters. That is exactly the stance that Mr Moodie took at King Edward Memorial Hospital and Princess Margaret Hospital for Children. He saw his role as being first and foremost to the patients rather than to the institutions. Members may well say, "Of course; that's what any senior health public servant should do. Health care is about looking after patients." However, that view, which I think is legally and morally right and I am sure is shared by each member of this house, was not necessarily shared by all those who presented evidence to the PAC inquiry. I will quote a piece of evidence from the PAC inquiry report, which stated —

> *We asked if he was an advocate for the hospital, and he said no. He denied that he was an advocate… The staff felt he should be an advocate for the hospital.*

Those were the words of Gary Geelhoed, the then chairman of the PMH Clinical Staff Association. The Public Accounts Committee agreed with Mr Moodie and disagreed with Dr Geelhoed. The committee stated —

> In practice the CEO … responsibilities began with ensuring the best possible delivery of health service to Western Australians.

The person who defended patient rights, Mr Michael Moodie, where is he now? He is trying to recover from four years of purgatory for himself, his wife and his family. He is out of pocket to the tune of perhaps $1 million, his reputation is in tatters and his name is severely sullied. Why? Because he did his job on behalf of the patients and the citizens of Western Australia. Questions have to be asked about the then Liberal government's response to the KEMH tragedy and Michael Moodie's disclosure of what was happening. More specifically, what was Premier Richard Court's reaction? Some very prominent Western Australians approached Richard Court expressing concerns about Michael Moodie's role in revealing what was happening in KEMH and PMH. The Liberal Party at the time had a clear choice to make: adopt a strategy to win the election or do the right thing by supporting the actions of a senior health official. Political expediency won. After his time at KEMH and PMH, Michael Moodie was moved to the Department of Health in charge of finance in the budget. The Labor Party took office in February 2001. Mr Daube took over as director general of health and he offered Mr Moodie two options: one, get out; two, work in the south west. Moodie moved to the south west. The consensus view at the time, which was shared by the new ALP cabinet, was that the Douglas inquiry into KEMH would crucify Moodie, who then could be got rid of. Why did Daube, as the health DG, not stand by the man who courageously stood by the patients at KEMH? Should the institution come before patients' right? Why did Mr Daube cast out the man who had the conviction to speak up about the rorting of the trust funds by the doctors? These are at best strange acts by the director general of health. What is going on here? We have a right to know.

At the centre of my tale is the man who stopped the clinical rot at KEMH, who stopped the financial and medical rot in the hospital trust accounts at PMH—a man who got no support from his superiors for doing so and no support from the Parliament. These reports represent major indictments of our public service in Western Australia. One has to ask: how did this happen? How could these public institutions have failed the community so spectacularly and for such an extended period, and how could the man who blew the whistle get punished? The reason, in part at least, was that the people running those hospitals were busy travelling the world and not doing their job. Further, the people who were running the Department of Health did not do their job. The Public Accounts Committee and the Douglas inquiry reported these problems to Parliament, and we did not act on the information. Public servants are the people who are there as custodians for the public. They owe a duty of care to the Western Australian public to watch and make sure that everything is okay. They failed totally and utterly. This was the real tragedy of King Edward Memorial Hospital and Princess Margaret Hospital for Children.

In 2006, Moodie returned to Perth to take over the technology section in the Department of Health. Consistent with how Mr Moodie, this man of integrity, ran his whole career, when he started in technology he set up a process to audit the technology function. He knew something was amiss and, again, in revealing it, he paid a very high price. Now we come to what may have been the trigger for more recent actions to destroy Moodie. Health was designing a program that pooled all the information that health holds into a single database. This program was meant to be the nerve centre for the new Fiona Stanley Hospital and for the Department of Health across Western Australia. To this end, an info–health alliance still exists between the Department of Health and Fujitsu to manage information and communications technology for health. Mr Moodie found out that Fujitsu, the information and communications technology contractor, was preparing the tender for the $335 million ICT contract for the health reform project. Let me say it again: Fujitsu, the ICT contractor for health, was preparing a tender for the $335 million ICT contract. The Department of Health was not managing the program; it was Fujitsu, and if Fujitsu was putting the tender together, that meant it had a big role in evaluating the tender bids. This arrangement was in place despite previous advice to the Department of Health that this represented a major conflict of interest and that the Department of Treasury and Finance should be managing the tender. It should be

of little surprise that Fujitsu was preparing the tender in such a manner as to ensure an ongoing role for itself—a yearly contract worth some millions of dollars. This is quite incredible; it is also totally unethical. It might never have come to light but for Michael Moodie. There was a lack of adequate control in how the Department of Health managed the Fujitsu contract over the payment of Fujitsu accounts, to such an extent that Mr Moodie refused to sign some of them.

I am aware also that the current Under Treasurer was deeply worried about what was involved in this process. From my reading of the information I have, it is clear that he was concerned about the way Fujitsu was acting and its role in contracting as opposed to being contracted. So concerned was the Under Treasurer that he refused to attend any meeting at which Fujitsu was present. My understanding is that the Under Treasurer discussed this matter with the Auditor General because he sat on the oversight committee for the health reform process and was concerned.

This is, frankly, so bizarre that members may not be able to believe their ears. Within this InfoHEALTH Alliance, Fujitsu was acting on behalf of the Department of Health. Fujitsu, and not the members of the Department of Health, was writing briefs for the director general and, in fact, was partly effecting health policy. On 12 May 2006, Mr Moodie wrote to Terry Lennard, the director of information and policy support in the Department of Health, indicating that he, Mr Moodie, had commissioned Jim Lowth, a consultant, to undertake a review of the InfoHEALTH Alliance. I have emails that describe the extensive changes that Michael Moodie was driving, and the move away from the InfoHEALTH Alliance. They state that there was concern about Fujitsu at a whole-of-government level, particularly by the Department of Treasury and Finance. The health department concern relates to Fujitsu's involvement in the preparation of the HIS tender. This sort of unaccountable situation with respect to Fujitsu was not unique to health. *The West Australian* reported in 2002 that a radical police communication project had blown its budget by more than $130 million. It was plagued with problems and was to run more than five years late. One example of the problems, again reported in *The West*, was that a contractor was due to be paid $570 000 after meeting a deadline, but the money was paid before the work was done and the deadlines extended. The newspaper report added, "The job remains unfinished".

The company managing the police department contract was Fujitsu. What Michael Moodie did not know and what emerged from me only when I spoke to the Under Treasurer and the Auditor General was that $20 million from the ICT InfoHEALTH Alliance contract is unaccounted for. Are we interested? We have to be. Four years on, there is no indication of a solution about ICT. The tender process was taken off the Department of Treasury and Finance, and the project team set up by Michael Moodie was disbanded. As of today, with approximately $350 million spent, the system does not deliver and Fiona Stanley Hospital is underway with no information and communications technology solution in place. No wonder the Under Treasurer is less than happy and refused to be in the same room as Fujitsu staff.

I have various memos that show that Mr Moodie sought to end this cosy set-up with and for Fujitsu. He suffered as a result, as I will shortly show. It was Michael Moodie who set up the audit that resulted in exposing the arrangements under the InfoHEALTH Alliance in the health department and the role of Fujitsu. This is the same Michael Moodie who did his job faithfully in speaking out about the poor clinical practices at King Edward Memorial Hospital. It is the same Michael Moodie who spoke out about the rorting of trust accounts by doctors at Princess Margaret Hospital for Children. It is our responsibility, as members of Parliament, to use privilege to test the facts the best we can. I have already spoken to the then acting Director General of Health, the Under Treasurer and the Auditor General of Western Australia to check the core facts in this speech. These meetings lead me to believe—in fact, Mr President, I know—that there is a stench around the whole Fujitsu business that we must investigate. I cannot sort out all the detail of what has happened. The Auditor General's website, however, indicates that that office is currently investigating the whole process, including the unaccounted-for $20 million. I have much information but we need an inquiry to uncover the full story.

I turn now to the attempt to destroy Michael Moodie. I have the investigation running sheet of Ivan Evans from the corporate governance directorate of the Department of Health. I have numerous papers from the time of the investigation, including from a meeting with Michael Moodie and several officers from the Office of the Auditor General, concerning the information and communications technology contract. I also have Mr Moodie's employment contract and his termination letter. Mr President, I seek leave to table these documents.

Leave granted. [See paper 2225.]

Hon MAX TRENORDEN: As I have indicated, early in 2006 Mr Moodie had already expressed concerns about what was going on with Fujitsu. He was trying to prevent Fujitsu from compromising the Department of Health. At the same time, around April 2006, a health employee began an investigation into Mr Moodie's affairs and his family affairs. This was a Western Australian Department of Health investigation that must have been set up at the request of Dr Neale Fong, the then director general, and managed by Michael Pervan in Fong's office. The case officer was Mr Ivan Evans. Evans is one of the compliance officers employed by key government agencies

to sit alongside internal auditors and report to the Corruption and Crime Commission anything that might be of interest to the CCC. Mr Evans had been a police officer in New South Wales. However, at the time of the inquiry into Mr Moodie, he was not a police officer. He was employed not by the CCC, but by the Department of Health. Why did this happen?

It gets worse. The Evans investigation into Moodie was covert. A government department instigated a covert investigation into a senior public servant. Where did he get his authority to act? He described in his running sheet how he investigated personal records and private accounts and carried out surveillance. Where was his authority? I have read the running sheet, and it was just to find something to pin on Michael Moodie. When did this Evans investigation start? It just happened to coincide with when Mr Moodie was asking questions about the InfoHEALTH Alliance. Mr Evans—one individual—gathered the evidence, wrote the report, spoke to Pervan in Fong's office, which it appears was managing Evans's role, and was encouraged personally to communicate with the CCC, but not through the normal channels of emails, faxes or postal mail. What was the role of Neale Fong in managing his lieutenant, Michael Pervan? Many questions need to be asked. Just think: if we were police officers, which Evans was not, gathering the same evidence as he did, we would have to verify our findings with someone in a senior position. In Evans's case, no-one in Health and no-one in the CCC checked his evidence. His running sheet clearly states that he carried out this work before reporting the findings to the CCC. This evidence failed quickly in the bright light of the court. Moodie was taken to court by the CCC, put through two trials and an appeal, and Moodie prevailed; he was acquitted and was awarded costs.

On the basis of these investigations by Evans, on 7 July 2006, Michael Moodie was presented with a letter containing various allegations against him and stood down from his position. Were these events and the timing just a coincidence? It is possible, but given the history, it is most unlikely. This matter must be investigated now that the Auditor General and the Under Treasurer have each confirmed to me that $20 million is missing from the Department of Health and Fujitsu contract, which must also be investigated. We also need to look at the manner in which Mr Moodie was stood down. The contents and the tone of the letter are interesting. I have tabled a copy. No attempt was made by Dr Neale Fong as Director General of the Department of Health to speak to Mr Moodie and seek a response to the allegations made against him before action was taken. Why not? Mr Moodie was frogmarched out of his office in front of his staff on the basis of allegations that could have been and should have been checked before any action was taken. Why?

The Department of Health investigator, Ivan Evans, was sent on a witch-hunt by the Department of Health to try to find something to pin on Michael Moodie. The letter of dismissal was a result of this hunting trip. Reading this letter is chilling not just because all the allegations turned out to be false, not just because they could have easily been checked before any action was taken, and not just because Dr Fong should have confronted Moodie with them before taking action and not just because if all of that had happened, the horrendous past four years for the Moodie family could have been avoided. In the letter, Dr Fong states that Mr Moodie will remain on full pay. He later changed his mind and Mr Moodie's pay was suspended. Who above him got him to change his mind? There are only two possibilities—the minister or the cabinet. Who was it and why? The letter also contains five allegations. As the letter says, "could, if proven, constitute serious breaches of discipline and gross misconduct". There were five problems with these five allegations. They were all false. They were later proven to be false. There was no attempt to check whether the information was true. It is made all the more interesting because of the seemingly desperate tone of the writer, Dr Fong. Was he panicking? What was he scared of? What was going on here? Why this blunderbuss approach of seeking to blast a senior colleague with whatever unsubstantiated allegations came to hand? As a Parliament, we need to know.

I put it to the house that the charges brought against Michael Moodie were nothing more than a sideshow, a diversion, to get him out of the Department of Health and finish him off financially—to destroy him. This was not by the CCC but by some senior people in Health, most of whom, incidentally, are no longer in the system. What should have happened? In a well-ordered, non-vindictive world, Dr Fong should have spoken to Mr Moodie, determined for himself that no money was defrauded, and had the matter closed with a formal letter advising proper procedures be followed and Michael Moodie would go back to work. The alternative was that he could have been reported to the Office of the Public Sector Standards Commissioner. If Neale Fong was unable to determine whether money was missing, which there certainly was not, what is noteworthy and very important in this case is that Michael Moodie's contract states that the director general can terminate his contract at any time—why did that not happen? Why choose to conduct a witch-hunt instead of issuing a perfectly simple letter of termination? Another alternative was to take the investigation's findings to the police, which never happened—it went straight to the Corruption and Crime Commission. Western Australian taxpayers spent over $1 million on several court cases, all of which failed to find Mr Moodie guilty of anything.

Not central to my tale, but an important issue nonetheless, is that these compliance officers, such as Evans, who work in a key government agency should have their employment terminated. They are polluting the process. The current Corruption and Crime Commission Act requires a chief executive officer or director to report all matters

of interest to the CCC immediately, so why have compliance officers at all? Minor matters such as the over-claiming of travel funds, stealing low-value public property and overuse of public assets such as computers should be reported to the new Public Sector Commissioner to be dealt with. Many people would then be disciplined and returned to duties; others would be dismissed. But, more importantly, the public service would be dealing with its own people. More serious matters should go to the CCC, which has the power to deal with them. I have heard anecdotal evidence from people who have the knowledge about what compliance officers are doing to people. I say again that compliance officers are polluting the process. They work in isolation, the oversight of their work is questionable, and they are surplus to requirements. They are an abomination and they should go.

I return to my tale. The Department of Health actively sought and pressured the CCC to prosecute Michael Moodie. The Evans running sheet—the document I tabled—shows that the Department of Health came after Michael Moodie, his wife and son, all with dire consequences. Why? Was this payback? Let me be clear: these are not examples of the CCC exercising its powers and using the appropriate checks and balances; these were officers of the Department of Health. They were public servants.

As a consequence of all of this, the Moodies face legal costs of over half a million dollars; his family life has been devastated and he has been under enormous emotional stress for almost four years; he lost his job; and he was ordered not to talk to Department of Health staff and they were ordered not to talk to him. Another very important and crucial point is that he is the only public servant in Western Australia who had his pay suspended before there was any judgement on whether he was guilty or innocent. His reputation is now severely sullied and taxpayers face an estimated bill of over $1 million, and for what? No money was ever fraudulently obtained; there was never any criminal intent by Michael Moodie. This case is not, and never has been, about deceiving a public officer or travel claims. Mr Moodie was charged with intent to deceive a public officer and was acquitted. Even if he had been found guilty, there was agreement on both sides that he had received no financial gain.

What are the consequences for the Western Australian public service? Given what happened to Mr Moodie, no sensible public servant will ever speak up about injustice again. What the Department of Health has done has made a mockery of protected disclosure legislation. This is not just about Michael Moodie; it is about public administration in Western Australia. We cannot allow disciplinary processes to go unchecked in this way. Such vindictiveness in our public service is appalling. Indeed Mr Moodie said on national television that if he was faced with the situation again, or if he could live that period of his life over, he would keep quiet. Why did this witch-hunt happen? Why was a senior public servant and his family subjected to this? Is this how we want to treat our public servants?

Such misdemeanours, even if shown to be true—they were not—were certainly minor compared with lying to this Parliament; yet Dr Neale Fong did lie to this Parliament. He was guilty of that. Mr Moodie is innocent, yet he has been forced to live outside our state with his wife and family and has been subjected to almost four years of hell. The innocent Moodie cannot get a job; the guilty Fong is a CEO of Bethesda private hospital here in Perth. Mr President, please explain this to me. I simply do not understand. This is about senior people in the bureaucracy seeking to destroy a public servant for doing the best he could and protecting those who needed protection. Michael Moodie persevered and has prevailed. Why? This is an astonishing achievement by a self-resourced individual in terms of perseverance. He knew he was innocent and he suspected he was being targeted for his past roles. Remember the trust accounts of King Edward Memorial Hospital for Women and Princess Margaret Hospital for Children, and InfoHEALTH Alliance? I say to members of the house: this is a shameful story I have told. Many people must have known what was going on but no-one lifted a finger to intervene. Why?

This is Western Australia; our beloved state to which every one of us in this house has a responsibility. This is a tale of a most serious wrongdoing; wrongdoing to such an extent that anything I have ever come across in my parliamentary career pales into insignificance. Too many men and women have turned a blind eye, buried their heads, done nothing and said nothing. There might be some in this Parliament, in the public service and in the health service who knew enough of this tale and knew there was wrongdoing afoot and either chose to do nothing or consciously supported attempts to destroy Mr Moodie. We cannot let this happen and walk by on the other side. This is not just about Michael Moodie. It is about our public service and it is about the integrity of our Parliament; indeed, it is about the whole basis of our parliamentary democracy. Parliament must get to the bottom of this. If not, what are we here for?

What needs to happen next? Most importantly, there needs to be two inquiries—one into the Department of Health's actions against Michael Moodie and one into the InfoHEALTH Alliance and the unaccounted losses of $20 million. Moodie should be reinstated to his previous position and reimbursed all his costs as a result of the Department of Health's action. He has been acquitted. He has done no wrong. Moodie should get a vote of thanks from the Parliament for what he has done for the public of Western Australia. Moodie should receive a

written and public apology from the Director General of the Department of Health. The people who conspired in these actions against Moodie must be brought to account. This behaviour cannot and should not be tolerated.

In my view the state public service in recent times has received many shocks. The actions against Michael Moodie show that we must re-examine how our public service works, examine the avenues to strengthen this role and identify faults. Some members may call for a royal commission. I have seen my fair share of royal commissions. I would prefer an inquiry headed by a person with appropriate knowledge. The role of information and communications technology in health could be examined by a parliamentary committee, but extra resources would be needed to assist the committee. The inquiry by the Auditor General will be very useful but will deal with only some of the core issues involved. The Office of the Auditor General will only expose the problems; it is our responsibility to act.

I will leave my concerns with the Parliament. The appropriate response would be for Parliament to act, but if this does not happen, I will bring motions to this house for action. The one shining light in all this is Michael Moodie. His example gives me hope, and should give us all hope. Remember the Douglas inquiry in 2003; it outlined what happened to whistleblowers long before most of these events happened in 2006. On that issue of hope, and seeking to recognise that in Michael Moodie there is a beacon of hope, let me conclude by quoting from a speech by Robert Kennedy in South Africa in 1966, when he said —

> Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, those ripples build a current that can sweep down the mightiest walls of oppression and resistance.

Let each man and woman in this chamber stand up; let this house be a centre of energy.

HON ED DERMER (North Metropolitan) [4.00 pm]: I am very pleased to address the estimates of revenue and expenditure 2010–11. In doing so, I intend to focus on a particular item of expenditure that relates to one that I addressed last year on 16 June when considering the consolidated fund estimates 2009–10. I intend to focus on expenditure by Main Roads Western Australia, and specifically focus on an expenditure, the urgency for which I explained in June of last year, a little more than a year ago. I hope members will recollect my explanation, but I will briefly cover it again just to make sure members understand my concern for the safety of my constituents with serious disabilities who are at grave risk when they use Collier Avenue and Amelia Street to access Northlands shopping centre in Balcatta.

Members may recollect that my electorate office is on the corner of Collier Avenue and Amelia Street. From the windows of our electorate office, my staff and I regularly see people travelling on Collier Avenue towards Amelia Street, and then crossing Amelia Street to the shopping centre and back. It became very clear to us that there appeared to be a very high proportion of people using Collier Avenue to get to Amelia Street and crossing Amelia Street to the shopping centre who had quite serious levels of disability. This was shown by people who had various mobility assisting devices, such as wheelchairs—some motorised; some not—and other such devices. We noticed an unusually high proportion. We also noticed, much to our concern, the regular occurrence of near misses. People quite often use the road to traverse in their wheelchairs, particularly along Collier Avenue and then across Amelia Street. Obviously, they are pedestrians, albeit in a wheelchair, and the mixture of those people and cars often travelling at high speed is one of great danger. We have witnessed many near misses. Fortunately, we have yet to see a collision, but we remain concerned that there is a very high probability of such a collision, and terrible injury, occurring. We see a variety of mobility aids, wheelchairs and motorised wheelchairs referred to as gophers. One lady rides a large tricycle, which she uses to carry her shopping. Whenever I see her I become particularly anxious because she looks so very vulnerable on the tricycle when attempting to negotiate those two roads on the way to the shopping centre or on the way back from the shopping centre. We live in fear of seeing something terrible occur.

This matter was first brought to my attention, as I explained in June last year, by my electorate officers, Mrs Jane Saunders and Dr John Crouch. I have had the good fortune of having Mrs Saunders and Dr Crouch work in my electorate office since 1998. That is very much to my good fortune and that of my constituents. From that position, they have seen this problem with people, many of whom have serious disabilities, risking their life to access the shopping centre. As recently as last week, my relief electorate office staff, Mrs Margaret Pearce, saw a lady using a motorised wheelchair right in the middle of Collier Avenue returning from the shopping centre, so she was travelling from north to south. As she was proceeding along Collier Avenue, a car, travelling at significant speed, swung in from Amelia Street on the left. As the car dashed past her heading south, another car passed her going north. For a moment, the lady in the wheelchair was in the middle of the road with cars going past her in opposite directions. She was in the middle of the road. Mrs Pearce was quite shocked to see this incident. Sadly, Mrs Saunders, Dr Crouch and I have often seen these types of incidents. Although we continue to be shocked, it was a very bad experience for Mrs Pearce, who occasionally works in my office as relief staff,

and she was prompted to raise her concern with me. I am now raising my concern again with my colleagues in the Legislative Council. I could see from my office window that a high proportion of pedestrians, including those travelling down the middle of Collier Avenue, had a range of serious disabilities. Many people are sight or hearing impaired, but the most visible are those with mobility impairment who therefore use wheelchairs and other aids for mobility.

Visible evidence seen from a window is one thing, but I wanted to get some hard data to confirm what was happening, so I sought written advice from the Minister for Disability Services and the then Minister for Housing and Works. The Minister for Disability Services, our colleague in this chamber, wrote to me on 24 March last year to advise that he had asked the Disability Services Commission to prepare a statistical profile of the area bounded by Main Street, Amelia Street, Wanneroo Road and Morley Drive. I had suggested this area, Madam Deputy President (Hon Helen Morton), as one that was likely to include the homes of a number of the pedestrians walking or using wheelchairs or similar devices to access the shopping centre. In his letter, the minister explained that whereas about three per cent of the Western Australian population has a disability of such a nature that they require assistance with daily activities, within the area indicated about seven per cent of the local residents have a disability and require daily assistance, including the use of mobility aids. We are not talking about disability in the broader sense, but about people with disabilities of such seriousness that they need daily assistance. They make up three per cent of the general Western Australian population and seven per cent of the population of the area in question. It is clear that more than twice the proportion of people with a serious level of disability live in this area than can be found among the general Western Australian population.

In his letter of 24 March, the Minister for Disability Services also wrote that although a proportion of the residents in the area described are aging, at least half are younger people with disabilities who live in supported accommodation homes immediately within the area around Collier Avenue and Amelia Street. The evidence visible from my office window is that a full age range of people with serious disabilities are, I believe, risking their lives on a daily basis to access the shopping centre.

I also received a letter dated 6 May 2009 from the principal policy officer of the then Minister for Housing and Works. The principal policy officer advised that the Department of Housing owned 230 properties in the vicinity and had identified 107 tenants of these properties who had a disability that justified them receiving a disability support pension. The policy advisor's letter went on to explain that the Department of Housing leased 28 properties to external agencies such as UnitingCare West and the Centre for Cerebral Palsy. Within that area, Homeswest has leased properties to organisations that provide disability services. These two letters contain evidence to support what was evident to me and my staff by looking out the office window; that is, a very large proportion of the population in the area have serious disabilities.

It is probable that people with serious disabilities quite often would not drive to the shopping centre. Therefore, in that area an even higher proportion of people with serious disabilities would access the shopping centre by either walking or using a mobility aid. What I am trying to say is that in that area about seven per cent of people have serious disabilities—that is more than double the usual proportion, in the statistical sense, of people with serious disabilities found across the state. It is of even greater significance, because the people with serious disabilities are often the ones for whom driving is difficult; therefore, moving as a pedestrian is more likely to be their mode of transport when they are trying to get to the shopping centre. It might be someone walking with frailty or someone using a wheelchair or similar aid to get there. So for these people—it is a very significant proportion of people—it is a big issue because they are risking their lives dealing with the traffic on Collier Avenue and Amelia Street.

During debate last year I explained to the house my concern about the grave risk taken daily by people with serious disabilities when they endeavour to negotiate Collier Avenue and Amelia Street to access Northlands shopping centre. For people going to and coming back from the shopping centre there are two vehicle entry and exit points at the shopping centre. Once they actually get through the entrance, there is a car park they must negotiate. It might seem relatively straightforward, but when I go over there from time to time to get my lunch at Coles or somewhere when I am working at my electorate office, I need to be careful traversing part of Collier Avenue and then —

Hon Ken Travers: Particularly if Tim Daly is driving down the road!

Hon ED DERMER: Not wishing to be distracted by Hon Ken Travers, I am just trying to paint in words a picture that is difficult to paint in words when I see it in living colour out of my office window. It is particularly difficult. There are people with high levels of disability, many of whom find the existing path on the eastern side of Collier Avenue dangerous for reasons I will explain shortly. So, they go along that road and once they reach Amelia Street, they need to cross Amelia Street. There are cars travelling in both directions, fairly major roads and intersections nearby and multiple entries and exits in and out of the shopping centre. They then have the difficulty of negotiating the shopping centre car park to finally get to the shops. Obviously, when they have done

their shopping, they have to go through all that again. I need to be careful; so, members can imagine what it must be like for a person with a serious disability, and often a person might have more than one disability, compounding the effect. It might be someone who has a mobility problem, a sight impairment and a hearing impairment—that combination exists in different people. Having to negotiate a series of very dangerous obstacles, it is a major hazard for them to do something as simple as visit the shopping centre.

My concern, obviously, remains, which is why I raise this matter again today. But I am pleased to report that some progress has been made, and I would like to make a progress report by way of this speech. Steps have been taken to enhance the safety of my constituents, but also of course I emphasise the continuing requirements. I share this chamber with the Minister for Transport, who obviously, unfortunately, has urgent parliamentary business to attend to. However, I am sure he will attentively read the *Hansard* and therefore hear in that sense what I have to say. The Leader of the House might draw it to his attention.

Hon Norman Moore: Absolutely!

Hon ED DERMER: I thank the Leader of the House.

This is a very important opportunity because it is also uniquely a fortunate event that the minister has the portfolios of both transport and disability services. If my speech illustrates nothing else, it is the obvious connection between those two portfolios and how the challenge of safely allowing those with serious disabilities transport is a particularly grave one that needs to be addressed. Having a minister with both portfolios is likely, I believe, to help bring about that understanding and to achieve progress. I do not know whether that was foremost in the Premier's mind at the time he allocated the portfolios or whether it is just a happy coincidence. Either way it is very good that the minister —

Hon Norman Moore: I think he was anticipating this speech when he made the appointment.

Hon ED DERMER: Was he? I missed that, so I thank the Leader of the House for that. It seems very logical to give that joint responsibility to one minister of the Crown.

As I explained last year, on 5 March 2009 I conducted an on-site examination of the various hazards confronting people who go down Collier Avenue and cross Amelia Street to access the shopping centre. I was joined in that examination by three senior officers of the City of Stirling, including Mr Geoff Eves, the director, infrastructure, for the City of Stirling. Also with me was Dr Crouch from my office, and a Mr Alex Clark, who is a very active member of the local community and who suffers from profound deafness. He is a worthy citizen and a very active advocate for people who have disabilities and who need to deal with those as they live their daily lives.

The on-site examination identified a number of specific hazards, and also entailed the consideration of potential solutions. It made sense, obviously, while we were conducting the on-site examination and looking at the hazards, to try to discuss among ourselves the feasibility of different potential solutions. I am very pleased to note that significant steps have been taken by the City of Stirling to address the need to ameliorate the hazards that were identified at the time of that on-site examination on 5 March last year.

One hazard I raised during the on-site examination was the foliage of trees that had at that time been recently planted on the median strip on Amelia Street, which foliage extended out horizontally across the road. For someone as tall as I am, it may not have been a problem, obviously, but what we need to visualise when we are considering these matters for people with disabilities is the line of sight of someone who might be sitting in a wheelchair when he or she is looking out across the road. This is particularly serious for people who have sight impairment, and other people who have hearing impairment may not hear a car approaching as readily as we would. One quite simple matter that we were able to identify at that on-site inspection was that the foliage was growing horizontal to the ground in an uncontrolled manner and therefore impeding people's ability to see approaching vehicles.

The City of Stirling appropriately dealt with this hazard by tying up the branches that were obstructing people's sight. The trees would have needed further attention at a later date as they grew. When I pointed this out, I used a digital camera, which is fairly high tech for me, and took photographs of the branches growing in such a way as to obstruct vision. I used an email to send those photographs to Mr Eves. People who know me well will realise that using emails and photographs and integrating them is not my natural talent. I was very ably assisted in that process by Mrs Saunders from my office. When I sent that to Mr Eves, I was very pleased on a subsequent date that the City of Stirling responded promptly and tied up the offending branches, therefore avoiding the obstruction of vision by the branches. The city can be sure that we will continue to bring this matter to the city's attention if in the future the branches again become a visual hazard.

On the eastern side of Collier Avenue between Amelia Street and Shakespeare Avenue, leading up to the shopping centre, there is an existing footpath on the eastern side of the street. It is quite common on that street for people to have brick or other significant front garden fences. These fences align immediately with the side of

the footpath. This is a real problem for someone in a wheelchair. If a person is backing his or her car out of a driveway, and a person in a wheelchair is proceeding down that path, because the path is immediately alongside the garden brick wall or fence, it is very easy for the person in the car to not see the approaching wheelchair. People operating motorised wheelchairs might approach faster than walking pedestrians and they would find it more difficult to stop in the event of a possible collision with a reversing vehicle. This is a hazard and it is the reason that people in wheelchairs more often go onto the Collier Avenue roadway instead of using the existing path. That is part of the concern.

When I am reversing out of my electorate office driveway, I do my best to look and I make sure that I drive my vehicle extremely slowly. In the event of an unfortunate collision, it would occur at very low momentum because people in wheelchairs using the path would get plenty of warning. In doing that, I also have more opportunity to see an approaching wheelchair.

Members would understand that if a person in a wheelchair is supposed to use the path on the eastern side of the road that is right up against a brick wall, he or she would be reluctant to use it. Sadly, many people have found it safer to go onto the Collier Avenue roadway rather than use the existing path. It is a real problem. If someone is driving a wheelchair in a northerly direction towards the shopping centre and a car quickly enters Collier Avenue from Amelia Street, neither the driver of the vehicle nor the person in the wheelchair has any warning. There have been many near misses and we are lucky that nobody has been killed yet. As I explained earlier, Mrs Pearce saw the near miss the other day in which a wheelchair was between two cars travelling in opposite directions. It is very scary and the potential for tragedy is evident. It can be tremendously terrifying for someone who already has to deal with serious disability to manage the simple pleasure, often necessity, of accessing the local shopping centre.

I am very pleased that the City of Stirling has recognised this hazard and has responded by installing a path on the western side of Collier Avenue for approximately 30 metres, closest to where Collier Avenue intersects with Amelia Street. It has been very good. It has significantly enhanced the safety of pedestrians, including people in wheelchairs and other mobility aids. Most people will not use the path on the eastern side of Collier Avenue because of the problem I explained with cars backing out.

The tradition, which sadly is a dangerous one, has been to travel on the Collier Avenue roadway, because people see it as less dangerous than using the existing path due to reversing motor vehicles. At least now, for the last 30 metres before Collier Avenue intersects with Amelia Street, there is a suitable path, courtesy of the City of Stirling. I am very pleased that it has constructed this path. Most people in wheelchairs will now move onto the path for the last 30 metres before they reach Amelia Street. In my view the last 30 metres of Collier Avenue is the most dangerous because that is where problems arise with cars turning in off Amelia Street and not being able to see a wheelchair. Now for the last 30 metres there is a suitable path. Of course not all people in wheelchairs use the new path. For example, the lady who had a near miss last week, which Mrs Pearce saw, did not use it. I hope that experience will lead her to use the new path next time. The problem is that before the new 30-metre path was constructed, many people in wheelchairs actually used the Collier Avenue roadway and that is still the case for some today. Although most people will use the new path when they reach it, others will not use it and continue on the roadway. That was the problem that Mrs Pearce witnessed last week.

At least for the most dangerous 30 metres of Collier Avenue closest to the Amelia Street intersection, pedestrians, including people in wheelchairs, are able to use a safe path rather than the road. For the same distance on the western side of Collier Avenue the path is safe. The path runs basically alongside a group of professional offices and, as the City of Stirling is proposing to extend it along Collier Avenue, it will ensure that it is not right up against the garden walls of the houses. That will prevent the same problem arising between pedestrians using the path and reversing vehicles.

My electorate office staff and I see through the window in the office that the new path is used frequently. My electorate office staff tell me that they have received very positive public comment about the installation of the new path. I have been pleased to pass on these positive comments to the City of Stirling.

As I have said, unfortunately some people persist in using the road, but I am hopeful that when this path is extended down the full length of Collier Avenue to the next street, Shakespeare Avenue, it will solve the problem. The safety enhancement achieved by this 30 metres of path on Collier Avenue is certainly worthwhile, and credit should be given to the City of Stirling for constructing it. The need remains for a path along the remainder of the western side of Collier Avenue between Amelia Street and the next street to the south, which is Shakespeare Avenue. The path needs to be appropriately set at a distance away from front garden walls on the western side, so there is the capacity for people in wheelchairs to see cars backing out, and for people in cars backing out to have plenty of visual warning of people in wheelchairs proceeding down the street. If this path were to be extended on the western side down the full length of Collier Avenue between Amelia Street and Shakespeare Avenue, it would provide safe passage for wheelchair pedestrians. It would be preferable for them

to use that safe option rather than the unsafe options of the road or the existing path on the eastern side of Collier Avenue.

In considering the installation of a path for the full length of the western side of Collier Avenue between Amelia Street and Shakespeare Avenue, the City of Stirling, as a responsible local government authority, conducted a public consultation process with local residents. I was very pleased to receive a particularly positive letter from Mr Jon Offer, the special projects and support engineer at the City of Stirling. The letter is dated 28 May 2010, and I will read from it in part. It states —

> Dear Mr Dermer,
>
> **PETITION RESULTS FOR FOOTPATH ON COLLIER AVENUE, BALCATTA**
>
> I am pleased to advise that the public consultation demonstrated overwhelming support (65 for, 6 against) for the construction of the footpath to the West side of Collier Avenue, Balcatta. I can also advise that the City has scheduled construction for the beginning of the 2010/11 annual programme, subject to budget approval.
>
> The City has implemented a proactive approach to installing a footpath in every street that is not a cul-de-sac and is working to achieve this by providing the highest scoring paths first. While the City can identify and rate the various road classifications and facilities in the area, to prioritise path construction, it is difficult to account for abnormal or location specific levels of pedestrian flow or the proportion of disabled users. Input from all elements of the community is essential to assist the City in responding to those more complex factors.

The City of Stirling has taken into account people who have to live with disabilities. The letter also makes some encouraging comments about the actions taken to draw this to the city's attention. I was very encouraged to receive that letter from Mr Offer, and I am hopeful that we can look forward to progress over the coming months. Of course, this is subject to City of Stirling budget approval, which Mr Offer made clear in his letter.

I was similarly encouraged by a positive City of Stirling proposal to enhance the safety of pedestrians crossing Amelia Street to access the Northlands shopping centre. I received a letter dated 21 July 2009 from Mr Geoff Eves, the director, infrastructure, at the City of Stirling. It states —

> Dear Mr Dermer
>
> **PEDESTRIAN SAFETY CONCERNS – AMELIA STREET, BALCATTA**
>
> Thank you for your letter of 9 July 2009 regarding the ongoing concerns for the safety of pedestrians with serious disabilities endeavouring to negotiate the section of Amelia Street in Balcatta, between Main Street and Wanneroo Road.

I remind members that the shopping centre is on the northern side of Amelia Street, and that Collier Avenue intersects with Amelia Street on the southern side.

Debate interrupted, pursuant to temporary orders.

[Continued on page 4725.]