

McGOWAN GOVERNMENT — HEALTH — INVESTMENT

Matter of Public Interest

THE SPEAKER (Mrs M.H. Roberts) informed the Assembly that she was in receipt within the prescribed time of a letter from the Leader of the Opposition seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [3.12 pm]: Madam Speaker —

Mr D.J. Kelly interjected.

The SPEAKER: Minister for Water! We are about to go into an important matter in the house—a matter of public interest. The Leader of the Opposition has given notice of it.

Mr V.A. Catania interjected.

The SPEAKER: Member for North West Central, I want to hear from only the Leader of the Opposition at this time.

Ms M.J. DAVIES: Thank you, Madam Speaker. I move —

That this house condemns the Labor government for its failure to invest in our health system, putting health workers under enormous pressure and the people of Western Australia at risk, and impacting key sectors of our state's economy.

There is a reason that this is the first matter of public interest that the opposition has brought after the break. It is because, yes, we raised these issues prior to the winter break, and yes, we raised them nearly every day when we were in the chamber, from the day of the election to the first winter break, because these issues are getting worse, not better. While the eyes of the nation and the globe are trained at the moment on the amazing sporting performances of our Australians in Tokyo, the only way I can think to describe what this minister has done over the last five years is to put it into sporting parlance. It has been an absolute shocker. The minister is behind the eight ball, down-and-out and punch-drunk. The system is broken.

Mr R.H. Cook: A gold-winning performance.

Ms M.J. DAVIES: There is nothing like a bit of self-reflection, minister!

I do not think there is any other way to describe the performance of the Minister for Health as our health system lurches from one crisis to the next. As I said, as our nation's eyes are trained on our sporting heroes in Tokyo, who, I think everyone will admit, celebrate their achievements with humility and grace, we in this state are watching the health minister fumble the ball, miss the pass and pass the buck when it comes to the issues and the performance that our health system is suffering under. Five years in and it is only the Minister for Health and this government who can own what is happening right now. They have to own the fact that we are seeing some of the worst statistics and markers that show that our health system is in crisis—no-one else. It is your responsibility, minister. There is no gold medal for the Labor government for health. It is failing our community and putting the people of Australia at risk because it has failed to invest. At the risk of taking the analogy too far, the statistics do not lie, the commentators are not pulling their punches and it might just be time for the Premier to send this minister to the bench and call in the substitute.

Let us look at how we do a health check on the system, because there are a number of different measures to assess the healthiness of our health system. Ramping numbers —

Mr D.J. Kelly interjected.

Ms M.J. DAVIES: Listen and you might learn something, Minister for Water.

Ramping numbers are a fairly standard measure, and they were used by the Minister for Health to great effect when he was in opposition. The number of code yellows in our major tertiary hospitals is another measure that indicates the resilience of the system. The government's own benchmark for treating emergency patients within four hours—the four-hour rule—is another indicator of the health of the system. Add stakeholder reviews into the mix, both internal and external, and the report card for the McGowan government and the Minister for Health is very grim indeed. The system continues to deteriorate, the indicators continue to blow out and the minister continues to deny the crisis. In the face of some of the worst results recorded in years, the minister and the government maintain that there are still unprecedented levels of demand, but they will not concede or say the word “crisis”. Everyone else does. Everyone else is prepared to say it. Call it for what it is so that we can actually get on and deal with it. But they will not say the word. It is political spin at best and, at worst, it is wilfully ignorant and is putting staff and patients at risk. That is the truth. The failure of this government to adequately invest in our public health system is putting people's lives at risk.

Who is to blame? The dizzying heights of creativity the minister reaches when deciding who is to blame is remarkable. Last year, despite having no COVID in the community, he said it was due to COVID. The blame this year has been the increase in mental health patients and National Disability Insurance Scheme clients. In the last few days the minister has blamed the people who were turning up to the emergency departments for the overcrowding of our hospitals, saying that 17 per cent of the people who turn up to the emergency department doors should be treated by a general practitioner. I have to say that to me that sounds like the minister is trying to blame everyone but himself and his department for the management of the health system.

Let us look methodically at the indicators that I just spoke about. I want to go through each measure so that it is on the record for the minister to address in his reply. The latest ambulance figures under the minister's watch are triple those that when he was the shadow Minister for Health he referred to as a horror story. He referred to it as a horror story when we were government. Ambulances spent 3 713 hours ramped outside our hospitals last month. That is the highest figure on record for the month of July. Alarming, this figure included 99 hours of ambulance ramping around the state's country hospitals, and for more than 13 months this government has consistently recorded ramping figures above 1 030 hours. These figures are triple what he as the shadow Minister for Health referred to as a horror story when we were in government, and that is despite the reduction that we have seen in elective surgery, no influx of influenza in our state and no COVID present in our community.

The minister is failing to meet his own target to treat emergency patients within four hours under the four-hour rule. The latest figures show that the state's monthly average has slipped to its worst level for at least a year. The target, as I understand it, is for 90 per cent of patients in our public hospital system to be admitted, discharged or transferred within four hours. Last month, that figure fell to 66 per cent across all WA public emergency departments. The figures were 49 per cent at Royal Perth Hospital, 53 per cent at St John of God in Midland, 57 per cent at Joondalup Health Campus and 58 per cent at Fiona Stanley and Sir Charles Gairdner Hospitals. Added to which is the Australian Institute of Health and Welfare data that has been published. That data reveals that only 52 per cent of urgent ED patients at WA hospitals were seen within the 30-minute maximum waiting time in 2019–20 compared with a national average of 67 per cent. In Western Australia, 52 per cent of urgent ED patients who turned up to our emergency department requiring assistance were seen within 30 minutes compared with the national average of 67 per cent.

If members read the commentary in *The West Australian* by Angela Pownall, they will see that she quite rightly points out that WA used to lead the nation on the four-hour rule because it was first implemented here 12 years ago and was then rolled out nationally. She reported in an article printed online yesterday that this measure was found to have saved lives because it spread the workload around the hospital and made every area more efficient. So, 66 per cent, when we are aiming for 90 and the national average is 67. Sorry, it is 52 per cent; I am getting my percentages—66 per cent for the four-hour rule is not good enough and those efficiencies clearly are not there. What exactly is the government going to do to improve those statistics? The government is blaming it on too many people turning up to emergency departments when we know the ED presentations are both on trend and predictable. The government is deflecting blame from its own failure to invest in and implement reform. Perhaps people would be more aware of alternatives like urgent care clinics if the government had not botched that rollout. The minister has to acknowledge that that was a thought bubble that was not well thought through. There were delays in rolling that out across the state, and people are still confused about whether they can access urgent care clinics.

The number of code yellows is the other measure used. Today, we heard the minister refuse to provide that information, despite still pushing the line that the government is transparent and accountable. If the data is collected, I am not sure why the government, if it is transparent and accountable, will not release it so that we can understand exactly what is happening within these hospitals. In June this year, it was revealed that there were no inpatient beds available across five of the state's busiest hospital emergency departments combined. According to the daily projection report, there were more patients than staff could look after at the Armadale Health Service, Fiona Stanley Hospital, Rockingham General Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital. On 9 June, three of those five hospitals were operating with no capacity for any further patients. That is when we start to see the ambulance ramping statistics increase.

I have not talked about the St John Ambulance review, but, again, it is another piece of deflection by this government. It is not St John's fault that its ambulances are ramped up and unable to respond to calls from our community. It is the fault of the Minister for Health and this government for failing to invest in the health system so that people can be admitted to hospital through the emergency department. That is causing ambulances to spend so much time on the ramp outside the emergency department. When this was reported on 9 June, it was the second day that patient intake had been higher than hospital staff were able to cope with, and that followed a week when hospitals had been operating at capacity. That combined with the incident members may remember of expectant mothers being turned away the state's premier maternity hospital, King Edward Memorial Hospital for Women, should have set off alarm bells. It should have set off alarm bells that there were not enough beds and healthcare workers.

It does not appear to us, and certainly not to the community, that there is any immediate plan to resolve this. The emergency doctors and key stakeholders who we deal with on a regular basis are telling us what many know already—that is, our departments are running on empty. Staff are tired and feeling exposed, anxious and nervous. Code yellows—the disaster level that we talked about—being called regularly reflects this, as does the ramping and the failure to meet the benchmark of the four-hour rule, yet we see this government continue to deflect blame and wheel out excuses. Given the lack of COVID in the state at the moment and the slow uptake of vaccination, it is of enormous concern that we have hospitals that cannot cope. That is without an influx of influenza or the impact of COVID-19. It is enormously concerning that we cannot cope as it is and that any outbreak would be disastrous for a health system that has been run down for the past four years under the Labor government.

If I can, I will put on record the investment that we made when we were in government. It is important to make sure that people understand that when we were in government, between 2008 and 2017, we invested significantly. We opened two new hospitals for the Perth metropolitan area—Fiona Stanley Hospital and Midland Public Hospital. We made improvements to facilities for children at 10 public hospitals across WA, plus funded and built a new hospital for children. We opened new major health campuses in Albany and Busselton, and built the state-of-the-art Karratha Health Campus, which is the single biggest investment in a public hospital in regional WA ever undertaken. We made upgrades to and expanded a further 30 regional sites across the state, invested significantly to create bigger and more responsive emergency departments at 25 locations across the state, and built the \$54 million state cancer centre, Harry Perkins Institute at Queen Elizabeth II Medical Centre, plus new and improved facilities at six Perth hospitals and six regional locations. There was more accommodation provided for staff and visiting specialists in regional areas. We created incentives for doctors and allied health workers to attract and retain staff in hard-to-staff areas.

Several members interjected.

The DEPUTY SPEAKER: Members!

Ms M.J. DAVIES: Our record in government in health was significant and it was acknowledged by the WA Department of Health that we made the most significant and biggest investment in regional health —

Mr D.J. Kelly: What a load of rubbish! Self-reflection, member.

The DEPUTY SPEAKER: Minister!

Ms M.J. DAVIES: Do a little bit of your own, minister.

Our record in government investing in health was that we left infrastructure and staffing at good levels —

Mr D.J. Kelly interjected.

The DEPUTY SPEAKER: Member for Bassendean!

Ms M.J. DAVIES: There was more to be done, but it has not followed under this government. There has been underinvestment and under-resourcing, and that is why we see rallies of staff continuing to roll out and hear commentary from key stakeholders that we are at catastrophic and disastrous levels in our public health system. It is appalling by any measure. This government is failing. The minister has taken on health; state development, jobs and trade; medical research; and science. Those four portfolios are important to this state's future, but the minister needs to be focused on health, because the failures are there for everyone to see. When in opposition, the current Premier led the debate calling for the minister at the time, Kim Hames, former member for Dawesville, to be stripped of his tourism portfolio so that he could focus on health. The Premier did that. This Premier, in the middle of the pandemic, when health is clearly front of mind for every Western Australian, has appointed a minister to four portfolios. I suggest that the state government and the Premier need to take some of their own advice and allow the minister to focus on health so that some of those statistics that we have listed today, those measures that are open for everyone to critique, can be improved. We need to see them moving in the right direction. In the words of the current Premier when in opposition —

... it would be far better if he dedicated himself to one of those portfolios so the people of Western Australia know they have someone who is truly committed to the job over the next three and a half years.

Without that happening, I have great fears. I have great fears for our workforce, our community and our hospitals, which into the farthest corners of Western Australia and here in our metropolitan centre are under stress and under pressure. Disaster is right on our doorstep and that is sheeted home to the minister, because he has been in charge for the last four and a half years. It is time for us to see the resourcing and policy that we need as a state to make sure that we have a safe, healthy and secure health system for the people of Western Australia.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [3.26 pm]: I rise to join the debate on this motion. This government has the wrong priorities; it is more focused on spin and announcements than delivering critical services for the people of Western Australia. Might I say, we know a government is under pressure when the

two most senior members of the government, the Premier and the Deputy Premier; Minister for Health, make gratuitous personal insults to members on this side of the chamber. The government has its hand on the tiller because it is ascendant in numbers, but what we hear from the Premier and the Minister for Health is nasty personal insults. It is unbecoming of the Minister for Health. It is not something that he did in the last term of government.

Mr R.H. Cook interjected.

Dr D.J. HONEY: The minister should read what he said in *Hansard*. The minister is under pressure. The opposition has said before that the minister should do the right thing—as was done in the last term of government—and shed those other responsibilities that clearly will not be managed properly and focus on health. The minister has not done that and we are seeing the results of that in the suffering of people in Western Australia.

We alerted this government to this crisis three years ago. We raised the problem of ramping at hospitals and that people across Western Australia could not access critical health services. What did this government do? It did what it is doing now; that is, it insulted and belittled the opposition and diverted attention away. There was no problem to see because the minister was either blindsided or ignoring his own departmental advisers. It is one or the other. The government did nothing about it whatsoever. We should have seen another major hospital delivered by now. What we have seen is a decimation of the hospital system across the state of Western Australia.

I have used my time wisely in this term of Parliament, since I became Leader of the Liberal Party, to travel quite literally the length and breadth of this state. I have been from Esperance to Kununurra and all points in between. I was in Kalgoorlie yesterday for Diggers and Dealers and to meet with community members in that electorate. They told me the same story that I have heard in every other centre. It does not matter whether it is Mt Barker, Albany, Esperance, Geraldton, Kununurra, Halls Creek, Fitzroy Crossing, Broome or any of the other centres across this state, because people in every single centre tell me that their health system is in crisis. In Kalgoorlie, people said there was no point even making an appointment and that they would travel to Perth! I understand that the Royal Flying Doctor Service is constantly streaming traffic to Perth from Geraldton, Kalgoorlie and other regional centres because regional hospitals cannot cope. Those areas do not have the staff, specialists or visiting doctors that they should have. This Minister for Health has been the minister for four years and he was the shadow minister in opposition for a good number of years—four years or seven years, or whatever it was—before coming to government. This minister should understand the crisis in the health system and should have responded, but he has not responded.

The ramping hours is not just a number. It represents people who are desperately sick—some are fighting for their lives—and are waiting in ambulances. Those ambulance officers are trained as first responders. They are not there to provide ongoing critical care for someone who may be desperately ill or dying. Those patients need to be in emergency departments so they can be treated by specialists.

We have a lack of resources in emergency departments. We hear the government attacking St John Ambulance. The government is making people wait in ambulances and has tried to divert the attention of the people of Western Australia whose loved ones are waiting in ambulances by attacking St John Ambulance. I notice a theme emerging from this government—maybe it is a way to get union membership numbers up! The government wants to get rid of all those volunteers who help at St John's Ambulance so it can create a few more union members. I will go through this in detail, because this government has focused on driving increases in union membership.

Mr M.J. Folkard: You're union bashing, mate! How about you hand back your superannuation!

Dr D.J. HONEY: I am not inviting interjection from this member.

The DEPUTY SPEAKER: Member for Burns Beach; thank you.

Dr D.J. HONEY: This government is focused on driving union memberships; and on spin, announcements, committees and whatever, but it is not delivering services.

Mr M.J. Folkard interjected.

The DEPUTY SPEAKER: Member for Burns Beach!

Dr D.J. HONEY: I can tell the member that one thing I admire is a good, hardworking union steward and I doubt he was ever one!

Mr M.J. Folkard: You haven't seen one! You wouldn't know!

Dr D.J. HONEY: Wouldn't I just? Some people in this place know the facts, and it is not the member.

This government is obsessed with building union membership. The Minister for Health should have recused himself from this decision, being a member of the United Workers Union.

I am grateful for the Dorothy Dixier today, because we heard that the minister will be insourcing 633 positions into Fiona Stanley hospital. The minister insourced 633 positions with no evidence that any of those services were

being delivered in other than the utmost professional, expert way that they should be delivered. This is at a cost of \$93 million to the taxpayers of Western Australian.

I know some members here who could use \$93 million in their communities to provide real services. I was in Halls Creek, where children were running around the streets until four or five o'clock in the morning. There was not one child, but hundreds of children in the streets, racing cars that almost certainly were not theirs. That \$93 million could be valuably spent there. But this minister has spent \$93 million insourcing 633 staff and replacing staff who were doing a perfectly good job under the previous arrangement. This is at a cost of \$93 million. What will this do? It will increase union membership! The Minister for Water has left the chamber, but previously he set the gold standard by insourcing 500 jobs at the Water Corporation at an increased cost to water users right across the state who are paying inflated water charges. That provided no improvement in services.

We heard spin today. We heard what the government is going to do in the future. The government is heading into its fifth year in government and it is "going to do" something about the health crisis. It needed to start doing something four years ago. It was told about it. The government knew it was in crisis. It did nothing and now it is blaming everyone but itself for that.

This government makes fun of the hospital system, but it inherited a rebuilt hospital system from the former government. There were some minor building issues on some of those sites, but let us compare that with this government's delivery of Metronet. That project was budgeted at less than \$3 billion. That has blown out to \$7 billion and is heading to \$10 billion and the government has not delivered an inch of track. You guys are hopeless at delivering anything in this state! The former government delivered a rebuilt hospital system in this state that this government inherited. In almost five years this government has done nothing about the crisis that is causing harm and hardship to the people of Western Australia.

MR R.S. LOVE (Moore — Deputy Leader of the Opposition) [3.35 pm]: I rise to speak in support of this motion by the Leader of the Opposition condemning the Labor government for its failure to invest in our health system and putting not only health workers under enormous pressure but also the people of Western Australia at risk. The opposition has been warning about the risks that the people of Western Australia have faced for quite some time. On 17 March 2020 the Nationals WA's spokesperson for ports, Hon Colin de Grussa, asked questions in the other place about protocols around the protection of workers and members of the community in our port cities. He asked what was being done about potential points of contact for the transfer of COVID-19, including when ships are piloted and interactions with stevedores, mooring crews, service providers et cetera. He asked what had been put in place to protect people in communities, especially in regional communities at ports such as Geraldton and Esperance.

Throughout 2020 we repeatedly asked what was being done to protect communities, what would be done if there was an outbreak and whether people would be well taken care of. What did we see? On 7 July the MV *Emerald Indah* showed up in Geraldton with a very sick crew member on board who was transferred to the hospital in Geraldton. What we saw after that shocked the community in Geraldton, which is an area very close to my electorate. Many of the people who live in my electorate receive services in Geraldton and work at the Geraldton Health Campus. This area is very close to my own experience, indeed. We saw simple things such as people being put into lifts without adequate protocols in place to prevent a breach when someone else entered this lift. Staff members were not wearing adequate personal protective equipment. We saw that a person spent up to three hours in the emergency department with a vast number of other people. That led to the infection of many people, and putting at risk 28 staff and 18 patients. At the time that this was reported locally, it caused a great deal of concern, as members would imagine. The local community did not know what was going on. The local mayor reported that the City of Geraldton had not been informed of this breach. People who had potentially been exposed to COVID who were at risk of not only contracting the disease but also spreading it to others were possibly using the city's facilities. The city should have been made aware straightaway that this was an issue.

This occurred 16 to 18 months after the start of this pandemic when the opposition had raised these questions. We had asked the government what was being done to prevent these types of situations. We got nothing but bland assurances and a belittling of our concerns. We have raised our concerns about these matters many, many times in this Parliament, yet the first time that a COVID situation occurred at Geraldton, one of our regional ports, we had a failure by the local authority. It was not a failure of the workers; they do their job as best they can. It was a failure of the WA Country Health Service and of the protocols that this government should have put in place to ensure the community is kept safe. That led to a situation in which a small regional hospital with a limited workforce had 28 staff who were unavailable for service. The Premier said he did not think that placing 25 staff—as it was at that time—in isolation would affect the running of the hospital. I cannot see how it could possibly not affect the running of the hospital. That is an enormous number of staff to be taken out of a very limited pool. Of course, we could potentially have seen a disaster in Geraldton had there been community spread as a result of that impact. They are the types of risks that we asked to be assessed and taken into account very early on in the piece.

Today, we have heard very bland assurances and a batting off of legitimate concerns. In question time the Leader of the Nationals WA raised the matter of ambulance ramping, and we heard the minister batting off the issue again, even though this situation is extremely dire. We have extreme ambulance ramping compared with the rates referred to in this media release of Sunday, 12 February 2017, in which the then shadow Minister for Health claimed that the Barnett Liberals had failed in health. It said “record ambulance ramping, record waitlists”, yet we know that he was talking then about a fraction, about one-fifth, of the level of ambulance ramping we now see. The only decent reaction the government seems to have to this is to call an inquiry into St John Ambulance, completely erroneously believing that there is something wrong with St John Ambulance.

Again in question time today, a legitimate question was asked by the member for Roe about why the opportunity is not being taken to encourage vaccination at major field days in country Western Australia. We heard some comments from the Premier and the Minister for Health trying to belittle the member for Roe for bringing a very, very good suggestion to the Parliament that would have enabled tens of thousands of regional people to have access to a vaccine. This government is failing to achieve a decent vaccination outcome. An ABC news report posted very recently showed that Western Australia’s vaccination rates are lacking terribly. In fact, the most vulnerable areas of Western Australia are those far-flung regional areas in our north, and they have the lowest vaccination rates in the entire country, with only 8.6 per cent of people of eligible age having received the vaccine. This government has failed to deliver on its priorities of ensuring that Western Australia has a proper health service to protect it.

MR R.H. COOK (Kwinana — Minister for Health) [3.42 pm]: I rise to speak on the motion. It will not surprise members to hear that the government will not support it. We do not support it because it is based on falsehoods that the opposition continues to try to prosecute. Day after day, we respond to its arguments. We explain the pattern of demand on our hospitals at the moment. We go through the measures we are putting in place—measures that we can put in place because we have done the hard work to get the finances back under control—yet the opposition each day still comes out with the same motion. It is the same motion the opposition came up with six weeks ago. To utilise the Leader of the Opposition’s parlance, which is to reach into sporting analogies, the opposition is not match fit, it did not do the hard yards in the preseason and it simply did not bring its game face. All we see —

Mr R.S. Love: You did not get a gold medal on 7.30.

The DEPUTY SPEAKER: Deputy Leader of the Opposition, you have had your time. It is the minister’s opportunity to respond.

Mr R.H. COOK: I was going to observe that perhaps the opposition’s research started last night when it was watching the reports on the ABC. If the opposition wants to get ahead in this game, it has to put in the hard yards. It actually has to do the work. It has to do the yakka, the research and the investigation. It has to do the hard work that makes an effective opposition. The first thing the opposition has to do, of course, is get its facts right. That is called “dropping the ball at the kick-off”. The fact of the matter remains that annual spending on health has increased by more than \$1.1 billion per year, or 13 per cent, between 2016–17 and 2020–21, to about \$10 billion in 2021, so the first contention of the motion, which condemns the Labor government for its failure to invest in the health system, is basically wrong. It is fundamentally wrong. I would have thought that if the opposition had spent six weeks crafting a motion to move in this place that it would have at least got the basic facts correct, because the fact of the matter is that we have invested and we have invested wisely. To put more flesh on the bones of that issue, there has been a 12.9 per cent increase in FTE nurses between 2016 and 2021—the highest number of nurses in the WA health system on record. That is an increase of 750 FTE nurses in the last year alone. In fact, the only time there has been a decrease in frontline healthcare workers in the past six years was under the Liberals and the Nationals. They should not come to this place and say that we have not invested in our health system. We, and the people of Western Australia, know who looks after the health care of this state and that is the Labor Party and Labor governments. How dare the opposition, in its first opportunity to propose a debate, get the fundamental proposition of its argument wrong. Fundamentally, the very first utterances of its motion were wrong and factually incorrect.

Speaking of being factually incorrect, we listened to the member for Cottesloe saying that people were dying in the back of ambulances.

Dr D.J. Honey: I did not say that.

Mr R.H. COOK: It is just fundamentally wrong.

Dr D.J. Honey: Go and read *Hansard*.

Mr R.S. Love: I think he said “lying”.

Mr R.H. COOK: I think he basically suggested that people with life-threatening illnesses or injuries were lying in the back of ambulances, which is fundamentally wrong. They are priority one patients and they are sent straight into the emergency department. That does not surprise me, because this is the same member who said that Fiona Stanley Hospital was working a treat prior to the WA Labor government’s policy to bring back a number of its services

in-house. I do not know whether the member for Cottesloe was watching public debates in those days, but day after day there were failures associated with the outsourcing of a whole range of services. I think Serco had about \$1 million in fees withheld at one point simply because it failed to provide the services it was contracted for at Fiona Stanley Hospital. I do not blame Serco; I blame the flawed decisions of an ideologically driven Liberal–National government that just sought to privatise our health services whenever it could. It is the reason that it privatised the then Wanneroo Hospital and the Peel hospital, and we all saw what a disaster that was before Ramsay Health Care stepped in.

The former government gave a 20-year \$4.8 billion contract to Serco at a hospital. What government in its right mind thinks it has an idea of what health care will look like in 20 years' time? The former government lashed us to the mast of a \$4.8 billion contract, the biggest in the state's history all for one thing and one thing only, and that is a flight of ideological fancy. That is what the opposition over there represents. It does not care about how we deliver health services. The opposition does not care about public health. It is an anathema to the opposition and everything it stands for. The fact of the matter is that we brought those services back in-house to make sure that we had the hospital working as a team, not as a series of dysfunctional contracts and private operators versus public services. We do not resile from the investment to make sure that we bring those services back in-house; indeed, we are proud of it. It is a very important measure to make sure that we continue to have a health system that can respond to the needs of the Western Australian community.

Our emergency departments have operated very well. Our four-hour rule access targets have equalled or bettered those that existed under the previous government, and they were the best in the nation. We have now slipped to just behind Queensland—I hate being beaten by Queensland!—because something has happened between the time that we took office and where we are today. For the benefit of those opposite, who seem completely oblivious to these things, it is called a global pandemic, and it has led to significant pressures on our hospital system, in the context of the blast zone of the impacts of that pandemic. Everyone can see that happening around the world, but we can see it particularly in Australia, because in Australia we have had relative freedom from COVID-19. Even what we see happening on the east coast is pretty mild by world standards, but we can see the impact that it has had on our health systems. We have seen a strong surge of demand, and it is a different sort of demand than that that existed previous to the pandemic.

The planning that goes into the health system is based upon what is called age-weighted population growth. It is a formula used by the Department of Health and Treasury to plan what we need to invest in the health system based upon a projected trajectory of demand based on normal activity in the community—that is, the ageing of the population and population growth. The department extrapolates from that what it predicts will be the demand on healthcare services in the future. All that is out of the window, because we now have a completely unique dimension that is having a unique impact on our health system. This same thing is going on around the country. If the South Australian Parliament is sitting today, it will be having the same debate. If the Queensland Parliament is sitting today, it will be having the same debate. I am not sure whether the New South Wales Parliament is sitting, because it has other issues to contend with, but this is going on right around the country. Ambulance ramping is the key issue of the day in South Australia. Overcrowded emergency departments in Brisbane is the key issue of the day in Queensland. This is going on everywhere in our healthcare system. But the one thing we have in Western Australia is a capacity to respond, because we have the finances under control. By getting the finances under control, we have the financial strength to make sure that we can continue to invest in our health system. That includes an additional \$1.5 billion of further spending on health that has been approved since the 2020–21 budget. This includes the COVID-19 WA recovery plan and key system priorities initiatives, which will continue to make sure that we can recover from the COVID pandemic and that we have a healthcare system that can respond to the demand that is characterised by this period.

I will go through some of the measures that are taking place as a result of this new demand matrix. First of all, I want to paint a clear picture of what is going on with that demand. We have seen a significant increase in the volume of patients particularly in our triage 1 and triage 2 categories. My understanding is that triage 2 has increased by about 10 per cent on the 2019–20 level, which means that we have had a significant increase in the number of acutely unwell patients coming to our emergency departments. In addition to that, there has been an increase in the number of mental health patients coming to our EDs. These are particularly difficult patients to treat because they often have complex needs, and they increase our link of episodes of care significantly. ED attendances grew by almost 14 per cent from January to June this year compared with the same period last year, with the growth in categories 2 and 3—that is, patients who generally require hospital care within 10 minutes or 30 minutes respectively. We have had an 8.5 per cent increase in ambulance attendances across all sites.

This is a step change in the way that people are consuming health services. This is impacting upon St John Ambulance, which is doing a magnificent job responding to these demand pressures, and it has had a significant impact on the Royal Flying Doctor Service and its work. In addition to that activity in our EDs, we also have some acutely unwell patients who are awaiting National Disability Insurance Scheme or aged-care assessment who are occupying beds.

There are regularly 130 WA hospital beds occupied by patients who no longer need hospital care and are awaiting NDIS services and appropriate accommodation. Similarly, there are often in excess of 30 older patients waiting in hospital for aged-care services on any given day. We have to contend with these sorts of pressures, but we know that a range of people come to our EDs who have the capacity to be treated in a more appropriate environment, such as by their general practitioner or, as we discussed earlier, the urgent care network. At any point in time, anywhere between 10 and 50 per cent of the patients who come to EDs could otherwise be treated in a primary care environment, and that represents an opportunity that our GP networks obviously need to keep themselves busy.

What short-term measures are we undertaking to meet this demand? The WA health system is expanding bed capacity, with more than 80 of the 158 beds to be opened by September now online across Royal Perth, Fremantle, Sir Charles Gairdner and Perth Children's Hospitals. We have initiatives to increase the number of newly qualified nurses and midwives in the WA health system, which could see close to 700 new graduates by the end of 2022. That is on top of our usual graduate intake. We are implementing national and international recruitment strategies to complement recruitment processes at individual hospitals and support the medical, nursing and midwifery workforce within the state. We are reviewing and improving patient care pathways and streaming, including the optimisation of admission processes. Individual health services are also implementing their own innovative strategies. We are finalising plans to trial a standalone touchscreen kiosk in a number of ED waiting rooms so that the public can engage with GP urgent care clinics where appropriate. There are a number of new mental health initiatives to improve care and keep people out of hospital, including safe havens at Royal Perth and Kununurra Hospitals. We have active recovery teams, who go out and spend time with people who have come to EDs with mental health issues to ensure that they can continue to receive better care in the community so that they do not need to re-present to an emergency department within a short period of time. Obviously, we need to continue to make sure that we provide the resources that our frontline doctors and nurses need to ensure that they can continue to provide the world-class health care that people expect. We know that the best way we can do that is to continue to recruit people to ensure that we have the staff to draw upon to meet the needs of our hospital system. That is why we brought in policies at the election to recruit extra nurses into our hospital system. We will recruit about 1 000 nurses in 2021 and 1 000 in 2022—that is on top of our normal intake of about 700, and so is already a significant increase. Today, 200 of those nurses are walking the corridors, supplying extra support and services to their colleagues and to the community that they are there to serve.

A lot is going on to respond to the current situation, but the situation was not born of lack of investment. As I said, over the time of this government, there has been a significant increase in investment. There is significant planning around the expansion of hospitals, including \$256.7 million into the expansion of Joondalup Health Campus, \$150 million into the expansion of Peel Health Campus and \$1.8 billion committed to a new women's and babies' hospital at the QEII Medical Centre. That is a significant increase in the capacity of our overall system.

While this is going on, we continue to see strong performances in elective surgery. In June 2021, we had 2 282 category 1 surgeries, as opposed to only 1 924 in June 2019. There were 2 445 category 2 surgeries, as opposed to only 2 291 in June 2019. There were 2 280 surgeries undertaken in June 2021. We continue to make sure that we are providing the health services that people need, and making sure that we are getting to patients when they need to be cared for in a manner that continues to ensure that Western Australia provides world-class health care. Compared with other states, Western Australia has a median wait time of around 36 days; I suspect that that has increased a little as a result of the pandemic, but it is below the national average of 39 days and is second only to Victoria in terms of performance for median wait times.

We continue to see our emergency departments perform well under very difficult circumstances. In June 2021, there were 58 211 attendances at metropolitan public hospital EDs. Statewide, there were 5 068 mental health-related ED attendances in June 2021. There were 187 mental health attendances with a length of episode greater than 24 hours in June 2021—62 more than in June 2019. Our hospitals have been impacted by a different but significant level of demand, and that is putting pressure on our hospital system.

We will continue to make sure that we invest in our healthcare system, whether it is the \$26 million we invested in extra elective surgery last year, the new recruitment of extra nurses and midwives, or the commissioning of 158 of the 200 extra hospital beds we committed to. Sure, ambulance ramping is high, but that is not a measure of lack of investment; that is a measure of the significant burden our hospital system is under at the moment. That is not the result of a lack of investment or a lack of planning; it is the result of a global pandemic that is now having a significant impact upon our hospital services.

The government will continue to invest in new beds, more staff, more resources, more equipment and bigger, expanded hospitals. I hope we will continue to see a downward trajectory in ambulance ramping, but let us not be under any illusion: this is a unique set of circumstances. COVID-19 is not a pandemic that we could have predicted, and we could not have predicted the impact it would have on other aspects of our lives, such as the patient acuity we are now seeing in our hospitals, the mental health issues and the complexities we are seeing in terms of numbers.

Western Australia needs a government that will continue to invest in our health system, and that is why we have a Labor government. We are not like the previous mob who, through a lack of planning and lack of preparation and investment, saw ambulance ramping increase. This is simply because we have a situation that is —

Mr R.S. Love: Ambulance ramping is five times as much!

Mr R.H. COOK: The member for Moore is just not listening.

We continue to confront a unique set of circumstances—circumstances that no-one could have predicted. The only thing we can predict is that the Labor government will stand by its health service and the staff that work in it. I, like everyone, hope we will continue to see an improvement in the way in which our hospitals respond to this demand, but we cannot underestimate the pressure that our hospitals are under at the moment. That is why we have a government that is committed to making sure that we increase the number of hospital beds. There has been an increase of 158 beds since the increase in demand began. We have also increased the number of staff by 200 nurses, and there will be a significant increase in the number of nurses over the coming 18 months. There has also been an increase in the level of investment so that we can make sure that patients continue to be seen in a timely fashion for elective surgery. The government will continue to stand by its health system. We will continue to put patients first and we will continue to make sure that we keep people safe from COVID-19.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [4.04 pm]: I rise to speak in opposition to this motion brought by the opposition. I rise to speak against its scaremongering tactics. I rise in support of those who provide our world-class health system and I rise in solidarity with the people of Western Australia who, as a community, rallied over 2020 to tackle the COVID-19 pandemic. I am on their side; the opposition is not. The opposition is looking after itself with its scaremongering, and it has raised a number of inaccurate points in support of its proposition—a proposition that I call upon all members to vote against.

The Leader of the Opposition had the temerity, the audacity, to suggest that any outbreak would be disastrous for Western Australia. This is a direct criticism of the people of Western Australia, who have sacrificed so much to make sure that we have not been subjected to an outbreak of COVID-19 in this state. The Leader of the Opposition had the audacity to refer to her record when she was in government. I ask the Leader of the Opposition: What do you have to say to the voters who passed judgement on your record in government in 2017? Did they get it wrong? No. They voted in overwhelming numbers to send you to the opposition bench. I was surprised, because I thought the Labor Party could not do better than that, yet in response to the way in which this government handled the COVID-19 pandemic, in collaboration with the community, the people of Western Australia sent many more Labor members back here in the last election. I stand in opposition to the Leader of the Opposition's arrogant proposition that the opposition got it right when it was in government. It failed to listen to what the voters of Western Australia said.

I was flabbergasted by what the Leader of the Liberal Party had to say. Before I entered Parliament, I was a lawyer acting on behalf of victims of asbestos-related diseases. I cannot imagine any more scandalous proposition than to say of a children's hospital that had not yet been opened that asbestos in the roof panels and lead in the water were minor building issues. Does the member for Cottesloe know what happens when people are exposed to asbestos and develop conditions like asbestosis, mesothelioma and lung cancer? Does he know what happens when children are exposed to lead? He says he does; if he does, how could he have had the temerity to stand up and say that these were minor building issues?

Dr D.J. Honey interjected.

Mr S.A. MILLMAN: You did not even mention that. Do you know how I know that you never mentioned that it should be fixed? It is because you did not fix it. It took this Minister for Health and this government to grasp the nettle and take responsible action to get that hospital ready to be opened to serve the people of Western Australia. Not satisfied with undermining and diminishing these fundamental concerns, do members know what he did then? He then went and attacked the workers. He attacked the people who provide our world-class health system. I stand with members of the Australian Nursing Federation, the United Workers Union and the Health Services Union—all those hardworking people who work tirelessly and endlessly to provide our world-class health system. Members of the opposition criticise them, and I think they are wrong to do so.

I say this: the WA health system is world-class. Is there more to do? Absolutely there is more to do; there is always more to do, but thank God we have this minister as custodian of our health system. How is the New South Wales health system going? How is the commonwealth government's rollout of the vaccine going? Tories—conservatives—cannot be trusted with health. They cannot be trusted to look after health. Your ideology stands in stark contrast with what is necessary for us as a community to tackle and crush the COVID pandemic here in Western Australia. Your neoliberalism and hyper-individualism is directly contrary to the collective spirit that was necessary for tackling the COVID pandemic. I thought about that. I do not know what you guys did over the recess but I had an opportunity to read the paper and to read a fantastic article by Joe Spagnolo of 4 July headed "Mark is making them look stupid". He is talking about you lot. He states —

And the winner is ... Mark McGowan! Whether you support Labor, the Libs, Nationals or otherwise, you have to say this about McGowan—he has been proven 100 per cent correct in terms of his hard, fast and short COVID-19 lockdown strategy.

...

Right now McGowan's detractors —

That is you lot —

are eating humble pie because they're basically having to revert to the very strategies the WA Government employed more than a year ago.

Members opposite are all here today talking about COVID once again. When I look at this article, I think to myself: "Maybe they didn't read it", because, who was the leaker?

Mr R.S. Love interjected.

Mr S.A. MILLMAN: He is not here. It was the member for North West Central. Is that what the member for Moore was saying? As the article states —

As a member of the despondent WA Opposition so eloquently put it: "For as long as we have COVID-19, McGowan is untouchable."

Yet, here they are again having us talk about COVID-19. They are absolutely the gift that keeps on giving, so bring it on.

For mine, the Minister for Health is too modest. He talks about supply and demand and about putting on more beds and more staff; two of the things we are doing. Not once in question time did he mention the sustainable health review—work that was undertaken over the term of the last government to improve delivery of the health system.

He is not only the Minister for Health. Criticism has been made of the minister about this, but when a minister tackles and crushes COVID the way this minister does, he should have other responsibilities such as minister responsible for space! That is why I was very pleased to read Peter Law's article of 29 July about David Honey being the "Dr Who" of WA politics. Who does not want to talk about space and time travel? For those members who do not know, Doctor Who is a mysterious 2 000-year-old time-travelling figure, who, with his companions, travels across time and space. The TARDIS looks small from the outside but it has a vast interior. It occurred to me that that blue phone box would be more than enough space—it would be capacious—to carry the two members of the Liberal Party through space and time. It also occurred to me that the way the member for Cottesloe probably travels back in time is to wander down to 3 Barrack Street and walk in through the doors of the Weld Club, just like the Liberal Party.

Division

Question put and a division taken, the Acting Speaker (Ms R.S. Stephens) casting her vote with the noes, with the following result —

Ayes (5)

Mr V.A. Catania
Ms M.J. Davies

Dr D.J. Honey
Mr R.S. Love

Mr P.J. Rundle (*Teller*)

Noes (47)

Mr S.N. Aubrey
Mr G. Baker
Ms H.M. Beazley
Dr A.D. Buti
Mr J.N. Carey
Mrs R.M.J. Clarke
Ms C.M. Collins
Mr R.H. Cook
Ms D.G. D'Anna
Mr M.J. Folkard
Ms K.E. Giddens
Ms M.J. Hammat

Ms J.L. Hanns
Mr M. Hughes
Mr W.J. Johnston
Mr H.T. Jones
Mr D.J. Kelly
Ms E.J. Kelsbie
Ms A.E. Kent
Dr J. Krishnan
Mr M. McGowan
Ms S.F. McGurk
Mr D.R. Michael
Mr K.J.J. Michel

Mr S.A. Millman
Mr Y. Mubarakai
Ms L.A. Munday
Mrs L.M. O'Malley
Mr P. Papalia
Mr S.J. Price
Mr D.T. Punch
Mr J.R. Quigley
Ms M.M. Quirk
Ms R. Saffioti
Ms A. Sanderson
Mr D.A.E. Scaife

Ms J.J. Shaw
Ms R.S. Stephens
Mrs J.M.C. Stojkovski
Dr K. Stratton
Mr C.J. Tallentire
Mr D.A. Templeman
Mr P.C. Tinley
Ms C.M. Tonkin
Mr R.R. Whitby
Ms S.E. Winton
Ms C.M. Rowe (*Teller*)

Pairs

Ms L. Mettam

Ms L.L. Baker

Question thus negatived.