

**MINISTER FOR HEALTH — PERFORMANCE**

*Motion*

**MS L. METTAM (Vasse — Deputy Leader of the Liberal Party)** [4.01 pm]: I move —

That this house condemns the Minister for Health for his failure to deliver the required level of leadership and management across his current portfolios, resulting in a litany of failures that have placed and continue to place the lives of Western Australians at risk, including —

- (1) failure to address record ambulance ramping;
- (2) failure to implement “Malakai’s Rule” as promised in 2016;
- (3) failure to build three medihotels as promised in 2017;
- (4) overseeing a series of failures in Western Australia’s hotel quarantine system, culminating in the resignation of hotel quarantine chief Robyn Lawrence;
- (5) presiding over cultural and resourcing issues at Perth Children’s Hospital, culminating in the resignation of Child and Adolescent Health Service chair, Debbie Karasinski, and the attempted resignation of PCH chief, Dr Aresh Anwar;
- (6) failure to secure proper resourcing for the WA health system more broadly; and
- (7) failure to earn and maintain the respect and confidence of healthcare workers to properly lead and manage our important public health system.

Obviously, the motion today is made up of quite a comprehensive list that is supported by the opposition. The comprehensive list and the number of concerns have been raised by not only the opposition, but also the public of Western Australia. This certainly underlines the real concerns that we, in this corner of the house, have regarding the health portfolio. This has sent shockwaves and has been felt throughout the Western Australian community. It is extraordinary that in a state as prosperous as ours, which has a projected surplus of \$5 billion, we have to debate the ongoing failings in WA’s health system. This state has enjoyed very little spread of COVID-19, but concerns continue regarding ambulance ramping and a range of other issues in our health system. This year we have yet to experience a flu season, and we last year had some of the most damning statistics in this regard.

This system is under-resourced and is at breaking point. We saw yesterday the level of concern of health workers at Perth Children’s Hospital where over 1 000 people protested and underlined real concerns about a system in crisis. The McGowan Labor government promised four years ago that it would deliver a commitment for gold-standard transparency, but all we have seen since is spin. In the most recent election campaign, we heard a commitment to keep Western Australia safe. Unfortunately, in relation to that commitment, all we have seen is spin. How the unravelling healthcare system has come to light in recent times, particularly since late last year, illustrates the incompetence of the McGowan government in an area that should be one of the most important priorities of any government. The minister cannot continue to blame the previous government for issues that obviously have happened under this government’s watch.

The Minister for Health has had four years in this very important role, and eight years before that as the shadow Minister for Health, to improve what he called, when shadow minister, “a crisis”. I spoke earlier this week during a matter of public interest and referred to some comments that the minister made as the shadow Minister for Health; namely, he called the statistics under the previous Liberal government a horror story. I also pointed to the fact that current statistics, in comparison, are quite damning, particularly ambulance ramping figures, which earlier this year were the highest ever on record in Western Australia at 4 111 hours. Those are damning figures. The elective surgery list has grown by 40 per cent. That should not be seen in a health system in a state as prosperous as ours.

In the first two years of the McGowan Labor government, cuts were made to the overall health budget. Overall, a decline in funding has occurred when the pace of inflation is taken into account. The level of investment has not met health system demands or matched the inflation experienced across this state. We have one of the lowest number of beds per 1 000 people in the country. The McGowan government has failed to meet its own objectives in respect of ambulance ramping. The government had committed to gold-standard transparency, but its response has been to stop reporting the figures. Fortunately, St John Ambulance does provide these figures, which, as I stated earlier, illustrate that this government does not have health under control. This government fails to acknowledge that we have a crisis. It has overseen some very concerning statistics in this space. It has failed to meet its own objectives relating to ambulance ramping. While in opposition, the now health minister stated that 1 500 hours of ramping was a crisis level, but the numbers now are significantly greater. As I stated earlier, there have been 4 111 hours of ramping just earlier this year without any community spread or other significant issues regarding COVID or a flu season.

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The budget is under extreme pressure even when dealing only with bed block, ambulance ramping and issues that present at emergency departments. In addition to playing catch-up on these issues, there is a lack of focus on drivers of health issues. This is particularly so in mental health prevention, which I understand from the Labor government's commitment for health prevention this year is sitting at about five per cent of the total service mix, which is well below the national average.

What we saw yesterday at the joint Australian Nursing Federation and Australian Medical Association rally was unprecedented. There were 1 000 healthcare workers, doctors and nurses, shoulder-to-shoulder, all in support of and calling for change, and a line in the sand. We saw some members of the health profession travelling from as far as Albany for that event. I understand the last time such a rally was called was about eight years ago. As Mark Olson from the ANF said, politicians respond to two things: bad press and rallies, although that is not always the case; I have a lot of confidence in members on both sides of this chamber and I certainly hope that we start to see some significant change in the approach to the health portfolio. That has to start with an acknowledgement that we are at a crisis level in terms of health, and backing that up with significant investment in the portfolio and looking at some real systemic change.

Doctors and nurses were united in their plea to be heard when voicing concerns about potentially life-threatening situations in our emergency departments. They want to be heard; when warning that staffing is dangerously low and will lead to serious and potentially tragic outcomes, these health professionals do want to be heard. When they are telling executives that they are burnt out and there is not enough staff, they want to be heard as well.

I have been contacted by a number of healthcare workers in recent months and they are frankly exhausted. I received a letter just recently in follow-up to a meeting I had with a nurse of over 30 years' experience. For obvious reasons, I can provide the details to Hansard, but she would prefer her name not to be used, but she is at a metropolitan hospital. She wrote, according to my notes —

In the past, if staff numbers were down, beds had to be closed so that the nurse to/patient ratio was not exceeded, thus ensuring safe care; we are now instructed that there are to be no empty beds regardless of staff numbers; this is unsafe both for patients and for nurses.

In all my years of nursing I have never seen such high levels of absenteeism among nurses, and this is due to exhaustion and burnout. With all the pressures put on nurses, including being bullied into complying with what they know is a situation which could result in a dangerous situation, staff know that if anything goes wrong they will be the ones who will be blamed, as in the junior nurses at PCH. In such cases they elect not to work in certain hospitals; such is the case at KEMH because it is too dangerous.

We now have a system in which nurses are refusing to work in certain hospitals because it is too dangerous. Yesterday, in the face of hundreds of nurses and doctors, the minister offered a commitment to fix the culture, fix the relationship between staff and executives and build trust. We really want to see what that commitment will be on the ground. We also want an acknowledgement that we have a health system in crisis, and we want a significant investment in beds—not just 117 in the short-term, but a significant investment, and not only at Perth Children's Hospital, but in hospitals across the state.

Healthcare workers say that they raised questions 12 times with hospital executives before Aishwarya's death. This is of significant concern. We asked some questions in Parliament today about the root-cause analysis, and it was concerning that the minister was unable to provide information about the presentations that were made in relation to the root-cause analysis and what was presented from last October to April this year.

**Ms M.J. Davies** interjected.

**Ms L. METTAM:** Yes, it is extraordinary. As the Leader of the Opposition points out, the fact that information has not been recorded and is not available is quite extraordinary, given the information that we are talking about. What we are talking about relates to lives. We are talking about staffing shortage issues that are having a direct impact on patient care. Those are the very grave and serious issues that have been raised by senior clinicians, and it defies belief that that information is now not available.

We have also asked questions in this place in relation to staffing, because it defies belief. The recommendations of the report highlight those concerns about staffing and the comments made by the Australian Nursing Federation. I refer to an ABC online article from April which quotes ANF state secretary Mark Olson as having stated in December that it would take —

... a catastrophic incident to occur before something changed —

In relation to staffing policy. They felt they would be thrown under the bus when this happened. The article also goes into all the warnings that were raised at Perth Children's Hospital. We still take the position that it defies belief that there is somehow a divide between what was highlighted in the internal review of staffing and the fact

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that the government has since made a commitment to additional staff. There is an additional 16 dedicated staff to resuscitation and triage support, but at the same time the government is still saying that there was no issue on the evening of 3 April. In response to questions I asked yesterday on this point, the minister made a mockery of my supplementary question and went back to his original point that staffing was not an issue, while at the same time highlighting the fact that staffing is an issue not only at Perth Children's Hospital but also in emergency departments in hospitals across the state.

That is exactly our point. Our point is that staffing was an issue at Perth Children's Hospital; it quite obviously is an issue. That is key to one of the reasons why there were so many health workers protesting yesterday. It is also an issue not just at Perth Children's Hospital but at many hospitals around the state. That is a key concern of not only our healthcare workers and the ANF and the AMA, but also the people of Western Australia. It raises concerns about how we got to this point.

I touched on the fact that the government has run down the health portfolio since coming to office four years ago. I will now touch on Aishwarya Aswath. It was obviously a devastating incident for a child to have to wait for two hours in our state's flagship hospital to receive care. There are some key issues that relate to how the system can be improved, and we certainly look forward to an independent external inquiry and the progress of that in relation to that tragic incident. I know each member of the house supports such an inquiry into the devastation that that has caused to that family. It raises the question of why there was not an independent inquiry into the tragedy in the first place, because since that incident we and the public have seen the bungling of the inquiry report—it has been there for all to see. In May this year, these comments were reported —

“The report represents a significant volume of investigation, however, it is the opinion of the CAHS executive that there are a number of elements that require further exploration.

“The additional independent external review must be completed before we can, in good conscience, consider this investigation to be finalised.

“This additional targeted review will ensure we fully understand the opportunities for systemic change.

“While we await the additional independent external review, we are not in a position to endorse this root cause analysis report.

I should note that those were not comments from the minister; they were comments made by the Child and Adolescent Health Service chief executive, Aresh Anwar. It is extraordinary that the government's own report was not endorsed by the chief executive of CAHS. If executives will not endorse the report, what is the point of it? We have certainly raised the need for an independent review, and there is some concern about why one was not initiated in the first place. The family obviously wants some answers, and the fact that they have raised some issues about the consistency of the report is certainly a significant concern.

Earlier this week, I had the privilege of meeting with Prasitha and Aswath, at their invitation. They are obviously experiencing grief, but they would like to see, and it is fair to say that they are certainly supportive of, the commitment to “Aishwarya's Care”, but they have asked whether it will experience the same fate as “Malakai's Rule”. Some concern has been raised independently from the family. They have obviously been in contact with Malakai's grandmother, but they are concerned that the comments made by the then shadow Minister for Health back in 2016 about “Malakai's Rule” did not amount to anything substantial when he came to government.

We add that to our list of concerns about things that we feel could have been done better to ensure that there was a better level of care. We will wait to see the outcome of the independent inquiry. This illustrates that there is a significant difference between what the then shadow Minister for Health stated pre-2017 and what the now Minister for Health is committing to and is seeing as acceptable after the re-election of the McGowan government. It is not just the fact that the now minister has dropped the commitment for “Malakai's Rule” or something similar; we also know that when Perth Children's Hospital was opened in 2018, there was supposed to be a triage support nurse to check vital signs, but this was never implemented. We certainly support the fact that, more recently, in the wake of the 3 April tragedy, the minister has made a commitment to implement that support.

There has also been some concern about the level of staffing at Perth Children's Hospital and the fact that the waiting room was left unattended for half an hour and staff were stretched between performing resuscitation and working in the waiting room. We certainly welcome a commitment for dedicated staff for resuscitation, as well as triage support, which I have touched on already.

There is also some concern about education for our junior staff. The Australian Nursing Federation and the Australian Medical Association have certainly been calling for this. The feedback that I had from the rally yesterday was that staff development officers no longer have the opportunity to undertake staff development; they are too busy

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being stretched and pulled onto the floor. They are not working to improve staff skills and to encourage a better culture within the staff workforce, but instead are being stretched to fill in the gaps in an overworked workplace.

I have already touched on the bungling of the report. One of the most obvious reasons for the protest at Perth Children's Hospital was that two nurses and one junior doctor were referred to the Australian Health Practitioner Regulation Agency, based on a report that the government has refused to endorse. A Watoday article states —

“You may be aware that two of our colleagues and as well as a junior doctor have been referred to APHRA based solely on the SAC 1 report that the government executive have now rejected because they said it was flawed,” Mr Olson said.

“We know the family deserves answers but this does not happen by concentrating the blame on a few junior staff and denying there are significant failures in the system.

This is another attempt by the minister to deflect blame. The AMA, as many people know, has taken an unprecedented step of referring the director general of Health and the CEO of CAHS to AHPRA as well. We know that the family, in their grief, has also referred the whole of Perth Children's Hospital.

The bungling of the internal report and the refusal to undertake an independent inquiry until that internal report had been completed illustrate a significant level of incompetence in the health portfolio and a lack of leadership in this area. I also have a quote from the panel, which was certainly taken aback by the comments of the CEO of the Child and Adolescent Health Service that the report would not be endorsed. The fact that recommendations were tabled in this place as part of a report that was not even endorsed by the CEO is, quite frankly, gobsmacking. It raises real questions about people's faith in the health system. It obviously illustrates another attempt by the government not to take proper responsibility and see this important portfolio as a priority.

I would now like to touch on the fact that what we are seeing in the health portfolio are concerns not only at Perth Children's Hospital, but also right across the health system. As I stated earlier, that is highlighted by the fact that we had 4 111 hours of ambulance ramping earlier this year, the highest number ever on record and certainly more than triple what we had at the peak under the previous government. Western Australia has one of the lowest rates of beds per capita in the country and for a state as prosperous as ours, they are damning statistics, particularly when we are hearing real concerns from health workers on the ground. However, the toxic work culture is also concerning—a work culture that is not supporting our junior staff. I note the Premier stated there was a concern regarding the culture at Perth Children's Hospital. We believe that culture comes from the top. We heard at the Perth Children's Hospital rally that there has been concern about the level of support needed by health workers. The root-cause analysis highlighted some of those concerns. Health workers did not feel that they were able to raise genuine issues of concern that they had around patient safety, work numbers or staffing numbers in their workplace. We know that is not the case at just Perth Children's Hospital. We know that is happening elsewhere, and those stories are coming across the board. I referred earlier to concerns raised by one worker about staff being stretched.

I point now to the situation in Bunbury. Of the doctors surveyed by the Western Australian branch of the Australian Medical Association, 80 per cent were worried about staff morale. That is concerning. We know that the government has a habit of providing scapegoats or throwing people under the bus when things go wrong. There has been real concern at the South West Health Campus about the emergency department's specialists. I quote from *Medicus* —

They acknowledged ... that improvements were needed in communication between consultants and junior doctors, the payment of overtime and provision of formal teaching.

They also pointed to the ED as a particular minefield. “A number of consultants have handed in their notice because they're unhappy with the loss of a great head of department in Adam Coulson, or their contracts haven't been renewed. This seems absurd given the department is permanently short-staffed, reliant on locum registrars and consultants to fill a deficit. No help from WACHS with new contracts or a staff drive appears to be at hand.”

The report goes on to state —

No less than 43 staff specialists engaged at BRH contacted the AMA (WA) independently to express their profound lack of trust and confidence in WACHS Executive as a result of Dr Coulson's experience.

That is an emergency department specialist who effectively was dumped without any explanation and had raised a lot of concerns among his peers as well. I spoke only yesterday in this place about this. I referred to some feedback that I had from a staff member on the ward about Dr Coulson's departure, and certainly the amount of stress and anxiety that had caused fellow workers at Bunbury Regional Hospital as well. They saw Dr Coulson as someone who was an advocate for patient safety. He was very supportive of junior staff and training and education, but also was not afraid to speak up. It is very disappointing. It is important to note that the AMA has backed and shared those concerns and, in fact, underlined them. The fact that 43 staff have said the same things about that senior consultant points to an underlying issue and perhaps one of the reasons health workers do not feel they have the ability to

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speak up. These are real concerns. A number of issues have been raised at Bunbury hospital in relation to medical errors. A recent case involved 35-year-old Melody Taripe who died in childbirth in July at Bunbury hospital. It was a tragic medical bungle that points to a system in crisis.

Budget cuts have occurred at other hospitals as well. There has been a \$10 million budget cut to St John of God Midland Public Hospital. It is concerning to hear the government's explanation for why this is happening. We have heard doctors and health workers on the ground also raising concern about the impact this would have on patient care—that lives would be lost. The minister's response to that was that it was because of a contract that was signed under the previous government. We do not believe that is good enough. The minister cannot continue to blame the previous government for failings and a lack of commitment in the health space. If the funding is not enough, if a decision is made to cut funding and that impacts patient care, surely a Minister for Health should take responsibility, listen to those concerns in the interests of the patients in the east metropolitan area and reconsider such a cruel cut, which, as I stated, would have an impact on patients' lives. That is not a comment from the opposition; it is a comment raised by the opposition in response to what we have heard directly on the ground in the east metro area.

We know that staff across the board are struggling. We hear that morale is down and that the system is under extreme pressure. In March this year there were significant issues with code yellows. What used to be the exception, in the words of the AMA, is becoming more and more common. In March this year we saw the health system under significant pressure. Again, code yellows were called at Sir Charles Gairdner Hospital, Royal Perth Hospital and Fiona Stanley Hospital. Earlier this month, three code yellows were called in one week. This should not be business as usual. This is not acceptable. Unfortunately, we are seeing a system that is at crisis level, with bed block and ambulance ramping in hospitals around the state. Last week alone, ambulances were ramped for 238 hours outside Royal Perth Hospital, 218 hours outside Sir Charles Gairdner Hospital and 144 hours outside Fiona Stanley Hospital. That is 600 hours in one week outside three hospitals. So far this financial year, ambulances have spent 21 126 hours ramping at all three metro hospitals. That figure does not include other hospitals around the state. As I stated earlier, it was 4 111 hours in January, which is certainly a state record. By the minister's own definition, what we are experiencing now must be a crisis. It can no longer be called a challenge. The system is under intense pressure. We know that staff are struggling. We know that morale is down. We know it is a system under intense pressure. They are the words the minister stated. This corner of the house asks that the minister backs this up with a clear commitment to address the critical issues that we are seeing in our prosperous state. We want a real commitment, not to just Perth Children's Hospital and the external inquiry and implementing the recommendations into Aishwarya Aswath's death, which includes "Aishwarya's Care" and a time line for that as well, but also a clear commitment to ensure that we do not see more rallies and that we do not see our healthcare workers wanting. We want them to feel that they are in a safe workplace. To know that health workers do not feel safe at work and feel that they cannot speak up about patient safety and care is a damning indictment on this government.

The minister has stated that quite obviously there has been a failure to implement key policies, such as "Malakai's Rule". That could have made a significant difference across the health system. We have also seen a failure in the aftermath of what happened in early April this year, with junior staff as well as representatives within the health portfolio, including Debbie Karasinski, being made scapegoats. She was in an impossible position, managing a portfolio that has not been supported as it should have been and with a very restricted budget. Instead of providing support, this government has deflected blame and thrown under the bus important and respected people in the health sector. We have seen the minister fail to deliver the required level of leadership and management. Opposition members condemn the government for its failings. We also, once again, are putting a line in the sand and will support the government to change the way that it is doing things, because the status quo at the moment is certainly unacceptable. It is putting lives at risk. In a state as prosperous as ours, we can certainly do a lot better.

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition)** [4.41 pm]: I rise to support this motion very eloquently put by the shadow Minister for Health. I think it is comprehensive. It would surprise no-one that we are continuing to raise these issues in Parliament on behalf of the people of Western Australia and, very importantly, the people who work in the health system.

The shadow Minister for Health spoke at length about the distress that was on display yesterday at the rally. It is hard to bring that colour and movement into this place. I was at the rally, along with the Leader of the Liberal Party and the Deputy Leader of the Liberal Party, talking to people and listening to the stories that nurses, clinicians and parents had to share. I think people have got past the point of being uncomfortable about sharing their stories. It was very clear that they were ready to let their stories spill out in anger against this government. As people quite rightly said, health workers had the government's back during COVID. I have with me some photos that were taken yesterday. One is of a poster that stated "We had your back". It has a picture of the Minister for Health and the Premier. Under the picture, it states "Do you have ours?" These are the people the Premier and the Minister for Health repeatedly stood up to praise and thank—quite rightly—for their work during the COVID pandemic, holding our

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hospital systems together. These are the people who stepped up to the plate when everybody was seriously concerned about a major outbreak of COVID across our state and nation. These are the people we relied on to upskill and keep us safe in the event of an outbreak. They have been under enormous pressure and really feel that they have done their bit and quite rightly earned the praise of both sides of the house and the community. But they feel so utterly let down.

As the shadow Minister for Health said, it was not just Perth Children's Hospital staff at the rally yesterday; there were workers from different health services, including from as far away as Albany. This was in their own time. They feel so passionate about the issue that they jumped in a car and came up to join in solidarity with their colleagues to make sure that the government understands that what is happening is not good enough. People articulated their concerns on posters at the rally, including "Are you listening now?" Quite clearly, there is a belief within the health system that these issues have been escalated. They had been raised. This has not emerged overnight. They have felt ignored. A common phrase on posters being held up was "Please don't throw me under the bus". People feel as though they have been let down. As the Leader of the Liberal Party said in the debate yesterday, people who feel the least empowered in the system have the least opportunity to express their views within the system, but they are the ones who we sometimes rely on the most. They felt utterly betrayed. I saw a poster stating "I know my hospital executive will throw me", with the checkboxes: "to the dogs", "to the wolves" or "under the bus". There is not one good or positive choice—that is anger. The colour and movement at the rally was an expression of people's concern, anxiety and utter frustration.

There was some commentary in response to the opposition's matter of public interest motion yesterday that it was not that unusual for the Australian Nursing Federation and the Australian Medical Association to stand together and hold a rally. It was confirmed by both the ANF and the AMA that this was unusual and that it was quite a big deal for people to come together and stand shoulder to shoulder. They did that because they share the concern that the government and the people in charge are not listening.

I will move on to some of the issues we raised during the MPI motion that I want to expand on. We spoke about the text messages that were being sent after the minister had assured the public that there was appropriate staffing and that it was not an issue and we need to move past talking about our emergency departments being understaffed. The article "Health system at breaking point" by Peter Law and Briana Fiore in today's *The West Australian* reads —

PCH intensive care nurse Jessica Swanson said there were nurses working 18-hour shifts without breaks because management was approving elective surgeries to go ahead without suitable staffing levels.

The clinical nurse told *The West Australian* she was this week left to care for critically ill patients alongside only junior nurses and put in charge of staffing the unit.

This is not the emergency department; it is another section of the hospital. The article continues —

"We cannot continue like this," she said. "(It was) the most understaffed and under skilled shift of my career."

Ms Swanson said she felt pressured to personally send a text message to 29 nurses who were rostered on for eight-hour shifts to work an extra four hours to cover the deficit.

"I felt alone, under-supported and stressed ... I am very concerned and feel like each day things are getting worse and fear it is only a matter of time before patient safety is compromised," she said.

Even yesterday hospitals—including PCH—were still short-staffed, with casuals sent an SOS, according to 7NEWS.

We were absolutely right to raise that this cannot be a normal way to staff our hospitals—ED or not. Surely, we cannot be relying on nurses working shifts to send out personal SOS texts to staff and provide support to their colleagues so that they are not putting their colleagues and themselves in a precarious position. The nurses and clinicians we spoke to were scared to respond to those text messages, because if they turn up and they are understaffed and something happens, they are nervous that they will be referred to the Australian Health Practitioner Regulation Agency and might lose their registration. That is their concern. Whether or not that is correct and can happen, that is what these nurses were saying to us. That is what they are worried about. That is the perception and that is the concern.

Yesterday, I very briefly raised that it is not new that nurses and staff in our health system feel less than supported, and I congratulated the minister that the government had introduced an independent survey that went out to every staff member across the state. The survey has a number of questions. A breakdown is then produced of how different demographics and parts of the health system responded to the consistent questions. An overview and a detailed report are then produced. The survey was undertaken in 2019 and 2020. Issues of concern were raised in both surveys. An analysis of the responses is provided that outlines the overall positives and then there is always a section on areas for improvement. "Areas for Improvement" as identified in 2019 included —

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- Creating a safer working environment to assist employees to identify risks; raise concerns; and create opportunities for innovation.
- Increase engagement across all Mental Health areas in all services.
- Employees across all levels and HSPs reported needing more support, tools and resources to assist them to do their jobs well.
- Address communication between teams and managers across the health service.
- Eliminate unacceptable behaviours.
- Increase staff recognition and explore staff work load concerns.

I emphasise “work load concerns”. This has been flagged. This is the voice of those who worked in the health system in 2019.

When we go to the 2020 survey results, we see that the “Top Qualitative Themes” that were raised were grouped into three different subheadings of “Wellbeing”, “My organisation” and “Communication”. The findings were —

Wellbeing

- Perception that staffing levels are inadequate, having a detrimental impact on work life balance and emotional wellbeing.
- Perception that more support is required for employees.

This is from 2019; the findings were released in July 2020. Under the subheading “Communication”, it states —

- When issues or concerns are raised, they are not genuinely listened to, considered or acted upon.

I am seeing some red flags come up. I imagine that if I were the minister and I had feedback such as this directly from a survey that I had asked to be set up, I would be taking that very seriously. I would provide a response or at least ask my executive why these consistent themes are coming out across the Department of Health. The “Focus Areas” are categorised as “Celebrate”, “Investigate” and “Opportunities”. Under “Investigate”, it states —

- Only 50% agree that “teams are recognised for coming up with new and innovative ways of working.”
- 27% disagreed that “I feel valued and recognised for the work I do”.

Close to 30 per cent of the staff felt like they were not valued or recognised for the work that they do. They identify the “Opportunities”, for whoever reads the results of these surveys, as —

- Respondents still do not feel “it is safe to speak up and challenge the way things are done”.
- Respondents identified support and wellbeing as an area for improvement.

The findings overview refers to health service providers, including the Child and Adolescent Health Service, the Department of Health, the East Metropolitan Health Service, the North Metropolitan Health Service, PathWest, the Quadriplegic Centre, the South Metropolitan Health Service and the WA Country Health Service and lists two dot points under each, so the feedback has been consolidated. Under East Metro, North Metro, PathWest, South Metro, and WACHS—all those areas—it states “Improve staffing levels”, “Improve work/life balance and staffing levels”, “Improve staffing levels” again, and “Increase staffing levels”. There are so many red flags. There is so much feedback for the executive and the government to be saying that we need to do something about this.

It is good to be open and honest and I think it is courageous when ministers decide to seek feedback directly from the department and also make it public. I have no criticism of that. My criticism is what do they do with that information when they have it in their hands? I go back to the very concise signs and the expressions that were made at the rally yesterday that aligned completely with the information that staff had already provided. The Australian Nursing Federation and Mark Olson has raised again and again that they were aware that issues had been raised or tried to be escalated in December. Staff tried to raise various issues around under-resourcing and staffing 12 times, I think it was, only to be ignored or not given an adequate response. We start to understand why the first rally in eight years was held and why the Australian Medical Association and the ANF have felt compelled to come out and make the very strong statements against the minister and his government.

I read quite often, and I hear in the commentary as I travel around the state, that people wonder why it has come to a head right now and why this was not raised or covered over the last four years. After having sat in this chamber for the last four years, I know that the opposition raised the issue on many occasions and ran private members’ business and matters of public interest and asked question after question. Ambulance ramping was on the agenda. Ambulance ramping is quite often referred to as the canary in the coalmine. It is one of those signals and something that should send up red flags. If the minister were on his game, watching his brief and across his portfolio, he

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would look at this and ask how to address it. Then he would add to that the feedback that he is receiving from staff from a survey that he asked for and introduced and seemed to have ignored, I would say, given that we are now at this point.

The debates in this place were lengthy. I can assure anyone who cares to follow the record that the matter was raised and the opposition was doing its duty. On 12 June 2019—we are talking two years ago, at least—an MPI was moved to condemn the minister for his management of the health system, citing a number of distressing incidents in hospitals across the state. I referred to one yesterday—an 84-year-old grandmother who was left on a hospital floor in Geraldton. The shadow Minister for Health at the time ran through a whole raft of incidents. For example, a patient was put in with equipment being stored because they had run out of space. Incidentally, one of the stories I was told yesterday was that regularly in the high-dependency unit—the shadow Minister for Health was standing with me —

**Ms L. Mettam:** Yes.

**Ms M.J. DAVIES:** This person was in the neurological ward and said that patients who had come out from neurosurgery were in the corridors. Goodness me. We can imagine the anxiety of the nurse who is responsible for managing the post-operative care of someone who has had brain surgery. It beggars belief that in a state awash with funds we have this occurring on a regular basis.

We go back to 2019, when a series of issues were raised. Claire Fisher at Fiona Stanley Hospital was told she needed urgent surgery after being bitten or stung on the finger, and was also told she would have to sleep in a fitness storeroom full of trolleys, stools and an exercise bike. She was given a bell to ring if she needed to, which she did when she began vomiting. However, the nurses could not hear the bell, so Ms Fisher had to get up and search for pain medication herself.

[Member's time extended.]

**Ms M.J. DAVIES:** There were stories about Kalgoorlie. A story from 7 June reported in *The West Australian*, “Gran ‘left in storage’” states —

A Warnbro family are furious over the treatment of their mother, who was left in a storage area for hours at Mandurah’s Peel Health Campus—twice in 24 hours.

There were stories about Joondalup Health Campus. There were stories and incidents relating to the significant increase in the number of assaults on nurses. There was a 55 per cent increase in assaults on nurses between January and June 2018, and the number of code blacks that resulted from those reported incidents. On 13 May, there were reports about a nurse being attacked while on duty at Royal Perth Hospital. We understand that nurses and clinicians take on challenging roles, but no-one should go to work fearing that they might not come home in a fit and healthy state. We are seeing that they are fearing for not only their physical safety, but also their mental safety as a result of working under such pressure for so long. The opposition at the time went through a number of incidents that made your hair stand on end. In the end, the minister’s response—I am paraphrasing, but I will get to a specific quote—was that he was expecting an exposition of facts and he was expecting that the opposition would have brought real concerns to the chamber. He said that of course it was not an exposition of the facts; it was an occasional headline that impacts every state minister from time to time. That sums up how dismissive the minister was at the time. The opposition at the time raised at least 10 separate incidents, as well as ongoing systemic issues around ambulance ramping, code blacks, and issues of violence in hospitals. The minister’s response to that was that it was the kind of occasional headline that impacts every state health minister from time to time. That is utterly dismissive and goes to the fact that two years on, these concerns are still being raised, but they are absolutely well and truly at crisis point.

Before my time finishes, I want to talk about hotel quarantine and touch very briefly on the minister’s inability in the management of hotel quarantine to provide the house with information that I think is very relevant. Four times the opposition has asked a question about the Quarantine Advisory Panel. That was a recommendation of the Weeramanthri report, and it was agreed to and accepted by the government in its own document of April 2021, “Review of Western Australia’s Hotel Quarantine Arrangements: WA Government Response”. The government said that it would form a quarantine advisory panel. I will read members what the role of that was to be. The quarantine advisory panel was to —

... provide strategic oversight of WA’s hotel quarantine program. This will support the State Emergency Coordinator and the Department of Health in their roles under the State Emergency Management Framework. The Panel will also play an important role in assuring the implementation of improvements to the hotel quarantine system in line with the review’s findings.

We have asked four times: What are the terms of reference? Who is the chair? Who is on the panel, what will they be doing and when will it be formed? When we first asked those questions, some vague reference was given to the government taking advice from the panel all the time. However, the next day when we asked another question, it



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became evident that the panel was not actually in existence. We took the advice that the minister rather unkindly offered to put the question on notice and we proceeded to not get an answer to that. Two weeks later, we asked the exact same question, and we still have no answer. I have to ask, and I have to wonder: what is the minister doing to progress all these recommendations? It is an incredibly vague document, I might add, with no time lines for implementation or KPIs or expectations. It is a nicely laid out document, but it does nothing more than pay lip-service.

I think that some politics is at play, given that the state continues to prefer to point the finger at the feds on quarantining instead of accepting responsibility for what the state government took on and agreed to do 14 months ago in relation to hotel quarantine. There has been complete inaction on looking at alternatives and providing support and advice and working with national cabinet around how we can make sure that our hotel system is as safe as possible and what the alternatives might be and which hotels have been investigated in case we need to expand our capacity and what will happen if we need to build a new facility. Is any of that work being done? We cannot get an answer on that from the government. I think that the government is choosing to ignore it because it wants to point the finger at the federal government. I do not think that is acceptable and I do not think anyone in Western Australia thinks that is acceptable. We need to be able to repatriate Australians who are stuck in countries. They must be allowed to come home. We must make sure that we have the safest hotel quarantine system possible. We need a plan to ensure that we have an adequate workforce. Right across Western Australia, skilled worker shortages are impacting every sector, yet we do not have a hotel quarantine system that can be appropriately expanded. If we are to be in this position for a long time and to continue with business as usual, I find it extraordinary that this government cannot provide the most basic detail on the most simple points that the government committed to. Either the minister's office is not providing briefing notes, the minister is ignoring them or the information simply does not exist because the minister's office has not been instructed to do anything about it. It is virtually impossible to find out that information. After four goes at asking that question, we have to ask what the minister is playing at. I simply do not understand it. People have an interest in it and we should understand what the role of the advisory panel will be and what role it will play. If it was just a case of padding for a report or the padding of recommendations for the government to look like it was acting swiftly and responding, stand up and tell us. However, if there is substance to what the minister put in this document and committed to, how about we have some time lines and a commitment to provide it in a transparent manner. I cannot think why in the world it is appropriate for the opposition to ask a very clear and simple question and for the minister to refuse to provide that information four times. I think that highlights that the minister's focus is elsewhere.

Again, I think this goes to the notion that we have heard the Australian Nursing Federation request for the need to have a single health portfolio that the minister can give his sole attention to. If the situation does not improve, we need to think about whether the minister should be the Minister for Health in the long term, because there are some serious issues facing this government. I find the journey to get the government's response on hotel quarantine extraordinary. After every report that was written by Professor Weeramanthri, all the information that was created and provided had to be dragged out of the government piece by piece. The government was never going to provide it or make it public. It does not stack up. This minister is facing extraordinary issues. I do not know what work is being done in his other portfolios, but I suspect that they are not getting much of a look-in in terms of face time with the minister. I think that the Leader of the Liberal Party, who holds some of those shadow portfolios, can comment on that. The Deputy Premier holds weighty portfolios. In Health, we have every right to expect that the government is putting all its focus on this. No-one would judge the government if there were a single health portfolio with a single minister in light of the issues that have been raised again and again and that are only escalating.

With that, I look forward to the minister's response on these very serious and weighty matters that we have raised and I thank the shadow Minister for Health bringing this motion to Parliament.

**DR D.J. HONEY (Cottesloe — Leader of the Liberal Party)** [5.08 pm]: It is a shame that the Minister for Health has had to pop out for a bit because he might have enjoyed the first part of my contribution to the debate. There is one important thing in life when organisations or individuals make mistakes, and that is to own them. They work out why the mistake was made and move on. Yesterday, I contributed to a vigorous debate on this topic during the matter of public interest. In that debate I said that the Minister for Health and the Premier had viewed footage of an incident that had contributed to some of the outcomes. I did that because I was informed by a person whom I believed to have accurate information that was true, but I checked it afterwards because the Minister for Health rejected that and said that it had not happened. I checked it, and the minister was right, so I was incorrect to say that. That was wrong. As I say, I do not come in here to say the wrong thing, but when I say things that are wrong and it is pointed out to me or I discover it, I will own up to it and make improvements. Hopefully, I have made an improvement in this contribution by going through and making sure that I have a source and information for all of that. I think that is important. It is important for a government to be able to say, "We haven't got this right. There are things we could have done better. There are changes we could have made." I know the old New South Wales right mantra of "never explain, never complain, never resign". That is a very unhealthy approach to take as

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an individual. It is a very unhealthy approach to take as a government. When we make mistakes, we should own up to them, admit them, make the appropriate changes and move on. We have continually seen denial in this whole debate from the government, the minister and the Premier. All the focus is on the staff and the hospital. None of the focus is on the actions of this government.

I wanted to take members through root-cause analysis, which is interesting. We have heard that term used a lot. Yesterday in her contribution to a debate, the member for Churchlands used it when discussing her expertise in the area of procurement and those matters. Some members may not know but I am a Six Sigma Black Belt in process improvement. That is a fact. That was part of my life before I came in here. A key part of improvement is root-cause analysis. Root-cause analysis is something that is rarely done well. When people talk about the root cause, they often go to the point. I will give a simple example, not a medical example. For example, after a car crash, the examiners who examine the car see that a tyre has blown out on the vehicle. Therefore, the root cause is the tyre blowing out on the vehicle. That is just the point. That is the thing that caused the initial incident.

Some pejorative comments were made in the chamber today about my regard for the union movement in general. As the Minister for Mines and Petroleum would know, because we have had this debate here, I hold union stewards in high regard. In my previous life, I typically found that they were very bright, keen people who cared about their fellow workmates and they were in there, doing their job. Many of the ex-stewards or convenors in this place would have participated in workplace incidents in which workers were blamed for an incident. I am sure that they pointed out to the managers that that was just the point. But let us go to the root cause. The root cause is almost always a process or people or there is some fundamental flaw in design. We need to go through the five whys. Why did it happen? In that case, why did the tyre blow out? It may be that the tyre was worn. Why was the tyre worn? There was no maintenance schedule for the tyre. Why was there no maintenance schedule? Perhaps people were busy or whatever. When we go back through that cascading analysis, we get to the root cause and we find out why that occurred.

I think that is critically important in this incident because it seems to me that there has been a focus on the point of cause, which are the issues around whether people did or did not do their job as was perceived to be correct on the night. It is eminently clear that that is not the root cause of the issues that face health in this state. As the minister is at pains to point out, we all understand and accept that what happened to young Aishwarya was an absolute tragedy. My colleagues and I do not do anything in this chamber that seeks to add any more grief or distress to that family. That is why we have focused on the issues around how the staff have been treated, how the government has approached health and how the government has funded health because they are the root causes when we go through this analysis.

It seems that there was convenience in blaming the staff. I read an ABC news report of Tuesday, 18 May 2021, which relates to Aishwarya's death and the Premier's comments. The report states —

It comes in the wake of a minute-by-minute internal report revealing a “cascade of missed opportunities” may have contributed to her death at Perth Children's Hospital (PCH) on Saturday April 3.

...

**Key points:**

- Staffing levels were high the night the girl died, the Premier says

We will go to the facts of the investigation and explore that in some detail. It continues —

- But he says more answers are needed about what happened
- Nurses and doctors say junior staff are being “hung out to dry”

But Premier Mark McGowan said the report affirmed the emergency department (ED) was “staffed above its complement” on the evening in question.

That is a direct quote from the Premier in a report as late as 18 May. Further, the article states —

Mr McGowan confirmed two nurses who were on shift on the night of Aishwarya's death had since taken leave, but that it was not his responsibility to determine whether they should return.

...

The report's panel noted, as was seen in footage from the ED, “that there appears to be a culture of staff not engaging with waiting patients and their families”.

“Most obviously evidenced on the footage by avoidance of eye contact with families and patients when walking through the waiting room,” it said.

Mr McGowan said “obviously that concerns us all”.

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“Clearly, that’s something that further inquiries will need to look into why that is occurring,” ...

The Premier confirmed that. I will not go through it all, but, as I said yesterday, I would be absolutely fascinated to see how many members here generally, particularly those members who have been senior union officials—as I said, I respect the role of those people—would have accepted managers interpreting video footage of staff and then attributing blame to staff on that basis. I honestly find that dumbfounding. It has all the hallmarks of people grabbing at straws to blame anyone but themselves for that particular terrible incident.

On a number of occasions, the Minister for Health has been at pains to point out that there were adequate staff in the ward on the night of the incident. I will read a question asked of the minister. I have an extract from the finalised version of *Hansard* from Thursday, 13 May 2021. The Deputy Leader of the Liberal Party stated —

I have a supplementary question. Given the minister’s response to the Australian Nursing Federation, does he now admit that Perth Children’s Hospital has been chronically understaffed, and what is the time line to implement additional staffing and much-needed resources?

I turn to the end of the minister’s response to that question, when he said —

As I said in my earlier remarks, the advice we have is that on that evening a staffing shortage was not a contributing factor in that incident, —

So, a staffing shortage was not a contributing factor in that incident —

but we acknowledge that there continues to be staffing pressures. That is why we have been undertaking this work for some time now and why we will continue to do that work.

Later that day, on 13 May, on pages 595 to 599, Mr Cook responded to a motion, again with the Deputy Leader of the Liberal Party as the lead speaker on that motion. I will obviously leave most of it out, but he refers to the fact that the government dramatically increased resources in the children’s hospital. The *Hansard* states —

In the PCH emergency department, the strategies and implementation underway included a total increase of an extra 16.1 FTE nurses. That enables two additional registered nurses to be rostered for the emergency department across all shifts, for a total of 11.1 full-time equivalents, and an increased allocation for leave provisions across the nursing establishment, enabling permanent recruitment of an additional five FTEs. As I said, getting these staff to take leave in order for them to recharge their batteries is an important element of this. The increased number of FTEs also includes an additional nurse allocated to monitor patients in the ED waiting areas and an additional nurse allocated to work across the emergency department supporting areas with higher levels of activity. An administration officer has been assigned also to the triage desk; a designated ED resuscitation team will be on every shift, supported by senior medical and nursing staff from within the hospital attending every resuscitation in the ED; and there has been an increase in the allocation of staff development nurses in the emergency department ...

That is an issue that I will talk a little bit about.

I will contrast that with the response earlier in the day. We have all those additional staff that, can I say, minister, we welcome. Perhaps the world does not care whether I welcome them or we welcome them, but the staff in the Perth Children’s Hospital emergency department welcome those staff when they arrive because there is an issue, more generally, of getting more nurses. I will go through the issues of the report because I think it is worthwhile for members. A lot of people clearly have not read the investigation report, but I will go through it and talk about the adequacy of staffing. But how does the comment earlier in the day on 13 May that originally said staffing was adequate reconcile with all those additional staff who have been put into the hospital? Were they put in there just as a sop to community or medical staff outrage or is it, in fact, the truth—we know it is the truth—that that area has been desperately short of staff? Those staff have been overwhelmed.

High-dependency patients, such as that resuscitation patient, require a higher level of staffing. In the high-dependency unit there is at least one staff member per patient. Therefore, what is the situation with the high-dependency unit in Perth Children’s Hospital? It is closed. It has never been commissioned. Half of the intensive care unit floor is for a high-dependency unit that has never been commissioned. That means that patients who have a higher level of need—perhaps patients on the verge of dying or who need constant medical care—are being cared for in a general hospital ward or in the emergency department. That is one of the key contributors to bed blockage in that area. That is one of the reasons that patients are not being seen in time in that area. The Minister for Health was very proud of the role that he played in getting this hospital open, and I heard lots of talk about that in this chamber. That the high-dependency unit has never been opened is one of the core problems in that hospital. It can have all the staff it likes, but if that unit is not open, high-dependency patients will take away critically needed staff from the emergency department and other wards in that hospital. Those high-dependency patients are not adequately resourced.

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This next issue is something that has perhaps caused more distress and more upset amongst all health practitioners than any other single issue—that is, the referral of those junior medical personnel to the Australian Health Practitioner Regulation Agency, or AHPRA. I asked the minister a question on Tuesday, 25 May, and in his answer he made light of the fact that those staff had been referred to AHPRA. He said, “Oh, it’s just something that happens. It’s something that the board is required to do in incidents like this.” I thought, “Well, the minister has said that in this chamber and I think that I should investigate whether that is in fact true.” When I spoke to medical personnel at the rally yesterday, they said that in their knowledge this had only ever happened as a result of a coronial investigation. New members would know that when there is gross negligence or gross misconduct and someone’s registration is reviewed, that is a very important thing. When a dedicated health professional loses their registration, they cannot work as a health professional; moreover, that is something that stays with them for the rest of their career. That is something they carry forever as a black mark on their name. Referring staff to AHPRA, I would have thought, had a very high threshold. Indeed, that is true! The minister referred to this as being an obligation under the Health Services Act 2016. In light of my learning from yesterday, I thought I would review the Health Services Act to see what it says about this.

[Member’s time extended.]

**Dr D.J. HONEY:** Part 10 of the Health Services Act, “Criminal and misconduct matters concerning employees”, contains sections 144 and 145, which are about criminal matters. Section 146, “Further reporting and notification”, states —

- (1) A staff member’s responsible authority must report any conduct of the staff member that the responsible authority suspects on reasonable grounds constitutes or may constitute professional misconduct or unsatisfactory professional performance under the *Health Practitioner Regulation National Law (Western Australia)* to —
  - (a) the professional board ...
- (2) A staff member’s responsible authority must, on becoming aware that the staff member has been charged with having committed, or has been convicted or found guilty of, a serious offence, report the staff member’s charge, conviction or the finding of guilt to the Department CEO.

The definition of a “serious offence” is found in the Public Sector Management Act 1994 under section 80A. I thought it would be prudent to look at that because here we read the magnitude of the sorts of offences. A “serious offence” is an indictable offence against a law of the state, an offence against a law of another state or a territory, an offence against the law of a foreign country, or an offence of a class, prescribed under section 108.

If members actually read those acts, they will clearly understand that a referral to AHPRA is not just some idle thing. It is not about saying, “Look, we’ve just got some general concerns about this. We think something might have gone awry in all this. We’re referring this off to AHPRA.” No! Incidents are referred to AHPRA only when a person believes that they have sound evidence that those staff members have been guilty of serious misconduct or serious negligence. It is not just a slip or that they did not look someone in the eye properly, but that they have been guilty of serious misconduct.

I am certain that the minister may be able to tell me or can find out what other cases have been referred to AHPRA, but I think that we will find that these cases are unique. Remember, members, that yesterday we discussed that the chief executive officer is not even satisfied with that investigation and will not sign off on that investigation because they do not believe that it has been done thoroughly enough. Further analysis needs to be done to determine the root cause. But those staff members have been referred to AHPRA. Many of us, including a great majority of staff at all hospitals, believe that those staff have been made to be sacrificial lambs, that they have been thrown under a bus and it has been done to take the heat off others’ negligence that has led to the problems we have across our hospital system, not only at Perth Children’s Hospital.

As the Leader of the Opposition pointed out, these issues have been reported to us and we have been bringing those concerns to Parliament for well over a year during the life of the previous Parliament. We have been raising those concerns and saying that there are bells ringing. I have spoken to medical staff who have said that there are major problems in the system. As I said, we had those reports from the north to the south of the state.

I turn to the issue of the Premier’s statement and the Minister for Health’s statements, saying that we had adequate staffing on the night. Let us have a look at what the investigation actually says. I will quote excerpts from the actual investigation. This is the investigation the minister and the Premier used as part of the basis for saying there were adequate numbers of staff on the night, despite the fact that we then heard the minister announce a very welcome massive increase in staff in that area. Clearly, the minister knows it is needed, and I am glad he did that; it was the responsible thing to do. I turn to page 11 of the document and the review findings background, which states, in part —

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The panel noted that concerns regarding workforce shortages, acuity and increasing patient presentation numbers had been formally and specifically communicated to the Medical and Nursing stream leadership group and members of the Executive team on a number of occasions from October 2020. The panel further notes that meetings had occurred between the ED staff and the Executive, and data was presented to illustrate the concerns ...

That is the data we have been asking the minister to provide in this chamber. If this report can be released to the parents, subsequently find its way to the media and be released at that level, surely this Parliament can see that data. I think that is fair. It was pointed out by the Leader of the Opposition that we have asked for that information four times now. I think it is reasonable for us to get that information.

I now quote from page 12 of the report, which states, in part —

The panel discussed the nursing staffing and education time and concluded that the lack of clinical supervision and lapsed education program for nursing staff may have influenced the care of the patient.

Again, not only do we have an inadequate number of staff, we have inadequately trained staff. I spoke to nurses at the rally yesterday, and that is what they told me. They said that on most shifts they worked on, it was difficult to have three-quarters of the staff they actually required. What does that mean? There is nursing staff currently allocated to training nurses on-shift. As many members know, there are parts of nursing that have to be trained at university, but a lot of nursing is trained in the hospital, on the shift, especially since we have moved to university-only education for a number of nurses before they go into the hospitals.

They told me that more often than not, the nurses dedicated to training were working on the shift because there were constant staff shortages on the shift. The nurses are very distressed about it because they are not getting the training they need. That is true of Perth Children's Hospital as well. Not only are they short-staffed, but those staff are not receiving the training that they need to do their job properly. Again, we will come back to that.

Anyone who has been involved in root-cause investigation of workplace incidents will know about the failure of an employer to train their staff properly. In fact, if I were in the mining sector and I failed to train my staff properly and someone was injured, the Minister for Mines and Petroleum or his department would appropriately prosecute me, because I did not do my job as a manager to ensure that my staff were properly trained. This report states that those staff have not been properly trained because staff shortages are taking training nurses away from the training role and putting them into operational roles within the area.

The report refers to related workforce activity in the emergency department on 3 April. It states, in part —

Three Resident Medical Officers called in sick; none were replaced due to the lack of available staff.

How can that be reconciled with the minister's and the Premier's statements that there were adequate staff numbers on that shift? The report continues —

There were 15 nurses rostered on in the ED on the afternoon of the 03.04.2021. 2 rostered staff had called in sick for the afternoon shift and was replaced with two casual pool nurses.

I do not know their situation; these are nurses who may not be necessary, but they certainly are not the full-time nurses working on that shift. The report continues —

One nurse went home sick at 1745 hrs. Which left the ED one nurse down, 4 of the 14 nurses attended the resuscitation of a trauma patient at 1809 hrs. this was reduced to 2 nurses after 30 minutes ...

Just think about that, members. Those nurses had to go from their normal duties to save the life of someone who was dying—or, in fact, possibly clinically dead. They had to go and resuscitate that person on top of all the other things they were doing, and come back in and do that work. I will not go through the statistics, but the statistics are damning.

I met some of those staff at the rally and they are the kindest, most caring people. No-one works in child medicine because it is something on their career ladder. They all know that, as they say, children go down quickly and come up quickly. It is very, very difficult to discern what is a life-threatening or fatal illness from a minor flu or cold. It is no trivial thing whatsoever and no easy thing. They do it because they care about children and the health and wellbeing of children.

I turn to page 16, which talks about the causes or inputs. Under the heading "Knowledge/Skills/Competence", staff training and skills were identified as an issue. Shortages of beds, rooms and resources were also identified as issues, as was staff timetabling. It is extremely difficult to reconcile the statements made by the Premier and the Minister for Health that we had adequate staffing on that ward. These are not anecdotes or recollections by other people; those are the facts that were produced in this preliminary, unendorsed investigation report that was used as the basis for public comments that were made in relation to these staff.

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I will say one thing about root-cause analyses. One of the things to worry about is the safety of the people giving evidence and advice. No-one is going to participate in a root-cause analysis if they believe they are going to go to jail. I believe next time there is a root-cause analysis at any hospital, there will be one medical person and one lawyer, and they will say nothing. Why would they, when we see the way these young people have been treated?

The government needs to own up on this. We need to understand what the government is doing—not what the hospital is doing, but what the government is doing. Why was the minister unaware of the outcomes of the Your Voice in Health survey results? Why were reports on this issue ignored? I will not repeat anecdotal comments, but it seems clear that concerns were raised by the minister. We have heard that the minister himself may have raised concerns with his cabinet colleagues about the level of resourcing. We need real answers from the government on these questions.

**MR P.J. RUNDLE (Roe)** [5.38 pm]: I will also add to the motion from the member for Vasse and Deputy Leader of the Liberal Party. I have to say I am also very concerned about the current state of the health system. To be honest, I cannot believe how the McGowan government did such a fabulous job of hiding the chaos in our health system before the election. We heard nothing about it before 13 March, and then, funnily enough, straight after that, out came the media. That is my first question. It is no wonder that the Premier kept the Minister for Health away from the microphone. I congratulate the government on how it managed to keep this real issue away from the media. It is quite concerning when we look at the developments since the election.

The Minister for Health needs to have the portfolio on its own. The Minister for Education and Training has that portfolio on its own. I am sure that while the health minister is putting out fires in the health system, the people working in the areas of state development, jobs and trade; medical research; and science are sitting there, waiting and thinking: “When is the minister going to turn up?” He has all these portfolios, but he is out there putting out fires in the health portfolio. If the Premier will not take these portfolios away from the minister, maybe he should hand them across to one of his other capable ministers, because there is too much on the minister’s plate. Health deserves a minister who can focus on that one portfolio. Health is certainly not a nine-to-five issue. Staffing needs to be consistent across weekends and at night. I believe that the minister needs to pay the staff the appropriate rates for overtime and double time. No doubt we will see a \$5 billion surplus in the budget. It is particularly concerning when the wages of our health workers have basically been frozen over the last four years. This upcoming surplus will be the government’s opportunity.

There are a couple of other points that I would like to mention. A question was asked today during question time about how union delegates can be allowed to go into aged-care homes and the like when fathers cannot even see their newborn children. During the COVID situation, after a baby was born, the mother and baby would be transferred to the ward, but the father was not allowed to go to the ward with them, but, lo and behold, member for Cottesloe, there was not a problem for union delegates. They could wander in and advocate during the lockdown—no problem at all. Even though the health minister proudly stated his union membership today during question time, I think it is deplorable that we are seeing these double standards. Forcing the birthing partners to leave the hospital after the birth, often with no warning, has caused an incredible amount of trauma to families. In another example, photographers could go around the hospital and take photos of the babies, but quite often the father was not allowed to join their partner and baby in the ward after the birth. That is a real weakness.

The tragedy of the death of Aishwarya Aswath is that she and her family have become the face of the health crisis, and behind that face are the faces of many other families who have experienced grief and terrible trauma. Families are asking for answers and often they have to wait for up to two years for the coroner’s report. I am glad that the Attorney General is in the chamber, because this is a real issue that is starting to cause concern for many families in both regional and metropolitan areas. The delay in coroner’s reports is causing trauma for many families. I believe some more resources are needed there as well. I am glad that the Attorney General is here at this time.

During the COVID pandemic and the lockdowns, category 2 and 3 surgeries were just put off. Basically, many of our hospitals were like ghost towns. There was no-one there from April to December. All the category 2 and 3 surgeries were put off and many of the doctors, nurses, students and the like had no patients because these surgeries were cancelled. I think I heard the other day that the figure for category 2 and 3 surgeries has now blown out from 19 000 to 29 000. This is a scenario that has developed. Extra pressure is now being put on the system. I believe that the minister and his staff forgot to employ people for the following year. That is what happened. The hospitals were empty, but there was no need to worry about employing people as there were no patients because they had all been sent home. Now we are facing shortages. That is a real concern.

In an article on WAtoday on 24 May 2021, Deakin University chair in epidemiology, Catherine Bennett, is reported to have said —

“[WA Premier] Mark McGowan’s comments after the latest Perth lockdown worried me because he was saying it was absolutely what we needed, and it’s this implication that the lockdown had succeeded and he said in three days we had crushed the virus when the reality is the lockdown didn’t do anything probably,” ...

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Several members interjected.

**Mr P.J. RUNDLE:** We are getting into a scenario in which there is a one-trick pony. We have inconsistencies between the government and the Australian Medical Association and between the government and the Australian Nursing Federation. We saw the photos of many of the health workers the Leader of the Opposition spoke about. They were out there basically saying that they are the ones getting thrown under the bus. That was evident at the rally yesterday.

I will move on to the vaccination situation. Vaccinations are critically important to our freedom. Once again, I am concerned about the way it is playing out. The Claremont vaccination centre gives AstraZeneca vaccinations three days a week and Pfizer vaccinations four days a week. Apparently, this is due to the increase in the supply of Pfizer vaccinations coming in during the week. However, many people in their 70s, 80s and 90s who have medical conditions still cannot seem to get access to the Pfizer vaccination. That is a real concern to me.

**Mr P. Papalia:** Which vaccination?

**Mr P.J. RUNDLE:** Sorry, minister? No; I want to continue if I can.

That is a weakness in the system that I have identified and I look forward to some action being taken on that.

Obviously, ambulance ramping is not confined to metropolitan hospitals. Our regional ambulance volunteers have reported multiple times that they have had to ramp at regional hospitals.

The Leader of the Opposition referred to one survey. I have another survey called the “AMA (WA) Doctors in Training Hospital Health Check 2021”, which was filled out by 952 junior doctors. There are some quite concerning results here. King Edward Memorial Hospital for Women has a 40 per cent score for morale, which is very disappointing. Doctors and nurses say that King Edward, Perth’s main women’s and babies’ hospital, is on the brink of collapse because of a midwife shortage. That is what this survey is pointing out. Some insiders say they are so short-staffed that the internal collapse of King Edward Memorial Hospital for Women is imminent. This survey of 952 junior doctors points to some real issues. However, the Minister for Health, Roger Cook, denies the claims. He was quoted a couple of weeks ago saying that quite frankly the claims that were being made were outrageous and that WA was simply experiencing a post-COVID-19 baby boom—so nothing to see here. I suspect that the staff, the doctors and nurses, who are doing a fantastic job at King Edward Memorial Hospital would disagree on that.

Another matter that really worries me relates to Midland St John of God Public Hospital. It has warned that patients will die as a result of a multimillion-dollar cut to its budget. The Minister for Health’s response to the \$10 million cut to the funding was that the WA government was not to blame for a pending multimillion-dollar budget cut. I cannot understand that response: “It is not our fault.” The hospital’s chief executive officer, Michael Hogan, has also had to tell a number of the frontline workers that they would be made redundant, despite efforts from management to keep those costs down. In summary, I do not believe that doctors should be told to calm down, as they have been. We have a real problem with access to GPs, in both metropolitan and regional areas. Attracting and retaining GPs and specialists in regional areas is still an issue.

I want to mention some of the quotes and phrases that have been used recently by the Australian Medical Association, health professionals and health staff to describe the WA health system: “imminent collapse”; “on the brink of collapse”; “patients will die”; “we will have tragic events”; “action is needed from the state’s leaders”; “metropolitan health hospital system at breaking point”; “junior nurses and doctors are being used as a scapegoat”; “a whole system issue, not an individual practitioner issue”.

Now I turn to the phrases used by the health minister: “not to blame”; “it’s not our fault”; “outrageous claims”. That is the issue we have here. When the minister returns to the chamber, I will go on to a couple of —

**Mr W.J. Johnston:** He’s here, in the chamber.

**Mr P.J. RUNDLE:** There he is; he is up the back. I would like to add a few concerns about some of the regional health services, which are under incredible strain. As we all know, internal tourism in Western Australia has put extra stress on regional hospitals. The state government has committed \$150 million to tourism in WA to improve tracks and trails and other infrastructure, but has left the health system lagging and trying to cope with a surge in visitors. I point out that St John Ambulance and the Royal Flying Doctor Service, two incredible volunteer organisations that we rely on to evacuate patients from our regional hospitals, are under serious strain and there has been an increase of over 10 per cent of patient retrievals by the RFDS during this recent period. It provides a fantastic service. All of our regional communities are indebted to it.

I would like to point out a couple of places. My favourite subject—the minister knows I will always raise this—is the maternity ward in Katanning, which remains unstaffed and empty. I am concerned because we have a rising number of immigrants and a multicultural community in Katanning, with 14 per cent of residents born overseas.

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They expect the local hospital, which we spent \$32 million on to upgrade, would offer a maternity service. Sometimes they cannot get to Narrogin or Albany in the midst of their labour and I am concerned that issues may result from that. Of course, we know that when the minister was the shadow health minister he was down there saying, “We’ll get this maternity hospital up and running. Don’t worry about that. When I’m the Minister for Health, it’ll be up and running, not a problem.”

**Mr R.H. Cook:** I don’t think I did. That doesn’t sound like me.

**Mr P.J. RUNDLE:** It was \$32 million down there.

**Mr R.H. Cook:** I remember Kim Hames said to me at the time, “Mate, the only way you’re going to get obstetric services at Katanning is to get Katanning on the coast.”

**Mr P.J. RUNDLE:** I remember the minister and Hon Darren West in the cafe at Katanning saying, “We’re going to get this sorted out.” If I stay here long enough, I know the minister will be able to deliver on his promise.

**Mr R.H. Cook:** We did for a smidge. The idea at Katanning is to get GP–obstetricians practising out there. We had some GP–obs practising there but unfortunately the practice fell apart a bit. That is the challenge.

**Mr P.J. RUNDLE:** I look forward to the minister making some other arrangements.

[Member’s time extended.]

**Mr P.J. RUNDLE:** Another matter I want to mention is Livingston Medical and the amazing efforts of Dr Michael Livingston, who is located in Ravensthorpe with his wife, Rachel, and their children. He covers Ravensthorpe, Hopetoun, Lake Varley and at times Lake Grace and several of the surrounding communities. He often does hundreds of kilometres in return trips. He is working hard to promote the benefits of being a rural GP and trying to attract other doctors to rural areas. As I said, attracting and retaining GPs remains a real issue. We want to see our regional doctors live and work in our towns instead of locums who come in from large regional centres and drive in and drive out. That is something I would love to see a little more attention given to in the years ahead.

Some immigrant and new doctors in regional areas are having difficulty with the Australian Health Practitioner Regulation Agency process. They are struggling to get registered, even though sometimes they have been supervised for 12 or 18 months. I believe our state government and the state health minister would be able to provide the extra support to get those extra doctors up and about.

On a positive note, the South West Aboriginal Medical Service launched its service delivery to Katanning and Narrogin this month. I applaud those local communities for striving to bring a necessary service to their communities. Through federal funding, those projects can deliver culturally appropriate medical care and health services to the people in Roe and especially to the communities of Katanning and Narrogin. I encourage the state government to work closely with those organisations and develop strong relationships to secure premises and build a sustainable service for the benefit of those communities into the future.

In wrapping up, I want to share my concern about mental health services. I believe they will be a real issue in times to come. They already are, but they will continue to be. When trying to make an appointment in my electorate with a visiting health professional, if someone can get an appointment, they are not guaranteed to see that person again and will potentially see a locum or someone else who might drift in, have a few appointments, and drift out again. More continuity is required for the great southern mental health services and a specialist service that provides acute mental health care.

The Narrogin oncology unit was part of the \$55.9 million upgrade to Narrogin Hospital, which opened in October 2019. Unfortunately, the unit has been unable to attract an oncologist. The WA Country Health Service has done its best to train nurses and offer telechemotherapy; however, I am still concerned that we have a new oncology ward—the chairs are there—but there is no doctor or specialist attached to it. Getting a specialist attached to what is an excellent facility at Narrogin Hospital is another thing the minister can add to his list. I want to remind the minister about the government’s *WA recovery plan*, which states —

... protecting the mental and physical health of people in regional communities, especially the most vulnerable, remains critical. The Government will expand access to mental health care as well as improve digital connection so more people in regions can access telehealth services.

The minister has promised to clear the waiting lists for elective surgery to pre-COVID levels by 2021. We are into 2021 now. The plan continues —

Included is \$24.4 million for an additional 20 mental health beds at Fremantle Hospital, transforming the hospital into a mental health hub with expert care and treatment for patients with mental illness.

Finally —



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A \$25 million investment will create a 16-bed mental health, and alcohol and other drugs homelessness service in the metropolitan area for young people aged 16 to 24 years.

That is the government's recovery plan and I certainly look forward to the minister delivering on some of those promises to the Narrogin oncology and Katanning maternity units and the like. Of course, I look forward to the minister delivering on the real issue in the metropolitan area—at the moment that is Perth Children's Hospital, King Edward Memorial Hospital for Women, Midland Public Hospital and the list goes on. I look forward to the minister's response.

**MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary)** [6.01 pm]: It is, as always, my great pleasure to stand and speak on behalf of the people of Mount Lawley as their representative, because one of their central concerns is the provision of an outstanding public health service. We have an outstanding public health service in Western Australia. It is a world-class health service, in fact. I refer to a media release issued by the Deputy Premier; Minister for Health in September 2019, "WA setting world benchmark in cancer survival", which states —

- WA part of international cancer survival study

The McGowan Government has welcomed new research findings that show survival rates for Western Australian cancer patients are among the best in the developed world.

This world-leading, world-class health service is a testament to the McGowan Labor government and in particular this minister. It is being delivered in the context of a global pandemic the likes of which we have never seen before. Last Friday, 12 457 people died from COVID-19 and there were 607 681 new cases. In the United States alone, 515 151 deaths have been recorded. One thing that this debate cannot ignore is the context in which the provision of health services by our world-leading practitioners is taking place. It does opposition members no good to ignore that context to try to alleviate the impact that that must have on the provision of health services in Western Australia. What is even worse is that so much of the abrogation of responsibility lies at the feet of their commonwealth counterparts. We talk about the vaccine rollout, which some speakers have mentioned, hotel quarantine, and the pressure on our public health system in Western Australia because people are unable to access an emasculated NDIS, but what is the commonwealth government's responsibility? Opposition members are members of the party of the commonwealth government, and yet they do not have the strength of character and honesty to say that they recognise that there have been so many failings —

Several members interjected.

**Mr S.A. MILLMAN:** None of that makes any sense.

Several members interjected.

**The ACTING SPEAKER:** The member for Mount Lawley is on his feet.

**Mr S.A. MILLMAN:** Thank you.

The provision of hotel quarantine, as everyone knows, was supposed to be a short-term measure. If members look at the legal and constitutional responsibility for quarantine in this nation, it resides with the commonwealth government. Members need look no further than section 51(ix) of the commonwealth Constitution where it is quite clearly articulated that the commonwealth shall have responsibility for quarantine.

**Mr R.S. Love** interjected.

**Mr S.A. MILLMAN:** I am not taking interjections. I did not interject.

Prime Minister Scott Morrison has responsibility for the vaccine rollout, and it has gone atrociously. Compared with other developed nations, we are doing a shocking job. The commonwealth government is doing a shocking job of vaccinating the population. Looking at what has just happened in Victoria, we can see why it is so important to expedite the vaccine rollout. The trouble with the conservative parties in Australian politics is this: they do not believe in the public provision of these essential services. When Gough Whitlam introduced Medibank, the Liberal Party could not get rid of it quickly enough. The Hawke government had to reintroduce Medicare. Finally, 30 years down the track, it has overwhelming public support and the Liberal and National Parties have finally arrived at the position that they know it would be political poison to undo Medicare despite the fact they are philosophically fundamentally opposed to it.

**Mr R.S. Love** interjected.

**Mr S.A. MILLMAN:** I am not taking interjections. The member will have his turn.

The same thing happened with the National Disability Insurance Scheme. Nadia Mitsopoulos ran a fantastic forum this morning on ABC radio with recipients of services provided under the NDIS. This was supposed to be a world-leading provision of services for people with disabilities. It was an incredible initiative introduced by a Labor

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government that was going to serve the whole community, yet the conservative forces took government in Australia and, once again, could not wait to cut and undermine it and make it so much harder to operate.

What do we see? We see the abrogation of a commonwealth responsibility in hotel quarantining, in the vaccine rollout —  
[Quorum formed.]

**Mr S.A. MILLMAN:** I am incredibly grateful for the member of the Nationals WA for making that quorum call because it just highlighted the fact that their counterparts in alliance are not even present in the chamber. Much to my dismay, members of the Labor Party have all turned up to satisfy quorum in this house.

*Point of Order*

**Mr R.S. LOVE:** I believe it is not appropriate to reflect upon a member's absence from the chamber.

**The ACTING SPEAKER (Ms K.E. Giddens):** There is no point of order. Member for Mount Lawley, continue.

*Debate Resumed*

**Mr S.A. MILLMAN:** I will keep going nonetheless.

The point is that the abrogation of commonwealth responsibility has imposed a massive burden on the WA health system. The WA health system has responded to the global pandemic like no other jurisdiction anywhere in the world. Do not take my word for it. Read *The Economist* from 1 May. In fact, read *Der Spiegel*, which referenced McGowan's response.

**Mr R.S. Love:** I cannot read German.

**Mr S.A. MILLMAN:** I will give the member for Moore the translation. It says that the response of the German government pales in comparison to the excellent work that McGowan had done. *Der Spiegel* is an eminent journal of record. If that was not enough of an endorsement of the way in which the McGowan government and the Minister for Health handled the COVID pandemic, look at the numbers in the chamber because we live in a democracy. The member for Southern River has just strolled back into the chamber. The member for Southern River ran against a Liberal Party candidate who failed to crack 3 000 primary votes. The member for Southern River had an incredible swing towards him.

**Mr P. Papalia:** He's a machine.

**Mr S.A. MILLMAN:** He is a machine. His opponent could barely crack 11 per cent —

*Point of Order*

**Mr R.S. LOVE:** I question the relevance of this contribution from this member who comes from an electorate the size of a postage stamp explaining about services and pretending to be making some sort of contribution on this matter.

**The ACTING SPEAKER (Ms K.E. Giddens):** There is no point of order.

*Debate Resumed*

**Mr S.A. MILLMAN:** If the member for Moore will allow me to finish the point, he will see exactly what the relevance is.

The election result was a resounding public endorsement for the way in which the McGowan government and the Minister for Health handled the global COVID pandemic. The member for Southern River provides a shining example of that.

Everything that I have mentioned so far is subsequent to COVID. Let us look at what the McGowan government was able to achieve even before the onset of the COVID pandemic. The minister recognised that the health portfolio is one of the most demanding on the state's budget. The minister came into office with all the experience he had built up as the shadow Minister for Health but also with the knowledge that he had a deep fiduciary obligation to the people of Western Australia to do what he could as part of a responsible cabinet to make sure that we brought the spiralling debt and deficit disaster that we had inherited from the Liberal Party back under control. So what did he do? He did the right, the appropriate and the responsible thing by instituting the sustainable health review. But in addition, we got on with the work, as the member for Cottesloe said, and it is mentioned often in this place. We were the party of government that opened the Perth Children's Hospital. We resolved all the outstanding issues and made sure that the Perth Children's Hospital opened. To this day it remains a testament to this minister that that hospital is a shining light in our health system. I stand with the doctors and the nurses and all the health workers and staff at that hospital. Unlike others here, I will not lay blame for what has transpired at the hospital.

**Mr R.S. Love** interjected.

**Mr R.H. Cook:** Don't let him bully you!

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**Mr S.A. MILLMAN:** There is no chance of that, minister. In addition, prior to COVID, in the context of balancing the state's finances and getting the budget back on track, we made sure that we were able to deliver on all our election commitments. I am reminded of the election commitments that we made in the seat of Mount Lawley to hospitals, such as the Osborne Park Hospital and Royal Perth Hospital, to ensure that they had the requisite investment to get them back up to speed. In the pre-COVID environment it was about not only investing in infrastructure, but also making sure that we had the jobs and the professionals, the clinicians, the nurses, the health support workers and the allied health workers that we needed to maintain what everyone should agree is a world-class health system. I have already referenced it as a world-class health system.

I ask members to turn their minds back to 11 February 2020, when the Minister for Health and then Minister for Water; Forestry; Youth, Dave Kelly, released their plan to support WA's emerging health and life sciences industry to focus on innovations and commercialisation in biotechnology, medical technology, digital health, pharmaceuticals and health and wellness. They recognised that the life sciences sector is important to WA's economic development and jobs growth. In addition to both those elements—economic development and jobs growth—the life sciences sector is incredibly important in making sure that we are at the cutting edge of research that delivers and maintains our world-class health system. That was announced back in February 2020 in the pre-COVID days. The health minister in those times focused on the importance of doing the work necessary to keep us at the cutting edge and providing jobs and opportunities for people into the future.

But that is not all, because now we look at the challenges that are presented to the WA health system as a result of the COVID pandemic. In that context, what did the health minister do? The minister formulated a platform of election commitments that he could then take to the people of Western Australia as the government's plan for the Western Australian health system. Before I get to that, I want to mention that before the election there was a \$9.6 billion health investment in last year's budget for 2020–21. The \$9.6 billion built on the \$453 million investment in health that was part of the WA recovery plan. People in our community knew that as Western Australia was coming out of COVID, we needed to provide the economic stimulus to keep the economy growing, to provide people with opportunity and jobs and to provide the critical and essential services that the people of Western Australia rely on.

General health and hospital services will benefit from \$168.6 million to continue to meet an increase in public demand, which will be combined with an additional \$68.9 million for mental health hospitals to provide an overall investment of \$237.5 million for hospitals. Investments are focused on high-quality and sustainable health care for all Western Australians. There is another \$21 million for the continued COVID response, which includes the coordination of the State Health Incident Coordination Centre and the Public Health Emergency Operations Centre—the SHICC and the PHEOC. There is the other \$453 million, as I said. When I looked at the money that is being invested by the Minister for Health, I was fascinated to hear the comments of many members of the National Party, who represent rural and regional electorates. When I looked at some of these investments, I saw Bunbury hospital was listed. Money was allocated for Broome Health and Wellbeing Campus and volunteer ambulances in country areas. That is in addition to all the statewide services that have been invested in, such as \$22.6 million for a new laboratory at Sir Charles Gairdner Hospital and \$22 million to replace medical equipment across the whole system. There is \$35.8 million for an elective surgery blitz to enable more than 6 000 patients to have their treatment and return the elective waiting lists to the pre-pandemic levels that the member for Roe talked about. A whole raft of funding allocations was made as part of last year's budget that address precisely all the concerns that it seems the Liberal Party and the National Party have only just woken up to.

The trouble is that the health system is under incredible pressure as a result of the global pandemic. What do we need to do? We need to make the necessary investments to face the workload that is now coming into our public health system. I am sure the minister can talk in more detail about the source of those pressures. He mentioned in answers during question time yesterday the low uptake in private health insurance as another example.

Many of our clinicians and nurses come to Western Australia from overseas. Members know this because when we rock up at an ED or a hospital, we speak to that many people with an Irish accent it is not funny. People come here from all over the world and gain valuable experience and knowledge and networks, and they are able to go back to where they have come from and share that in their own countries, which is brilliant. It works to everyone's benefit. When we shut the borders, as we have had to do in the midst of a global pandemic that has taken hundreds of thousands of lives, it is impossible for these people to come in. So what did we do? We made a commitment to hire hundreds upon hundreds of new nurses, but we also made a commitment to provide the capacity for them to take the training that they need. How embarrassing for the Liberal members who spoke in support of this motion to have been part of the opposition of the former member for Scarborough, who was responsible for 500 per cent increases in TAFE fees, making it impossible for people to access the TAFE courses necessary to become contributing members of our health service. How much better is it now? How much more proud should we be as members of this place to know that this government has frozen TAFE fees and made TAFE more accessible so that people can

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undertake the requisite training to become participants in our world-class health system? We are hiring more nurses because we cannot recruit them from overseas, we are freezing TAFE fees and we are building infrastructure. I looked at the number of new emergency departments that we are working on. I spoke about the important staffing boost for WA hospitals. A media statement of 19 January 2021 headed “Armadale Hospital emergency department upgrade starts in latest expansion for WA public hospitals” states —

More than \$900,000 worth of upgrades to Armadale Hospital’s emergency department has started

There is an issue; our emergency departments need increased capacity. What did we do? We spent \$900 000 upgrading the Armadale Health Service emergency department. A media statement of 12 January headed “Peel Health Campus gets new upgrade to emergency department” states —

- Upgraded Peel emergency department prepares to open in February
- Upgrades provide a new fast-track triage area and expanded short stay unit
- Improved facilities part of new future for Peel Health Campus

The problem is not that this system is under pressure; there would be a problem only if the minister was not aware of the sources of that pressure and of the mechanisms that could be put in place to alleviate that pressure by building the infrastructure and hiring the workers and making sure that everything is targeted and appropriate and focused and reasonable.

[Member’s time extended.]

**Mr S.A. MILLMAN:** I would have a problem if the minister did not have the foresight or was not given the advice that there would be a staffing problem, an infrastructure problem or any of the other issues that confront the system and the minister had no plan to fix those problems. However, what gives me great comfort, certainty and confidence is that the minister has seen exactly what is coming over the horizon in the context of the global pandemic and has said that we need to invest in infrastructure, recruit more staff and put more emphasis on helping those who help us deliver our world-class health system.

I now come to the position of the opposition parties. I seriously cannot understand what is going on. Given there are so few of them, I thought they would be able to get together and figure out a unifying theme. On the one hand, the opposition says that this minister does not listen to the unions, yet on the other hand it says that this minister is too close to the unions. It has to be one or the other. We heard an incredible contribution from the member for Cottesloe yesterday on behalf of the workers—the comrade from Cottesloe, the Bolshevik from the beaches, Vladimir Lenin from Vans Cafe—telling us all about the workers and the unions. I thought, “Great! This is what I can get around. This is what I know. This is what I like and what I understand. I know where he is coming from.” But the sting in the tail was today when he resiled entirely from that position and asked a ridiculous question about the minister’s union membership. I wondered what was going on and what had happened to my comrade. He disappeared. The member for Cottesloe flip-flopped all over the place, because he is entirely inconsistent. It is that inconsistency that is proving such a problem for the alliance. It has not figured out exactly what it stands for or how it will land a blow on this government.

**Mr P.J. Rundle:** So you’re happy for the union delegates to walk through all the aged-care facilities?

**Mr S.A. MILLMAN:** Mate! Honestly! The problem the lot opposite has is that it has a *Magic Pudding* view of politics. It wants to throw money at it. It is the Bunyip Bluegum and the Sam Sawmoff of Australian politics. The opposition thinks there is a magic pudding or an endless pot of money. They say that the Western Australian economy is doing well, so let us get out the firehose and start spraying money all over the place. This minister understands that that would be irresponsible. If we want a committed, conscientious and reasonable minister in charge of the health portfolio, which I do and I know that the people in my electorate of Mount Lawley do, we need to take appropriate, measured and reasonable decisions. We cannot just spend hand over fist. That is what the opposition says on the one hand while on the other it says that it will cut taxes. The opposition does not know whether it is coming or going.

A member interjected.

**Mr S.A. MILLMAN:** Most of them are gone, member for Wanneroo.

This motion was moved by people who could not handle the COVID-19 pandemic. They had no plan to tackle the challenges in Health and they are not prepared to do the hard work. They would rather come in here and recite the speaking notes from the Australian Medical Association. Even if we were to accept the premise of the opposition’s argument, which I do not, there is only one person who is capable of rising to the challenges presented by the circumstances in which we find ourselves, and that is the Minister for Health, who has done an outstanding job for

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eight years as the opposition spokesperson and four years as the Minister for Health. The longer he is in the job, the better the consequences will be for Western Australians.

**The ACTING SPEAKER:** The member for Roe—Moore, sorry.

**MR R.S. LOVE (Moore — Deputy Leader of the Opposition)** [6.25 pm]: I would like to hear from the member for Roe again. He is an eloquent speaker who makes far more sense than the member for Mount Lawley.

The motion we are debating today has many elements within it highlighting the failures of the Minister for Health, such as his failure of leadership and his inability to take responsibility for the portfolio that he purports to lead. I will go through question time today to provide some examples. The Leader of the Opposition again asked a question about the Quarantine Advisory Panel. We had been assured by the minister's answer on 5 May that the panel had been talking to the minister and was providing him with all sorts of in-depth advice. We know that on 6 and 12 May there were still no details about the Quarantine Advisory Panel. I doubt whether the Quarantine Advisory Panel will ever be formed. I doubt that it has a role. I do not think that the government wants to hear from any body that is independent from its own group of mates. It is clear from the answer that we got today that there will never be an advisory panel and there will never be a purpose for it. That yet again highlights the failure of this minister.

The third question on this issue today from the member for Vasse to the minister asked about the *SAC 1 clinical incident investigation report* into Aishwarya Aswath's death and the meetings and series of discussions that took place. Incredibly, the minister said that there were no notes from that meeting. The Department of Health does not have a meeting and not take notes. There would be notes. The minister really needs to be assured that there will be notes. Sooner or later those notes will be found. I think it would be better if the minister came clean and provided the notes rather than wait for them to come to him through some other forum in the future.

The fourth question on this matter today was from the member for Cottesloe who asked the Minister for Health about union officials being able to access aged-care facilities. In the original directions that were given, there is a place for advocates to be admitted to the aged-care sector. I think that the minister and everyone in Western Australia knows that an advocate in the aged-care setting is a particular thing. It is not a union official. I will read from an official federal government aged-care website talking about advocacy in aged care.

Several members interjected.

**Mr R.S. LOVE:** Excuse me, I have the floor. The website states —

An advocate is an impartial person who can help you understand and stand up for your rights in the aged care system.

Not in the industrial system; in the aged-care system.

Several members interjected.

**Mr R.S. LOVE:** An advocate in an aged care-facility has a specific role that is well known to anybody who has had anything to do with the health system.

Several members interjected.

**The ACTING SPEAKER:** Order, members!

*Point of Order*

**Mr P.J. RUNDLE:** The member for Wanneroo is unable to call out comments when she is not in her chair.

**The ACTING SPEAKER (Ms K.E. Giddens):** That is a valid point of order. Thank you, member for Wanneroo.

**Mr S.J. PRICE:** What you are going on about is irrelevant, mate, when you look at the motion that we are talking about here. The role of advocacy is not mentioned anywhere within that.

**Mr R.S. LOVE:** Further to the point of order, calling a member of Parliament "mate" is not on, for a start. Certainly, the motion is about the failures of the health minister. I am highlighting, once again, the failures of the health minister.

Have I got the call to move forward? We are going to run out of time to hear from the minister.

**The ACTING SPEAKER:** The member for Moore has the floor.

*Debate Resumed*

**Ms S.E. Winton:** You can finish.

**Mr R.S. LOVE:** You could be quiet. That would help us all.

As I pointed out, the role of an advocate in aged care is well known. When those health directions were first written, there was no doubt in my mind what the Chief Health Officer was referring to when he referred to advocacy. He was not referring to union officials entering those workplaces. They could have that advocacy, that discussion, in

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a coffee shop down the road. He was talking about an advocate in the aged-care system. The Chief Health Officer is not a union person. He does not come from a union background. He had no idea that the government was going to construe this in some obscure way as being an advocate for a union delegate. An advocate in health and aged care is a well-accepted role; it is not a union official. The question that was asked today was entirely appropriate. The answer was rank hypocrisy. It is absolutely wrong to claim that that health direction was ever meant to cover union officials.

**Ms A. Sanderson** interjected.

**Mr R.S. LOVE:** The member knows it and I know it. She can sit there and shout out all she likes, but she knows that that was wrong.

The first point in this motion is about the “failure to address record ambulance ramping”. I remember sitting in this chamber during the previous Liberal–National government’s time when the current Minister for Health was the shadow Minister for Health. In 2014, I think, he made a great deal of the fact that about 1 500 hours of ambulance ramping were recorded in a particular month. He went on to say, “If that’s not a crisis, I don’t know what is.” We know that ambulance ramping has grown exponentially since then. Each month, 4 000 or 5 000 hours of ambulance ramping are recorded. These figures are well above what the minister quoted as being a crisis back in 2014. Today’s figures are double and triple the number of hours of ramping that were taking place then, yet we are told that that is not something to be concerned about. It is something to be concerned about. Patients should not be left in those conditions for that length of time. Ambulances are a scarce commodity. They need to be going around the suburbs of Perth and the towns in regional WA helping people in need and bringing them to a place where they can be dealt with. People should not be sitting in a quasi-hospital room in a carpark somewhere tying up resources. As a person who represents an area where there is an awful lot of ambulance transfers to metropolitan hospitals, I know that St John Ambulance WA tries to use a paid person in an ambulance or in a position where they are looking after patients so that volunteers can go home, but it does not always happen. Volunteers have reported to me that they have been ramped at Joondalup and other places for considerable lengths of time. We cannot treat volunteers like that.

I know the minister made an announcement about support for St John Ambulance recently. That is a good thing. We have been advocating for similar support but at a much greater level. The Nationals WA made a pledge that we took to the last election. One of the other things we took to the election was a pledge to set up an independent advocacy group for the volunteers. If volunteers find themselves in a distressing situation, they need a group that they can turn to that has their back. I am not saying anything negative about St John, but the volunteers who are working for that organisation do not have the advocacy that unions provide employees; they do not have anyone to stand up for them when they have a dispute with a more senior member in that organisation or some sort of falling out about something that has occurred. I know that that has caused distress to people over the years. I have met those people when they have been in that situation. There are real needs in further resourcing the ambulance sector.

We have seen the ridiculous situation of the hotel quarantine system, with yet another person thrown under the bus. Robyn Lawrence resigned from her role. She took responsibility for some breakdowns in the hotel quarantine situation. We have seen young nurses and doctors being sent off for questioning before professional bodies. We have seen the resignation of the chair of the Child and Adolescent Health Service. We have not seen the Minister for Health taking responsibility for his own department. We have not seen the Minister for Health standing in this Parliament saying, “I understand that things are not perfect. I take responsibility for my department. I take responsibility for the failings in my department. I know that I am the person who leads the culture of that organisation.” We have not seen the minister do that.

I will sit down because I am aware that only 25 minutes are left. I know that the minister has a lot of ground to cover. I also know that one or two other members would probably like to make a contribution. I will just say how disappointed I was with the contribution of the member for Mount Lawley, a person who comes from a very privileged area, with great access to health services.

**Ms A. Sanderson:** You don’t know anything about his life.

**Mr R.S. LOVE:** I do know something about the area. People in my electorate have a much more challenged access to health services than people in Mt Lawley. I have highlighted to the minister on a number of occasions in this place my concerns about particular situations. He says nice things but nothing has changed. When I look at the situation in the Mullewa area, I see that it has a hospital which is now a disgrace. It has been allowed to run down through the entire time he has been a minister. We are waiting for a decision to be made about the implementation of a program that was announced in the previous budget. Funding has been in the budget for at least five years, yet still nothing is happening. Given the building boom and the escalation in costs, there is probably not enough money now to fix the situation in Mullewa. This is a really important issue for people in that area who do not have the privilege of being able to take a five-minute taxi ride to Royal Perth Hospital or to any number of public or private hospitals and health centres within their immediate area.

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I will sit down and allow the minister some time. Another member wishes to make a contribution. We need a significant amount of time for the minister to answer these charges because very serious charges are mentioned in the motion.

**Ms A. Sanderson** interjected.

**Mr R.S. LOVE:** There are very serious failures listed—seven failures listed in seven points. The minister needs to address these in detail so we know that he at least understands the seriousness of the situation, if not accepts responsibility himself.

**DR J. KRISHNAN (Riverton)** [6.39 pm]: Good evening, Madam Acting Speaker. Before I start, may I plead and request that opposition members join hands with the only opportunity they have to work together to provide the best health care for every Western Australian. The whingeing that is going on day in and day out is not bringing about any better health outcomes. When the COVID-19 pandemic started, I recall the day when I was practising, wearing personal protective equipment about three to four times the previous night before my first shift.

I was under immense pressure—first, for putting my life at risk going forward and, second, for the fear of carrying the disease from one patient to the other, which I could not have lived the rest of my life with. The healthcare workers, the doctors and nurses, are under immense pressure in extreme circumstances and doing their best to provide the best health care in the world here in Western Australia. People around the world envy us for the position that we are in. That is because this Minister for Health has been the architect of the plan to manage the pandemic. For the opposition to ignore that and pick on political points is truly pathetic.

The emergency load is not something that can be controlled by one solution. There is a huge amount of primary care, which means that general practitioners are providing healthcare services day in and day out. The current federal Liberal–National government brought in a new regulation called DPA—distribution priority area—which literally shut doors to overseas doctors. Forty per cent of GPs working in Western Australia are qualified overseas. Those doors were shut. What happens as a result of that? The GPs are not able to accommodate the load because they need to give two extra appointments for the first and second COVID vaccinations, which is on top of the workload that they already have. I plead with the Liberal members of this chamber to talk to their federal colleagues to ease the pressure on primary care, which will result in easing the pressure on the emergency departments.

This minister is investing in infrastructure and workforce, and he is working really hard on bringing resources back under the government. Fiona Stanley Hospital has a transition plan to bring the cleaning and catering services, internal logistics, workforce models, service delivery models, equipment, IT and consumables back into the government. This will bring about better health outcomes. It is going to be under the care of the South Metropolitan Health Service, which is on schedule to be transitioned on 2 August 2021.

Without doubt, the whole world recognises that this health minister and this government have managed the pandemic the best in the world, except for the six opposition members who day in and day out try to pick on political points.

This health minister is the minister for the healthcare workers, and he proved it by standing with them when they were in trouble, assuring them that he is with them not only during bad times and good times, but at all times. We cannot get a better minister than him to manage health services, and it is a shame that the opposition is trying to bring such a motion in this chamber. Thank you for the opportunity to speak, and I kindly request the opposition to be constructive and join hands. On this health issue, without any differences, we could work together to deliver better health outcomes to every Western Australian.

**MR R.H. COOK (Kwinana — Minister for Health)** [6.43 pm]: Thank you to all the members for their contributions today on this motion. The member for Moore has invited me to respond to the accusations or the points made in this motion, and I would dearly love to provide my points of difference to the member for Vasse, the mover of this motion. The difficulty is, of course, that the member for Vasse does not even have the respect to hang around in this debate.

Several members interjected.

**Mr R.H. COOK:** It would have been perfectly appropriate for —

Several members interjected.

**The ACTING SPEAKER:** The Minister for Health has the floor, thank you!

Several members interjected.

**The ACTING SPEAKER:** Members! The Minister for Health has the floor.

**Mr R.H. COOK:** I appreciate that if the member for Vasse had something come up urgently, we could have deferred this debate until next week. That would have been fine. But I have never come across a situation in which

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someone comes in, lobs these falsehoods and accusations, spends 60 minutes on their feet making these accusations and then just scarpers. I notice that even the Leader of the Liberal Party is not here tonight. I appreciate that the opposition is more than just the Nationals WA, but it would not be unfair to think it is, looking across at the opposition benches. This is private members' business. This is the opposition's moment—its time to prosecute its arguments—yet there are three of them in the chamber. The other opportunity, of course, is the matter of public importance, which the opposition moved yesterday as well, which substantially covered all these points. These are points that I addressed in great detail in yesterday's debate. The opposition essentially moved the same motion today, but did not have the respect or the decency to hang around to hear my response.

I accept the Leader of the Opposition's proposition that the member for Vasse had to leave quickly, but it would be a courtesy to come across and say, "My apologies, minister; I've been called away quickly. I'm sorry I won't be here for the rest of this debate." I would accept that apology and understand that sometimes we are called from this place at a moment's notice. However, to come in here and move a motion to be carried through three hours of debate that is essentially the same motion moved yesterday and spread the usual poison it has now become quite renowned for and then to leave really underscores the lack of integrity in the opposition's arguments.

I had the respect to be here for all the Leader of the Opposition's contribution, although I must confess I think I had to duck out in the last two minutes to get something from my office. But for the member for Vasse to not even be respectful enough to participate in a debate on a motion that she actually moved I think shows quite poor form, and I think it is fair to make that observation. As I said, if something came up this afternoon, we could have deferred this debate and suspended standing orders to consider any of the other motions the opposition has, such as the royalties for regions program motion or the tourism, festival and events industry motion. The member for Roe has a motion on the notice paper about the Minister for Agriculture and Food's policy direction. We could have considered those today and we could have deferred this debate to another day.

But the opposition did not do that. The member did not even have the respect to say, "My apologies; I have to leave the chamber." Quite frankly, I think that says more about the opposition's approach to this debate than any of the arguments it has raised.

I am going to quickly go through some of the points raised in this motion. I assume the member for Vasse is an avid reader of *Hansard* because, as the mover of the motion, she will be very keen and interested to read what I had to say in response.

With regard to failure to address record ambulance ramping, I have already provided, in great detail, information on what we are doing to address these issues. There was a meeting of the health leaders in December last year to address ambulance ramping. A whole bunch of programs were put in place. I participated in a meeting of all the health leaders last week or the week before on how we can continue to put downward pressure on ramping. The single biggest thing that will stop ramping is capacity, notwithstanding the point very eloquently made by the member for Riverton about the important role that primary care plays in making sure that people's acuity does not get to the point where they have to go to an emergency department, because they have access to a well-resourced general practitioner.

One of the single biggest things that we can do is increase capacity in our emergency departments and in our patient beds to make sure we have better patient flow. That is why we are overseeing one of the biggest growths of our emergency departments in the state's history. In the coming years, 95 beds or chairs will be created to make sure that we can continue to grow the capacity of our EDs. That includes a \$19 million redevelopment at Sir Charles Gairdner Hospital alone to make sure that we have better capacity to meet the new demand on our hospitals. That is all around the acuity, the volumes and the level of mental health conditions, and the fact that so many people are presenting with acute conditions requiring surgery. As well as those 95 beds that we are creating across our EDs, we are creating 500 extra beds, including 300 inpatient beds and 100 mental health beds. We are bringing on 117 of those beds, with 81 now in service, and another 34 to come into service between now and August, continuing to grow our capacity.

Our hospital system, like any other hospital system in Australia, has been struck down by the changes in demand in terms of volume, acuity and mental health, and the impact of long-stay patients on our system. I am very thankful to the member for Mount Lawley for his contribution around patients who are awaiting National Disability Insurance Scheme assessment or aged-care assessment and are simply languishing in our hospitals because the commonwealth government—the federal government led by the Liberals and the Nationals—simply has not put into those sectors the resources that they need. Notwithstanding the burden that we have to bear, which is the commonwealth's responsibility in relation to health care, we are growing our hospitals, and we will continue to do so.

In particular, we are bringing a significant number of resources to bear around Perth Children's Hospital. That is part of a piece of work that has been ongoing since about December last year and is being put together with the leadership of the emergency department and the hospital, to put things in place to try to meet this demand. That includes an extra 16 full-time equivalent nurses in the ED, and boosting triage nursing staff, as well as triage admin staff. In particular, we are appointing a separate resuscitation team to be brought to bear in case it is needed. Just



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as importantly, we are bringing on an extra 20 beds in PCH to make sure that we can continue to grow the number of beds in that facility. That is made up of 10 inpatient beds and utilising 10 high-dependency unit beds that were part of the overall hospital footprint.

This goes to the point of the motion, which is the Minister for Health's failure to act on record ambulance ramping. This is all about making sure we have those extra resources and can continue to get on top of these things.

As I have explained in great detail, I was the one who actually drove the Department of Health to implement the measures around "CARE call", which is essentially "Malakai's Rule". We did not call it "Malakai's Rule". I had lost touch with Malakai's family by the time we came to government, but I did overhaul the entire system. The entire system was made uniform, at my insistence. So do not come into this place and say that we are not implementing these things, because that is a complete untruth. The fact is that we are putting these things in place.

Medihotels are another place where the opposition often goes. It likes to point to the fact that we are building an 80-bed medihotel at Fiona Stanley Hospital, but it always seems to overlook the work that has been done. Of course, we have already implemented a medihotel at Royal Perth Hospital. Today, it has had over 100 guests—people who are either coming into the hospital, or need to depart the hospital but are not yet ready for discharge or cannot get home because they are country patients and do not have the transport needed. That medihotel is working well. I think it is fair to say that I struggled to convince the clinical teams that medihotels can be an important part of a hospital system, but now that they see how successfully the beds at Royal Perth are going, they are being warmly embraced by the clinicians. They now know that it is a great place to send people, particularly those who are convalescing after surgery or something of that nature.

Another accusation in this motion is about overseeing a series of failures in Western Australia's hotel quarantine system. Quite frankly, our hotel quarantine system is as good as any in the country. The situation in Victoria at the moment is a direct result of quarantine outbreaks that have occurred in other states, so members should not come into this place with these falsehoods that somehow there is a failure in our system. Almost 45 000 people have come into this state; Australians have been welcomed home and brought safely back into the country because of the great work that has been done.

How dare you come into this place and suggest that these failures are the result of the resignation of Dr Robyn Lawrence—she has done an outstanding job in that role—because she is tired, has worked nonstop for 15 months and needs a change and a rest! Where do you come from! What are you about when you attack these public servants who have dedicated their life to the public health system!

**Mr R.S. Love:** We haven't attacked public servants. That's ridiculous.

**Mr R.H. COOK:** Yes, you have; that is exactly what you have done!

Several members interjected.

**Mr R.H. COOK:** The motion states "overseeing a series of failures in Western Australia's hotel quarantine system, culminating in the resignation of hotel quarantine chief Robyn Lawrence". It is a direct reflection on Robyn Lawrence, who is a great public servant, a terrific doctor and an amazing leader in our health system, and we should be absolutely grateful for the work she has done throughout her career on behalf of the people of Western Australia. How dare you come in here and attack these people and slur their reputations with these sorts of motions—motions that you do not even have the guts to defend! You come in here, spray this rubbish around and then leave the chamber. You are a complete disgrace, you mob!

Several members interjected.

**The ACTING SPEAKER:** Members!

Several members interjected.

**The ACTING SPEAKER:** Members! The Minister for Health has the call.

**Mr R.H. COOK:** Another accusation that has been made is that we are presiding over cultural and resourcing issues at Perth Children's Hospital.

Several members interjected.

**The ACTING SPEAKER:** Members, you may be interested in the Minister for Health's comments.

**Mr R.H. COOK:** As I have explained in great detail, we have been working with the staff in the emergency department to increase the resources that are available. Many of the measures that we are looking at implementing are part of the 10-point plan from the Australian Nursing Federation. I am just trying to work out whether I am in lock step with the Australian Nursing Federation as a member of the Labor Party or I am opposed to it. I can never quite work out which way you guys are going on this stuff. Suffice to say, I have been working with the ANF on

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this 10-point plan and we are implementing the 10-point plan. Some of those things are ideas that the ANF has come up with and some are ideas that were already being worked on, but it is great to put those things in place.

We all know that it is tough in our health system at the moment. We know that our staff are fatigued. We know that they are exhausted. People in our health system have had a really hard time in 2020, and it is just as hard in 2021, because now that we have come out of the COVID period, we are in a period of extraordinary pressure and demand in our hospitals. As a result, people are really tired. That is being felt right throughout the health system. We acknowledge that.

**Mr P. Papalia:** All around the country.

**Mr R.H. COOK:** Yes, all around the country. We are trying to build our health workforce to make sure that we have the nurses and doctors so that people can take leave and recharge and can continue to provide great health services for the people of Western Australia. One thousand nurses will be recruited this year and 1 000 will be recruited next year. That is 600 extra nurses we are bringing into the system to make sure that we can respond to the system.

There is an accusation about the failure to secure proper resourcing for the WA health system more broadly, which I will ignore because it is rubbish, and an accusation about a failure to earn and maintain the respect and confidence of health workers properly. I have told those healthcare workers that I will be there in good times and bad. That is the reason I was there the week of 3 April with respect to Aishwarya Aswath. That is the reason I was at a meeting last week with a lot of the emergency department staff—to take the brunt of their criticisms. It is the reason I was there yesterday at the rally, when they needed to vent their anger and frustration about how tired and fatigued they are. That is what you have to do. You have to face up and you have to be there, which is more than I can say for the member for Vasse. We will continue to stand by the people of Western Australia.

The fact that Aishwarya died at Perth Children's Hospital—we do not know the reason she died; that will hopefully be discovered in the coming weeks and months—is incredibly tragic. It is horrible. All our hearts go out to that poor family and the staff who were there that night and who are hurting as a result of this experience. But we need to continue to make sure that we steel ourselves for the long haul. It is the same fight that health systems right around the country are in, whether it is the ambulance ramping in Queensland or the struggles that ambulance services in Victoria are facing or the overcrowding in hospitals in South Australia. We need to continue to make sure that we respond to these challenges. That is why it is on the agenda of the national cabinet next Friday. All leaders around the country recognise that this is a challenge we have to take on nationally. We have the resources in Western Australia to take it on and we are bringing those resources to bear. They are the resources I talked about tonight, and that is why the WA health system will get through this difficult period. We will get through it, but we will get through it together and not with the assistance of the harping, criticism and undermining of those on the other side.

Debate adjourned, pursuant to standing orders.

*House adjourned at 7.00 pm*

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