AMBULANCE RAMPING

Motion

HON DR STEVE THOMAS (South West — Leader of the Opposition) [1.08 pm]: I move —

> That the Legislative Council calls on the government to acknowledge and fix the ambulance ramping crisis afflicting our health system.

The PRESIDENT: The question is that the motion be agreed to.

Members: Aye!

The PRESIDENT: Okay, we might try all that again! The Leader of the Opposition has the call.

Hon Dr STEVE THOMAS: Thank you, President. I thought we were in so much agreement that we were going to jump straight to a positive vote! That was fantastic.

Can I just check whether the Minister for Mental Health is the minister who will respond to the motion on behalf of the government?

Hon Stephen Dawson: I might be.

Hon Dr STEVE THOMAS: He might be. We might raffle it!

Hon Stephen Dawson: I am indeed. I look forward to responding on behalf of the government.

Hon Dr STEVE THOMAS: Excellent; we thought the minister might raffle it, but that is okay. I will be pleased to see him.

There is an absolute crisis in the health system in Western Australia that this government needs to address. I have focused the motion today very much on ambulance ramping, but members might take the opportunity to consider the wider impacts of not just ambulance ramping, but also the stresses on the health system as they currently exist. I will take this opportunity to remind members that this is the richest government in the history of Western Australia. This is a government that brought down a $5.8 billion budget surplus in the 2020–21 financial year and has had more money with which to address the significant issues of this state than any previous government.

Hon Darren West: Thank you.

Hon Dr STEVE THOMAS: That is not a compliment, member, because the government has not fixed the issues of the state. It has only received the money. It has accumulated the billions without fixing the crises. I say "crises" plural because there is obviously more than a health crisis going on in the state of Western Australia. There is also a housing crisis and a crisis in the police service retaining staff and keeping them alive. There are crises across the board in the state of Western Australia, but, unfortunately, we have only a couple of hours to discuss the general mismanagement by the government, so I have to be a little bit more specific. Today we will be concentrating on the health system.

At the start, I want to concentrate a little bit on precisely what the ambulance ramping issue is and, for those who are not aware, the definition of ambulance ramping. There is an expectation of government, as there were of governments prior, that an ambulance delivering a patient to a hospital would deliver that patient into the emergency department within 30 minutes. The ambulance comes along, but the patient cannot necessarily be off-loaded straightaway, so it is accepted that a 30-minute time frame is appropriate. If the patient waits in the parked ambulance, trying to get into the emergency department for more than 30 minutes, the ambulance is considered to be ramped. We are talking about patients who are waiting for a minimum of half an hour before they get into the emergency department. It is, obviously, impossible to think that every patient could walk immediately into a hospital. We have to have some variation and some limits, and we have to be able to describe those. This is about ramping that occurs when a patient has waited for 30 minutes in the ambulance sitting outside the emergency department of a hospital in this state. At the 30-minute mark, the ramping measure starts. From there, how long do people spend after that 30 minutes waiting to be taken out of the ambulance? Bear in mind that they receive very good but limited medical care in the ambulance. They are not generally being treated by doctors but by paramedics. Paramedics deliver a great service and are often called upon to go far beyond what we would think a paramedic is required to do.

What is a crisis point in ambulance ramping? I think we should refer to someone we could describe as an expert in the area, the Minister for Health in that other place. The current Minister for Health, Hon Roger Cook, when he was shadow minister a few years ago prior to the Labor Party coming to power, described monthly ambulance ramping figures of 1 030 hours as a crisis. The now Minister for Health, a few years ago when he was in opposition, described 1 030 hours of ramping as a crisis. Let us assume we can go to round numbers and that a number above 1 000 hours of ramping in a month—that is, people waiting ambulances—is a crisis that needs to be addressed. I will be interested to hear whether the government thinks that the then shadow Minister for Health got it wrong and

that the number should be shifted, and what the number should be shifted to. It would be good to hear that. If the government is trying to redefine a crisis in ambulance ramping, I would be very interested to know what the new number looks like.

Where have we got to in recent years with ambulance ramping? The government has rather cleverly stopped putting out the numbers in the public realm for general discussion. If I were cynical, I might think that it had done so because it was embarrassed by them. However, I am sure there is a valid reason that the minister will annunciate in due course. The good thing for members of this house is that, although the government seems intent on keeping those figures quiet, the St John Ambulance service continues to make the figures public, which is quite appropriate. Bear in mind that the level set by the now Minister for Health was 1 000 hours of ramping in a month. The most recent figure that we have, for the month of September this year, was 5 059.2 hours. If 1 030 hours of ramping was a crisis, what is 5 000 hours? If 1 000 hours is something that the then opposition health spokesperson said was a crisis, what is 5 000 hours? Let me be a bit generous here and say that 5 059 hours was an improvement, because the peak of ambulance ramping this year was not in September, but in August when it was 6 588 hours. That is six and a half times the level of ambulance ramping that the current Minister for Health told us was a crisis point. The population has gone up slightly since then, of course. The average population rate over the last four years has gone up by a couple of per cent a year. If it had gone up by 1.08 per cent, or 1.08 times, we would have said that is okay; there is a bit of fluctuation. But it has gone up six and a half times from crisis point. The baseline here is that 1 000 hours of ramping is a crisis point, according to the government. It has gone up six and a half times that figure.

What is driving up the figures? This should be a good part of the debate going forward. Obviously, we are in the middle of a COVID pandemic, are we not? Surely all the COVID cases are clogging up the health system and taking up ambulance space. The good thing is that ambulances have oxygen available so it might be a good place to get support for all the COVID cases in Western Australia. That might be responsible for the ramping crisis—hang on a minute! We do not have any COVID cases in Western Australia. Sorry, President. I would hate to be misleading the house by suggesting that COVID was causing the six-and-a-half-fold increase in ramping from crisis point. It cannot be COVID. I wonder what else was going on this winter that might have pushed up the numbers? Perhaps it was an influenza outbreak. Influenza does have a significant impact over winter. It may be that influenza was driving up the usage numbers. Influenza outbreak, anybody? No, not really. The good news is that, with social distancing and the focus on cleanliness, influenza numbers are significantly down at a time when ambulance ramping hours were sitting at a crisis point of 1 000 hours in a month. Influenza is not making a significant contribution. Remember the old days when influenza used to come through and, to some degree, clean out nursing homes because it hit very vulnerable patients. We were not very good at keeping out the virus. That might have had an impact four or five years ago when the numbers were at a crisis point of 1 000 hours, but that is not the case anymore. What health crisis is driving a six-and-a-half-fold increase in ambulance ramping from crisis point to crisis point 2.0? What is driving that level? There is a whole pile of things.

The government will no doubt give us an indication of the various complexities that now occur in emergency departments. Like all good responses, there is a grain of truth in some of the things that we will hear today. Presentations to emergency departments have become more complex. If I take all the stuff the minister is about to say, he can find something else to tell us in a little while. It is certainly the case that presentations to emergency departments have become more complex. Systems have also changed in Western Australia in that a lot of those presentations have a much higher and wider range of let us call it self-induced impact, perhaps in some cases. There is a much bigger impact from people suffering from drug-induced psychotic episodes and they have a significant impact on emergency departments, as they do when the ambulance is ramped outside. Anyone who has sat in a hospital car park, as I have done occasionally just to watch the throughput, will know that it is not uncommon to see police vehicles nearly as frequently as we see ambulance vehicles because, in many cases, emergency departments are not set up to deal with those sorts of episodes. There is a crisis of mental health in not only this state but also every other state. I am sure the minister will again tell us that every other state is suffering from a huge spike in demand for health services, as Western Australia is. I am sure again there will be a kernel of truth in that information when the minister presents it. What we are not doing, therefore, is adequately planning to deliver the alternative services required to take pressure off the emergency departments.

Where is this additional demand in Western Australia coming from? A fair bit of health activity could be shifted to a more appropriate setting, but it requires the will of government to do precisely that because emergency departments are generally not the best place for a mental health patient suffering a severe psychotic effect. It is not the place to mix people with sprained ankles, broken arms and gastroenterological diseases and have them sitting in the same area as someone suffering from something they have no control over. We need to invest in a health system that can deliver those services in alternative settings. Perhaps if we focus on that, we might find a way to reduce the demand on emergency departments so they are focused on what emergency departments traditionally delivered—that is, surgical and medical intervention on let us call it more traditional GP-based services. However, that is not what is happening at the moment. I would have thought that if this government is looking to the future, particularly

when it has more money to spend than any government in the past, it would see this year as the time when it might invest in some of those things such as alternative receival points for people who are better treated outside emergency departments, which would take a lot of pressure off. The government might invest in boosting the workforce, and there is money in the budget for that, which is good. I am sure the minister will reread the health press release out of the budget pack, and some of that is welcome investment.

The question we probably have to ask is: why was this government not doing those things in its first term of government? Bear in mind that as we in the Legislative Council know, the current mining boom did not suddenly start in the last few months. It started at the beginning of 2019, midway through the first term of the McGowan government. It has had billions of additional dollars to look into almost anything it wanted to do. It has had the capacity to in advance fix some of the issues that it is now stuck with. Instead of having a crisis in health, we could have been two and a half, going on three, years into a forward-thinking government's response to threats in health. We have a crisis because the government did not do those things. We have a crisis because the government simply closed its eyes to what investment in health might be available but is not just boosting the budget in a never-ending cycle. I would be the first to admit that I am a great believer, as I have said in this chamber before, not in just Parkinson's law of social work but Parkinson's law as it applies to all of health; that is, the number of health professionals who could work in a system will expand directly in relation to the number of people. Under Parkinson's law, if there are one million people and 1 000 doctors, 1 000 doctors will fill their books. If there are one million people and 2 000 doctors, the 2 000 doctors will fill their books. If there are one million people and 3 000 doctors, those 3 000 doctors will fill their books. That is Parkinson's law. To some degree that exists. There is an unprecedented, ultimate demand —

Hon Stephen Dawson: Who is Parkinson?

Hon Dr STEVE THOMAS: I do not remember. It was named after him; he developed the theory.

A member interjected.

Hon Dr STEVE THOMAS: It is not Michael, no!

Hon Dan Caddy: Parkinson's law is about time.

Hon Dr STEVE THOMAS: We will get to that. Speaking of time; I am going to run out of time.

It says that we can build a system that will cost more than we can afford to spend. I understand that we have to limit demand and we have to limit expenditure. We cannot put in place a system that delivers all things to everybody at the moment they want it. The government will say that, obviously, health is a big budget item. It absolutely could bankrupt the state if everybody got everything they needed, so it has to be managed in a sensible and efficient manner. At times, surgery will have to be deferred because the government has to manage demand in the system. We accept that there is a requirement to manage that. We accept that it is a difficult task to deliver a health system that operates perfectly—it is probably an impossible task. However, this government has had three years of enormous wealth to fix a health system that it described as being in crisis when ambulance ramping hit 1 000 hours in a month. This government has had the opportunity to fix the problem but it has not done so. Right now it is floundering around. It has not delivered the increase in staff it has talked about. It has not delivered better health outcomes for the people of Western Australia and it has not managed the ambulance system and emergency departments, and that is critical. The pressure is on emergency departments in a system in which the expectation of perfect health outcomes grows exponentially, to the point at which people do not feel they should wait for elective surgery and there is an expectation that these things should be provided by the government. In that system, we have to act but there is this government's intransigence in refusing to address the issues, to recognise the problem and to act. There is no simple solution to this. The action might not be perfect but at least it would be action. We know the old statement, "You can't fix a problem until you acknowledge it exists." First off, let us hear the government acknowledge it exists. Let us hear the government say it will act and say what that action would look like because it is not only not addressing the issue; it is doing its level best to hide the problems so that no-one even knows they are there.

HON MARTIN ALDRIDGE (Agricultural) [1.29 pm]: I rise to wholeheartedly support the motion moved by the Leader of the Opposition. As I have said previously, in this Parliament at least, when we have considered motions on notice, it would be very difficult for any member of this chamber to oppose a motion that has been drafted in these terms. It would be a rather strange day in the Legislative Council if this motion were defeated. But I suspect that when we hear from the government during the course of this debate, based on the quality of the interjections thus far and the seriousness in which government members are taking this issue, defeating the motion is exactly what it will do. Despite the words of Hon Roger Cook when he was the shadow Minister for Health who declared a crisis at 1 000 hours of ambulance ramping a month, now that we are north of 6 000 hours I am sure that the government will use its numbers today to say that there is no such crisis in ambulance ramping in Western Australia.

This issue is a very serious matter and I spoke about it yesterday in my response to the budget. It has many aspects to it, which the Leader of the Opposition has touched on. Ambulance ramping is a symptom of the disease; it is not the disease itself. Some members of the government like to make out that this is the problem of St John Ambulance. One of the first things that this health minister did when he came to power was to change the way he publicly reports the level of ambulance ramping in the state. He obscured the facts around ambulance ramping reporting. To its credit, St John Ambulance had no choice but to publicly disclose on a daily basis the impacts that this not-for-profit organisation, a world-class ambulance service delivering services in Western Australia, is facing, not through any fault of its own. Will the government stand today and take responsibility for those circumstances? I very much doubt it. I am sure that we will hear more and more varying excuses why the government is not to blame and that there is no crisis facing our ambulance service in Western Australia.

Yesterday I quoted some figures that I think are relevant to quote again today. The figures come directly from St John Ambulance's website. I encourage members not to waste their time looking at the charade that is this government's reporting of ambulance ramping; go straight to the St John Ambulance website. If members have a look at the data over the last three months, no priority 1 cases in July, August and September were met within the target time frame. The target is that 90 per cent of priority 1 calls will receive an ambulance service within 15 minutes. As I said yesterday, if a person calls 000 or a patient requires priority 1 assistance, they are very, very sick indeed. Quite often, it is the case that they require resuscitation. The target for a priority 1 call is 15 minutes. In July, it reached that target on 84.9 per cent of occasions. In August, the worst month in this state's history, 76.5 per cent of cases, meaning that only three patients in four, received an emergency ambulance within 15 minutes. In September, that target was 82 per cent. I just heard an interjection from Hon Stephen Pratt who suggested that "Haven't I just said how great St Johns is?" That is correct; I have said that. In these figures, there is a direct relationship between the time that ambulances are ramped outside our hospitals and their ability to respond to 000 calls. You do not need to be a rocket scientist, Hon Stephen Pratt, to understand that if an ambulance is parked on a ramp outside a hospital, it cannot ditch its patient and respond to a 000 call. This is life and death. This is what the situation is. It is extraordinarily unfair for members to continue to characterise this issue as a problem in St John Ambulance, because it is not. Ambulance ramping is a symptom of a broader disease that the government needs to own.

One of the things that the government did when it came to office—one of the election commitments that it actually delivered on—was the establishment of a country ambulance strategy. I am sure that Hon Stephen Pratt is aware of this because he was probably a ministerial adviser at the time. The country ambulance strategy was announced with much fanfare on 7 November 2019. As the media statement says, it was "a delivery of a McGowan Government election commitment." I am not sure how many members have read the strategy, but I am interested to know where the government stands today on this motion about ambulance ramping. How many recommendations of the 19 recommendations on the board-endorsed country ambulance strategy have been implemented? When I last checked on this issue, which was in June last year, more than 12 months ago, the government was making pretty slow progress on the strategy. I draw to members' attention that one of the problems facing St John Ambulance is directly linked to recommendation 19 of the government's own strategy. I will read it now. It says —

> Ensure contract periods align with contemporary best practice and are long enough to enable providers to invest for effective service delivery.

Who is responsible for that? The Department of Health and WA Country Health Service are responsible. I am interested to know what progress the government has made in delivering a contemporary best practice and long-term contract to St John Ambulance. I know that in recent times it has been living year to year. Keep in mind, members, that St John Ambulance is a not-for-profit organisation, or NFP. It is a significantly large organisation. According to its annual report, it had a turnover last year in the order of $340 million. More than one in three of those dollars comes from the contracts provided to it by the state government. Imagine an organisation of that size making decisions and investments for the long term while living year to year. That is not just my view; that is the view of the government through its own strategy. I would like to know from the minister what his government has done, particularly during this period of uncertainty arising from the international pandemic, to increase urgency for St John Ambulance and its services, not just how it is going to fix ambulance ramping in its hospitals, but how it will actually improve the service delivery that it is contracted to provide.

From one of the very early conversations that I had with the Chief Health Officer, arising from the pandemic, one of the areas of concern that he had about our health system was the capability of St John Ambulance in regional Western Australia where communities often rely entirely on a volunteer workforce. That has been the case for some 100 years. There is a best-endeavours model that is utilised in our country towns and communities, and it is often 100 per cent volunteer driven. To their credit, those volunteers and the volunteer sub-centres provide an excellent service to our communities.

I read an interesting article this week in *The West Australian* on Monday, 11 October, titled, "Bush care 'wanting'". The article relates to a submission to the Standing Committee on Public Administration by the WA Country Health Service, and I will make a few points about this. The opening paragraph of this article says —

> The WA Country Health Service wants minimum ambulance standards—like availability and response times—enshrined in law to ensure West Australians in the bush no longer receive inferior access to health care.

That is interesting to read for two reasons. One is that if it that were the view of the WA Country Health Service and the government, why was it not in the *Country ambulance strategy*? It is not an old document. It was announced by the minister in November 2019.

Another point that I make, and I made it yesterday in my budget reply speech, is that the Standing Committee on Public Administration of this place is conducting an inquiry into ambulance service delivery in Western Australia. I will remind members of the terms of reference of this inquiry. It is called the inquiry into the delivery of ambulance services in Western Australia. The terms of reference are —

a) how 000 ambulance calls are received, assessed, prioritised and despatched in the metropolitan area and in the regions

b) the efficiency and adequacy of the service delivery model of ambulance services in metropolitan and regional areas of Western Australia

c) whether alternative service delivery models in other jurisdictions would better meet the needs of the community

d) any other matters considered relevant by the Committee.

As I said yesterday in my budget reply speech, I believe the priorities of this committee are misplaced. If it were to conduct an inquiry into the public administration of a health-related matter in the current environment, I do not think this would be in my top five. I think greater and more systemic concerns face Western Australians and our health system than a discrete inquiry into the delivery of ambulance services. Sure, we could encompass the delivery of ambulance services in a broader inquiry into the state's COVID-19 preparedness and response capability. I think that would be an eminently sensible thing to do.

The members of this committee are Hon Pierre Yang, Hon Colin de Grussa, Hon Darren West, Hon Sandra Carr and Hon Wilson Tucker. Another point I want to make about this "Bush care 'wanting'" article is that when I read this article on Monday, I thought that after submissions closed in July, the committee has finally released some public submissions. I trotted on over to the website of the committee, clicked on the inquiry, clicked on public submissions—no submissions. That is the current status as of today; the committee is reporting, according to its webpage, that no submissions have been made to its inquiry, which raised interesting questions for me because *The West Australian* reported directly from the WA Country Health Service's submission.

I made inquiries with the committee yesterday. I learnt that indeed 11 submissions have been made public. I named them yesterday and I will not name them again. Eleven submissions have been made public by the committee. Not a single one of them as of one o'clock this afternoon had been published by the committee on its webpage, notwithstanding that *The West Australian* was quoting the submissions on Monday this week. It is a very, very strange set of circumstances in which a standing committee of this place is conducting an inquiry, has called for public submissions and closed public submissions, and the first time not only members of this place but also members of the public at large learn about the submissions is via reading page 15 of *The West Australian* on Monday. In my experience, that is not the usual conduct of committees in the course of an inquiry.

Interestingly, of the 11 submissions that have been made public, my submission to the standing committee is not one of them. Again, I find this rather strange. Obviously, I would like for the committee to clarify at some point why there seems to be a selective approach to the release of submissions. A number of them have been released, including from the Department of Health, the United Workers Union, the Royal Flying Doctor Service, private citizens, the Ambulance Employees Association of WA—11 of them. I do not know how many submissions the committee received, but certainly mine was not worthy of being made public.

Another point I want to make is to express some concern about the conduct of this inquiry. I have had access to the 11 public submissions that have not been published only from yesterday, but they are interesting to read. One of them is from the United Workers Union. That is one that I have had time to peruse. It is a rather odd submission, but it says in its opening paragraph —

> The United Workers Union (UWU) is a powerful new union with 150,000 workers across the country from more than 45 industries and all walks of life, standing together to make a difference.

On that very same page, the first page of the submission, the UWU makes two recommendations that I think are quite telling. Recommendation 1 is to bring the Western Australian paramedic service back into state hands. Recommendation 2 is that the ambulance communication centre be brought back under the control of the state government.

The submission of the UWU is not surprising, but what is surprising is that on Tuesday you, President, tabled the annual returns of members of Parliament. When I reviewed the annual returns of members of Parliament, as I did yesterday, it was interesting to see the declarations that have been made about positions in trade unions and professional business associations held at any time during the return period. I refer now to the annual return for 2020–21 for Hon Pierre Yang in which he declares he is a member of the United Workers Union whilst also the chair of the standing committee conducting the inquiry.

Hon Dan Caddy: What are you saying?

Hon MARTIN ALDRIDGE: Wait; I still have two or three minutes. I now refer to Hon Darren West's declaration for the same return period. I turn to section 7 of that return. There is only one declaration. He is a member of the United Workers Union.

The other Labor member on this committee is Hon Sandra Carr. I refer to section 7, "Positions in trade unions". It states "not applicable". The first observation I make is that Hon Sandra Carr will have a few preselection problems at the next election when the Labor Party has to work out 1 to 36 on the ballot paper if she does not quickly align herself with somebody, probably in the UWU.

The issue is that the two most senior members of this committee, the chair Hon Pierre Yang and the longest-serving and most experienced member of the committee Hon Darren West, both have a clear and obvious conflict as members of the UWU. The UWU makes it plainly clear in its submission that this state's ambulance arrangements would be better if they were state-run. That issue alone, with the unseemly nature that this committee has undertaken in publishing and making public, it seems to me by *The West Australian*, submissions to its inquiry, I think raises —

Withdrawal of Remark

Hon DAN CADDY: President, I refer to standing order 45. Hon Martin Aldridge is suggesting rather unsubtly that the members of the committee, specifically Hon Pierre Yang and Hon Darren West, are not diligent in their duty and are not doing what is best in their role as members of the committee and members of Parliament. It says here all personal reflections on any member of either house are disorderly other than by substantive motion. I ask Hon Martin Aldridge to withdraw his comments.

The PRESIDENT: Honourable members, I have considered the matter and, at this stage, there is no point of order because the member is not impugning improper motives.

Debate Resumed

Hon MARTIN ALDRIDGE: The issue of ambulance ramping will not be solved by the inquiry. The resolution to this issue is for the government to stand today and do the honourable thing and acknowledge by its own definition of a multiple of six and a half that we have an ambulance crisis in Western Australia, that St John Ambulance is not to blame for the crisis and that it is working as hard as it possibly can to resolve the issues, particularly in our public health system. As I said yesterday in my budget reply contribution, this is not only an issue in the metropolitan area; rather, it is affecting regional hospitals and volunteer ambulance officers statewide. The sooner the government admits its failings and addresses this crisis, the better prepared we will be for COVID-19 and the healthier our communities will be.

Visitors — Christ Church Grammar School

The PRESIDENT: Before I give Hon Tjorn Sibma the call, I welcome to the public gallery of the Legislative Council members of Christ Church Grammar School. I hope you enjoy your time here.

Debate Resumed

HON TJORN SIBMA (North Metropolitan) [1.52 pm]: Thank you, President. Welcome, members of Christ Church Grammar.

It is with absolute delight that I re-enter the chamber after my absence yesterday to partake in exchanges like this. First of all, I want to reflect on some of the interjections made by Hon Dan Caddy—not on the last one, which will be addressed later—who gave some penetrating insight into the appropriate invocation of Parkinson's Law. As I understand, they are both right. I think that is where the unanimity ends but effectively what it is about the quality and efficiency of an outcome or performance not being guaranteed by an increase in input; in fact, it is often undermined or corroded. Both can be right, and they can both be right again if Hon Dan Caddy supports this motion in the terms that it has been moved. I often do this; it is not a rhetorical device. I come to it because there is no

need to run away from reality. The most powerful state government in the entire commonwealth, which controls both houses of Parliament and is now sitting on a revised surplus of $5.8 billion, has the capacity to fix clear definable problems, and ambulance ramping is a clear definable and remediable problem. But as others speakers have mentioned, it is symptomatic of a broader malaise. We can at least acknowledge this signal that the underlying health of the public health system in Western Australia is not as it should be. The motion is put in the clearest, almost clinical terms. It calls on the government to acknowledge and fix the ambulance ramping crisis afflicting our health system. In the inevitable rebuttal, I do not know which offending word or phrase embedded in this one-sentence motion will be the cause of dissent. Is the government seriously going to put to us that there is no crisis? Is the government seriously going to put to us that there is nothing to acknowledge? I do not think the government can possibly do that, and one of the reasons that it cannot possibly do that is for the very reason that Hon Dr Steve Thomas outlined earlier; that is, at an earlier stage, accumulated ramped hours of approximately 1 100 or 1 500 in a month was enough to denote a crisis and enough to denote a crisis worthy of the resignation of the minister of the day, if I recall correctly. We are not seeking the application of special rules; we are seeking the application of one consistent rule and, unfortunately, it is a rule that the government is absolutely committed to avoiding. I do not know what the standard is anymore because we have had similar debates in this chamber since this Parliament was sworn in. I remember during my last contribution in August, we brought forth our concerns about the state of the Western Australian public health system and ambulance ramping figures was just one of the metrics that was cited in the course of that debate, in addition to blowouts in the adherence to the four-hour rule, the doubling over a decade of elective surgery waiting lists and the resorting to code yellows as a weekly, if not daily, management tool in public hospitals. Hon Dr Steve Thomas did not get to table the document that shows a consistent exponential growth that is not COVID related, but an endemic problem culminating in the most recent figure desultory figure of 5 059.2 hours of ambulance ramping. I seek leave to table that document.

[Leave granted. See paper 779.]

Hon TJORN SIBMA: I sought leave to table the document because we need to proceed on the basis of fact. We can get ideological and invoke the factual dimensions of respective parties, and I know that government members will do that gleefully.

Hon Stephen Dawson: I didn't mention "The Clan".

Hon TJORN SIBMA: No, but other government members have, unfortunately. That will do a disservice to this debate because, frankly, I do not think the Western Australian public thinks that the government is treating them seriously. Government members can mock and carry on as much as they want, avoiding the unavoidable.

Hon Kyle McGinn interjected.

Hon TJORN SIBMA: Pardon?

Hon Kyle McGinn: You avoided it.

Hon TJORN SIBMA: Avoided what? How do you avoid responsibility for 5 000 hours of ambulance ramping in the most recent month? You're a disgrace! You have absolutely no priorities.

The ACTING PRESIDENT (**Hon Dr Sally Talbot**): Order, please! Hon Tjorn Sibma has the call.

Hon TJORN SIBMA: Thank you, Madam Acting President.

Unfortunately, this government does not take responsibility for its own actions. Not one single government member is prepared to publicly acknowledge the disgrace that is this crisis—not one. What is the response, Hon Pierre Yang? It is the commissioning of a very interesting inquiry. I am glad that Hon Martin Aldridge identified an administrative peculiarity. It is unusual for public submissions to appear in the newspaper before they appear on a committee webpage. I am not going to infer any scurrilous —

Hon Lorna Harper interjected.

Hon TJORN SIBMA: I am not.

Several members interjected.

Hon TJORN SIBMA: I deal with the quality of interjection that I have to deal with!

It was a very unusual procedure. I emailed the committee on or about 1 October, some days after, I think, the United Workers Union submission was quoted because I was very interested in the substance of that submission and it was a curiosity to me that it was not easily obtainable. I was advised that 11 or so documents had public status. I asked for those documents and they were emailed to me. I thank the committee for that.

Hon Dan Caddy: It was easy then?

Hon TJORN SIBMA: It was an unusual practice. I do not know why that decision was made; nevertheless, I identify it. It probably would be easier for the government and committee staff if documents that are given public status by a committee are put up on the website. That is not a gratuitous observation; I think it would just be a useful thing. We could then have an informed debate. It is pretty unseemly and unfortunate for members, particularly on matters as sensitive and essential to the public interest as this matter, to have to go and get it when it is obvious that journalists had been given the brief earlier on.

We cannot look at this motion without, I think, reflecting on the very difficult circumstances St John Ambulance in Western Australia is being placed under. I use this opportunity to reflect upon a not-for-profit community organisation that has a pedigree of more than 120 years in Western Australia and that has been running an ambulance service from, I think, when it commenced in metropolitan Perth some 99 years ago. It is a credible organisation. Like any organisation, it will adapt to challenges and manage its issues and commit itself to continuous improvement where needs be. But it probably ranks, along with the RSPCA or the Royal Flying Doctor Service in this state, as a non-government service provider that is respected and has enormous community esteem—absolutely unequivocally. I consider that to be under threat somewhat because I recognise in the conduct of this government, particularly since the March election, an almost supervening arrogance, that if it wants to do something, it will, except for accept responsibility for its own lack of performance or underperformance. My fear, which I will express in these terms, is that St John WA will be set up for a government takeover and it will be blamed for ambulance ramping. Ambulance ramping, as we have discussed, is symptomatic of a broader malaise in the health system, and Hon Dr Brian Walker can talk about that with some authority. The problem is with bed block and resourcing and management within the hospital system. Western Australians rely on this service not for inconsequential reasons, but for matters of life and death, and I actually believe that its independence is under threat.

I use this opportunity to invite the minister who will give the government's reply to rule out unequivocally the concept of a government takeover of St John Ambulance. If he does not, then it will be clear what game is being played. It is also clear that this government is not for all Western Australians; it is a government for the dominant faction of the Labor government—the United Workers Union, the self-described powerful new union with 150 000 workers across the country in more than 45 industries and in all walks of life, and not a few MPs to go with that. That is fine. We are all entitled our affiliations.

Hon Dr Steve Thomas: What? There are factions in the Labor Party!

Hon TJORN SIBMA: It is unbelievable, I know! You would think it afflicts only us.

Hon Dan Caddy: Factions are better than two people with strings.

Hon TJORN SIBMA: With strings—the unfortunate thing, Hon Dan Caddy, is I am concerned that the United Workers Union pulls all the government's strings. I am serious.

Several members interjected.

Hon TJORN SIBMA: That is not the point. The point is that I believe there is undue union influence over the government that is compromising the delivery of health services in Western Australia. If we take that through to its logical conclusion —

Hon Pierre Yang: There is nothing logical about what you're saying.

Hon TJORN SIBMA: Just do yourself the favour of listening to my contribution, Hon Pierre Yang.

If the government does nationalise St John Ambulance and if the government gets its mitts on the organisation, what superlative level of performance will the public of Western Australia be entitled to look forward to? Can we trust the government with even more sensitive service delivery when it is abysmally failing on every single measure at the moment? How can this even be a serious proposition? Again, I say that if the government is committed—there is an invitation here; I think it is absolutely consistent with the terms and tone of the motion as it is put—to rule out forever and a day government plans to take over St John Ambulance. That is the open invitation. With that, this is a motion that commends itself, and I will sit down.

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Mental Health) [2.07 pm]: It is my pleasure to rise on behalf of the government this afternoon to make a contribution to the motion. A number of members seem to be under the misapprehension that this is question time or a debate on a bill that requires a second reading reply from a minister. That, of course, is not the case—we are dealing with motions today—so I do not intend to reply to every comment made by honourable members this afternoon. However, I will make points very clearly about what is happening in the health system at the moment. As a representative minister in this place, neither will I, when dealing with this motion before us, rule anything in or out because, of course, that would not be responsible and is not within my power.

Hon Tjorn Sibma's contribution shows us that he is seeking to grandstand and play politics with this motion. He cares not one iota about the health system at the moment or about how this government has been dealing with COVID-19 over the past 18 months. What he sought to do this afternoon was simply to play politics. That is what we see in the motion before us. It says nothing about helping to make the system better; it is absolute base politics and I am not going to get into that this afternoon. But I will put on the record the facts of the matter about what is happening in the health system at the moment. I think honourable members in this place certainly deserve to know about that, but so, too, do Western Australians.

Ambulance ramping is a product of the current unprecedented demand on Western Australia's health and mental health system. Access to safe, quality and timely care has been a priority for the McGowan government over the past few years, and that remains the case. That is why we continue to make significant investments in our hospitals, health systems and mental health services. Of course, honourable members, will have seen in the last few weeks in the budget a significant $1.9 billion in additional investment, $495 million of which is in the mental health portfolio. I am very pleased that that is the case. This funding boost means more services, more beds and also more staff across our hospitals, health services and mental health services. That will ultimately ease ramping in the system. It is very important to acknowledge that the challenges that we are facing in Western Australia at the moment are not faced by Western Australia alone. In fact, I think in the other place during the estimates hearings a few weeks ago it was acknowledged that other states around the country are having similar issues. It was declared that South Australia at one stage stopped doing elective surgery because its system was overwhelmed by COVID-19 and the situation in which it found itself at that stage.

We are seeing our public hospitals treat more acutely unwell patients, often with complex conditions, including more mental health patients and older adult patients with increasing rates of chronic disease. Paediatric demand is also high. We are seeing increased presentations and wait times in our emergency departments and increased lengths of stay in hospitals. In August 2021, we saw the highest number of ED attendances over the last six years. Where has this come from? We are seeing unprecedented demand, and COVID-19 is playing havoc with the system. ED attendances grew by almost 14 per cent, from 439 776 to 500 654 between January and June this year compared with the same period last year, with the most growth being in category 2 and 3 patients, which are patients who require hospital care within 10 minutes or 30 minutes respectively. Compared with the same time last year, ambulance attendances increased by eight per cent across all sites and admissions to EDs also increased by eight per cent during that time. Despite these challenges, the staff in our hospitals and health facilities continue to provide exemplary care, day in and day out, regardless of the challenges they face. They look after our patients. I place on the record my thanks to them for the job they do generally, but particularly the job they are doing now in this COVID-19 period. They provide exemplary care.

For the best part of the last year, we have led the nation in our Western Australian emergency target performance, also known as the four-hour rule. As well as increased demand, the recent decline in our Western Australian emergency access target performance is also a result of the ongoing impacts of COVID-19, including the requirement to isolate patients with respiratory symptoms, increased use of personal protective equipment and additional cleaning requirements. We are not comparing apples with apples at the moment. The system now is very different from how it was. We have to take more precautions and ensure that we are taking our time and that we are not introducing COVID-19 into our hospitals and making other people sick. We have to take our time. This is a matter of life and death at the moment. We only have to look at other states and territories in Australia and around the world where people are dying on a daily basis. We have to take precautions, and that is happening, which is adding to the time taken to process patients in our hospital system.

We are also seeing staffing shortages in the context of increased activity in emergency departments. Along with the difficulties in recruiting staff during the global pandemic, of course, the closure of the global borders is having an impact on patient flow and particularly on employing and attracting staff. It is important to acknowledge that the current system pressures are both complex and multifactoral. For instance, at any given time there are regularly 130 Western Australian hospital beds occupied by patients who do not need to be in hospital. Some of those patients have been in hospital for years. This is a significant and growing problem for the WA public health system. In my own portfolio of mental health, the Mental Health Commission is working with the Department of Health and others to work out where we can move these people to. It is not about discharging them, but transitioning them. People are stuck in places but they could be somewhere else if there was somewhere else to go. We are looking at that as a discrete project to move people out of beds where they do not need to be and making sure that they get the services, support and treatment they need in the most appropriate setting. On a daily basis, on average, 130 patients are in beds they do not need to be in, which is a significant number, and we are putting a significant effort into resolving that. As I said, many of those 130 patients are mental health patients, a number of whom are awaiting NDIS services and appropriate accommodation. Similarly, often in excess of 30 patients every day are waiting in our public hospitals for aged-care services and other significant issues. Of course, NDIS and aged care are both now the responsibility of the federal government, and it is simply not pulling its weight. As a result, in the past few weeks, state and territory health ministers, including Hon Roger Cook, the Minister for Health in this state, have written to the federal

government highlighting the need for urgent funding to address the issue of long-stay patients in our health system. We are also seeing more patients with severe mental health issues, often in association with drug and alcohol problems, while the demand for eating disorder care and treatment in hospitals is at levels that we have not seen before. Quite frankly, we are experiencing unprecedented demand.

The sustainable health review found that the number of patients presenting to our emergency departments who could be seen by a GP is about 20 per cent, which is a significant number. Primary health care is another responsibility of the federal government. We need more affordable GPs open where and when patients need them. Again, we do not get our fair share of GPs in Western Australia when compared with other states and territories. We do not get the number of GPs in our state that we should get from the commonwealth.

In light of the current situation, WA Health has responded rapidly to implement several initiatives and strategies to alleviate system pressures. The WA health system is already expanding bed capacity, with 332 new priority beds announced this year on top of the more than 300 beds across the forward estimates, as part of our major expansion project. We have seen initiatives to increase newly qualified graduate nurses and midwives in our health system, which will see over 1 200 employed this year, up from 700 last year, which will make a significant difference. We are also seeing national and international recruitment strategies to complement our recruitment processes at individual hospitals and to support the medical, nursing and midwifery workforce in Western Australia.

The health system is also reviewing and improving patient care pathways and streaming, including the optimisation of administration processes. We are seeing individual health services also implement their own innovative strategies such as a new virtual model for triage for selected patients being seen at Fiona Stanley Hospital.

I will touch briefly on a few other things. The recent budget announced funding to expand the successful pilot program called virtual emergency medicine. The VEM command centre was developed to provide virtual triaging of patients in St John ambulances prior to their arrival at Fiona Stanley Hospital. This proof of concept has demonstrated success, with just less than 30 per cent, or 28.2 per cent, of patients who were referred through the command diverted to other entry points of the hospital. As of 27 April this year, which are the latest figures I have, that was working well. We are seeing patients avoiding waiting in the ED and they are getting quicker access to the care they require. An ambulatory emergency care centre has been developed to work alongside the VEM command centre and supports Fiona Stanley Hospital through overnight admission avoidance by the delivery of a service for patients presenting via the ED who would otherwise be admitted. This improves patient access to timely care, with ED presentations now being able to be streamed directly from triage, which supports shorter waiting times and reduces ramping hours. There are also a number of new mental health initiatives to improve care and keep people out of hospital, including safe havens at Royal Perth Hospital and also Kununurra Hospital, which I recently had the opportunity to visit and talk to the staff. We have also implemented active recovery teams, which are currently being deployed to ensure continuity between hospitals and community organisations.

We in this place know that our community has been through quite a lot with COVID-19 over the past 18 months. We once again ask for the community's understanding and support. At this time, it is important that our emergency departments are kept for those who require emergency care. We thank all the hardworking staff who provide lifesaving care day in and day out.

I want to touch on beds and staffing as part of the debate today. As I previously indicated, as part of the 2021–22 budget, the McGowan government is delivering 332 additional beds across the health and mental health system. Those new beds will be supported by approximately 100 new doctors and 500 new nurses—that is, from 700 to 1 200, as I previously mentioned—working on our hospital wards in this state. More graduate nurses and midwives are being employed in our hospitals, which will make a significant difference. This, too, is the government delivering on an election commitment that it made earlier in the year. As I indicated, we are again trying to attract experienced staff, with a new national and international advertising blitz. That has been challenging. Hon Dr Brian Walker is in the chamber. He would know that we have to rely on workers from around the country and, indeed, the world to staff our hospitals and health system in this state. With the closure of the borders over the past 18 months, first of all we saw an "outflux" of people, if that is a word; doctors and nurses, particularly from places like Ireland, were taken home by their consuls. In fact, planes were put on to take them back to their countries of origin. Conversely, what we have not seen is doctors or nurses from Ireland, England or Asian countries coming to Australia, who would ordinarily have done so as part of their training or working life. That has not happened, and that has added a level of complexity that we have not seen before. It has added great difficulties for us. People in the health system have been working incredibly hard over the last 18 months. They work hard normally, but they have worked particularly hard over the past 18 months. Many are stressed and struggling with increased workloads, the stress of COVID-19 and levels of anxiety that we have not seen before, as are many people in society. To not have that extra workforce or those extra individuals has added complexity to the system.

Of the 332 new beds about to open in our system, 223 will be general beds and 109 will be mental health beds. Both types will make a significant contribution to our system. The government is investing more than $1.3 billion

over the next four years in significant infrastructure, including the redevelopment and expansion of major hospital and health services across the state. As part of that investment, we will add a further 314 hospital beds over the next few years. This means that over this term of government, we will grow our hospital bed capacity by 630 beds. To put that in perspective, that is about equal to the number of beds at Sir Charles Gairdner Hospital. That is significant. That will increase access and, hopefully, help our system.

I will go through some of the health infrastructure projects underway at the moment. We have made a significant commitment of $1.8 billion towards a new women's and babies' hospital at the QEII medical precinct. The funding is already secured. The recent state budget also included an additional $5.4 million to support the development of, and planning for, that facility. Joondalup hospital will be expanded, with funding of $256.7 million to deliver more mental health treatment, emergency department beds and inpatient beds; a new theatre; a new cath lab; a specialised clinic; parking; and upgrades to a range of other services. Fremantle Hospital will also receive a significant investment, with the creation of the south metropolitan specialist mental health hub. That will have a more than 100-bed inpatient admission capacity, which will provide better access to expert care for patients with mental ill health in the south metropolitan region. Those buildings at Fremantle Hospital will be redeveloped and refurbished, with completion expected in 2022. There is an investment of almost $50 million in Meekatharra Hospital—about $48.5 million. A new consolidated health service will operate at the existing hospital site, which will include acute care, emergency services, mental health, community aged care and other primary care services. I know that Hon Kyle McGinn will support that and has campaigned for that. We are seeing an investment of $200.1 million in Bunbury Hospital to address the projected increase in demand for services in the south west region. That will include expanding the capacity for general and mental health services. Peel Health Campus will get a $152 million redevelopment, with the expansion of inpatient and outpatient mental health facilities. That will return privatised services back into public hands. What members will have noted so far from those announcements is that we are trying to put services as close as possible to where people live. Of course, particularly in the mental health space, being able to access services close to home and close to where someone's support networks are means a better recovery journey. There has been an increased investment of $82.3 million for the redevelopment of Geraldton Health Campus to deliver an expanded emergency department, a new intensive care unit, an expanded high-dependency unit and an integrated mental health unit. There will also be essential engineering service upgrades, new car parks and a new ambulance entry. We are also putting some money on the table to do detailed planning and scoping works for stage 2 of the redevelopment, which will co-locate the St John of God private hospital on the Geraldton Health Campus site. There will be $23 million invested in the new Laverton Hospital precinct, as well as an investment of $32.8 million in Tom Price Hospital, again to provide a purpose-built hospital with an emergency department with private interview rooms, consulting rooms for visiting services and new medical imaging equipment. We are also digitising telehealth services and providing a new four-bed inpatient ward. Newman Health Service is also getting an investment. Right across the system, we are seeing investments in emergency department support and mental health. A great deal of focus is being put on the system.

Hon Dr Steve Thomas said in his contribution that ambulance figures are not on the website. We publish that data on the Health website. We publish the wait time, data on transfer of care within 30 minutes and the transfer of care median time. They are all on the website. They are available. They are not hidden. They are there. We are happy to be transparent. I will make this point to finish. In 2015, the then health minister, Kim Hames, told Parliament that he had given up trying to work out the cause of ramping because it seemed to spike on some days for no reason. It is happening and we are working to fix it. We should all be on the same page. We should all be working together.

HON DR BRIAN WALKER (East Metropolitan) [2.27 pm]: This is a very interesting topic, and I rise neither to support nor oppose it. In fact, I will probably support this motion based on principle, but this is a nonpartisan approach.

I am not sure whether anyone else in the chamber has been involved in health care in any form—I am looking around for raised hands.

Hon Dr Steve Thomas: I have actually done human health administration as well as animal stuff.

Hon Dr BRIAN WALKER: And I hated treating cats as well; it killed me.

Several members interjected.

Hon Dr BRIAN WALKER: Seriously.

What I really wanted to point out is that the general response from both sides of the house to the healthcare problems that we have—and we do have problems—has been to chuck more money at the problem. That is an understandable and logical response, but it is actually to the wrong question. We are chucking more money at a system that needs to be drastically overhauled. I want to go through that. The system itself is sick. Looking at mental health, for example, it is not a problem of a lack of psychologists, psychiatrists or mental health beds, although that is always a useful thing to look at; it is a problem with the systems underlying it, which cause the mental health problems in the first place. Removing that initial problem is far better than treating it after it occurs. It is far less costly, but also more

difficult to organise if we do not have the systems in place, which involves domestic violence, housing issues, poverty and all the psychosocial issues that we see.

I go back to the approach of both praising and castigating both sides. I worked in Newman some years back and, on occasion, we had to send people out to Port Hedland, on average each weekend, because there were unidentifiable problems. We needed to do a white cell count and identify any C-reactive protein to identify whether there was sepsis—the thing that killed Aishwarya Aswath. The laboratory closed at 12 o'clock on Friday, leaving us without a laboratory in a major hospital in a regional area until eight o'clock on Monday morning. How on earth were we going to assess someone coming in with abdominal pain if we did not have a laboratory? Flying a patient out with a source being used on the Royal Flying Doctor Service was $10 000 to $15 000 a pop; that would have been $20 000 to $30 000 every weekend.

We had a gentleman in the laboratory in Port Hedland doing a cost–benefit analysis for a machine that could check white blood cell counts, C-reactive proteins and troponins for the heart. The machine cost $7 500. He was doing a cost–benefit analysis to determine whether it would benefit our hospital to have such a machine in our emergency department to save sending out one or two patients a weekend. He had still not come to a conclusion 18 months later about whether we could benefit from having that relatively cheap machine in our ED. PathWest thought, "Oh, horror! You can't measure the white cell count. We must tell the health minister." The then health minister, Kim Hames, took note of it; I called him personally but there was nothing. Nothing was done. That hurt me because I could not look after my patients properly and I was wasting resources while the answer was so patently simple. The salt in the wound was that my tax money paid that man's salary for doing the cost–benefit analysis. I put to members that that is typical of government.

I have worked in corrective services and I have seen the wastage that goes on in the name of good government. Boxes are ticked. There was a plan to put an X-ray machine into an unnamed prison. The boxes were ticked as to what machine would go into which room but, $750 000 later, they discovered that the room was too small. The whole thing was cancelled and three quarters of a million dollars were wasted. But because we had ticked the correct boxes, no-one was held accountable. I put to members that this is a daily occurrence and we doctors are sick of it. It is symptomatic of a broader malaise, taking the point here of Hon Tjorn Sibma.

I have worked in EDs and, as has every other health worker in EDs, I have been spat at and on, vomited on and covered from head to toe in blood and faecal matter. I have been racially abused. I have been physically abused and violated. I have been threatened with broken glass and open knives. I have been held hostage and I have been threatened with a shotgun and a variety of other weapons. No-one cared about me and no-one cared about any of the other healthcare workers. Our nurses in EDs, who are threatened by meth-affected patients, are left to cope with this on their own. Is it any wonder that we, in the health service, are thoroughly upset and why we turn out and turn off? We are being abused and no-one cares. How can we treat the people who are looking after us in such a manner and expect a health service to function?

I had a patient once who collapsed outside the clinic. He was a very strong young farmer and he was totally out of it. The brain simply was not working. He was violent and we tried to restrain him. The amount of ketamine it took to put him down—not put him down in that sense—was enough to actually put down an animal. We eventually got him into hospital, sedated, and into neurological services. Two days later, I found out that he had been discharged and was now driving a car in Melbourne where he was visiting family. The diagnosis was a vasovagal collapse. A vasovagal collapse is basically a faint. Your blood pressure goes down, your brain is empty of blood and you fall to the ground and you get better in a few minutes. That diagnosis, from a neurological specialist centre, was patently wrong. I called the junior doctor there and said, "Listen; this is very different from what I saw here. Can you explain what you found in hospital?" The young doctor there, a young lady, was discombobulated. She said, "I don't know—ah, er" and fumbled the words. She basically told me to speak to her registrar. A registrar here is different from a registrar in the United Kingdom, where they are god on the wards. They are one step short of a consultant, and better because they are up to date with everything and have practical experience. I was not sure about this registrar because she tried to tear a strip off me for daring to question the diagnosis. I am not easily bullied and I am not easily disconcerted by people who are questioning my point of view, as all members might guess. She began to try to berate me for having the temerity to doubt the diagnosis, and when I pointed out the very obvious symptoms that merited a different diagnosis, she got very upset. I got a call from her consultant. I will not name the man because I asked him why he put down a false diagnosis. The answer was quite clear. It was because he could not get a diagnosis so he gave a diagnosis trusting that the GP, ignorant as he is, would not know the difference. I think it is fair to say that that consultant will not do that with me again. The temerity with which they allow themselves to lie to a GP is standard.

In the past, I was bullied by a consultant surgeon who wanted to transfer a patient, not having read the notes I had written that said to transfer the patient. They got face to face with me on the ward after having abused the sister of the ward. He tried to threaten me physically. I put it to members that bullying is rife and rampant in the health

service and that we allow it to happen. We talk about it in other services and say that it should not happen. This is standard in the health services and we allow it to happen. I say "we" because we ought to be controlling this and we are not; therefore, we are allowing it to happen.

Recently, I had a patient with a cauda equina—a very clinically clear case of compression of the spine. It results in permanent paralysis if it is not dealt with properly. He was sent to the ED, and very reassured by my colleague that it would be taken care of, even though a medical student would know it was an emergency. He was sent out with no treatment. He is now, thankfully, in surgical care. The MRI was absolutely clear, but we had that before he went to the ED. He was seen by a doctor there. The notes were fine, but they were wrong. They were covering their backsides and he was sent off. They said that he had been seen by a superior, but he had not. Fortunately, he will probably regain the use of his legs and his bowels again—probably. This happens every day in the ED. Things are missed and we can ask why.

A patient of mine went with a C-spine nerve prolapse—a very major compression of a nerve—in absolute agony to the same ED and was chucked out with some Panadol, having been told it would get better in time. It will not. She went down to another ED and the same thing happened. She demanded to be treated and she was given a social worker. Eventually, she found a physiotherapist who said that there may be a problem. She managed to get to a neurosurgeon who said that there was a problem but that it would settle down. It will not settle down. She now has permanent nerve damage. She went to a proper neurosurgeon and had the difficult surgery. She has recovered most of that use, but still, this is happening to our patients—the people we swore we would support when we came into this chamber. This is happening on a regular basis and we are talking about how much money we can chuck at the system.

The other night I spoke with a paramedic friend of mine who is on active duty. We were talking about the issues of ambulance ramping and the figures. Although I would absolutely echo what has been said, ambulance ramping is not a problem of ambulances ramping; it is a problem of the ED not putting patients through. That is absolutely clear. There is no doubt about that. We can talk about a lot of other things, including how the St John service is managed, but the ambulance ramping figures simply say that we have a problem in the health service and it is going to be in the ED. I could talk for hours about that but, basically, we are talking about how a system is structured. The structure is not functioning. Chucking more money at a non-functioning system is a good way of wasting our money, and I resent that. It is not a perfect system. It is true that it needs an overhaul.

As a simple example, my paramedic friend will be called out on a regular basis to an aged-care home and he will be told to take a patient who has fallen out of bed to hospital. I would quite agree with that because falling out of bed could result in a fractured neck or femur, or other things. However, these beds are lowered to the floor because there are no sides. The fall out of bed is four inches. Because it is aged-care home protocol that they must be seen, patients are required to be loaded into an ambulance and taken off to the ED. There will be a whole line of people in the ED with similar minor things. They occupy the ED time for no good reason other than covering the backside of the administration in an aged-care home or a hospital that does not have the courage to do the right thing by its patients because it does not trust that its training is going to be sufficient. I am talking from experience, and when we ask: "Why the hell did you send a patient to ED?", the answer is, "It's our protocol." It is not for any medical condition.

As I saw in Merredin, the bureaucrats wanted at one stage to cover their backside. Every single child under two years old with a fever who presented to the emergency department in our area was required to be sent by Royal Flying Doctor Service to Perth. I led a revolution: this will not happen, but they were quite happy as bureaucrats to demand that we overload the RFDS to cover their backsides. They were also saying that the doctors in their service were not fit to practise as doctors. Because they cannot get any more doctors from overseas or wherever, that is what we have to deal with. We cover our backsides and the system creaks and breaks. We have a problem.

My same colleague, friend, paramedic talked about the reception services. Paramedics used to be able to take their patients to, say, mental health or social service or bypass the ED. That has been stopped, I believe, by St John's management. I believe there are issues with the management now, so I would welcome a review of it. I recall someone being promoted from the WA Country Health Service. I must say that I would love to castigate the WACHS on a daily basis for its incompetence and crass idiocy. It promoted someone into Silver Chain who almost brought that place to a collapse, who lied to me personally and for the next three years refused speak to me because I was demanding an apology. We are dealing with bureaucratic bloat.

I said a while back that Hon Matthew Swinbourn advised me to use the word "metaphorically" when saying that we would like to kill them all. Metaphorically, I am sure he is quite right because they are our problem. One of the problems we are facing with the bureaucracy is that they take the money, and under Parkinsonian law here, the money expands to fill the time available for a bureaucrat to use it. The bureaucrat's only focus—I know this from the horse's mouth—is to cover their budget and cover their backside with insurance. They do not care about the health

service as such. They do not care what is happening. I mentioned this before about Aishwarya Aswath. That horrible situation was probably caused by the FTEs being reduced to cover the hospital budget requiring the staff in the ED to work twice as hard, unable to address what is going on and therefore missing something that is avoidable. But the bureaucrats in their offices were quite happy sitting back, sipping their lattes and blaming some poor doctor or nurse for trying to do the work of two.

Chucking money at these symptoms is less effective than fixing the root cause. More money does not equal better, and this applies to both sides of the house. I understand why the government is doing it. It is because members are not working in the system; therefore, they do not know what is going on. They are listening to the bureaucrats who are dealing with this, but they do not know what is going on, either, because they do not know how to manage. In the Merredin Health Service, for example—it has now been fixed—for years when I was there, if someone came in with a major arterial bleed, the nurse would have to unlock three separate doors to get the stuff we needed to stop that person from bleeding to death. One horrible time, I was told to take a patient from Bruce Rock who needed a paracentesis there and send them to Perth if there were any problems. First of all, we had no imaging; secondly, we had no laboratory, and the bureaucrats knew that; and, thirdly, we had no equipment for doing a paracentesis, which is putting a tube into someone's tummy to take out the infected fluid. But the people in charge still insisted on sending the patient to Merredin, I believe. She was not dying; it was a happier thing. The thing was, we did not have the equipment needed and they knew that, but they still wanted to use the system as though it was fully functioning, pretending there was no problem.

Health crises afflict all governments, and I have to tell members that I do not know what the solution is. As I have said before, if I were given the job of being the health minister and all the money in Australia, I would not know how to fix this. It is a big problem. It is not about one side or the other; it is about a system that has been producing these results over the decades and all we have done is chuck more money at it and hope that someone somewhere will fix it. If we give it to government bureaucrats, we are totally screwed. I am speaking here not as a politician but as someone who has stood there watching helplessly while someone dies. I do not like doing that. None of my colleagues like doing that.

Although I will support the motion, I put it to everyone on both sides of the house—from all sides—that something needs to be done at root level. Foundational change will take a long time and requires a complete rethink and probably the metaphorical execution of all the bureaucrats who are perpetuating a broken system.

HON JAMES HAYWARD (South West) [2.45 pm]: That was a very sobering 20 minutes, was it not? I certainly thank Hon Dr Brian Walker for sharing that insight. It really brings home the depth and importance of what we are talking about. I would like to thank also the minister for his detailed response. On a number of those issues he certainly outlined some of the challenges currently facing our health system that we have not faced in the past. It is important to think about those things in relation to this motion and the challenges that the health system faces.

I think this motion is about trying to get the government to accept that there is a problem and, as has been already pointed out, acknowledge there is a serious issue within our health services. That is the first place from which to start finding solutions to rectify it. Again, in the minister's response, he referred to unprecedented demand and higher than ever presentation rates in our emergency departments. Those things are real and they will certainly make an impact on our ability to manage the incoming flow. We know we do not have COVID-19 in our state and that the government's highest priority must be to prepare our health services to be able to exponentially increase their capacity. Because right now we are not dealing with COVID. I listened to what the minister had to say about the challenges around extra personal protective equipment and how people with respiratory symptoms are being managed and how their care is more onerous for staff. I accept that those are new challenges that we have not had to face before. Nevertheless, we have significant problems.

When we talk about ambulance ramping, as I think I mentioned once before in the chamber, at Albany Health Campus all eight of Albany's ambulances were ramped on the same day at the same time. That means there was not a single ambulance in Albany to respond to a traffic accident or 000 emergency. An ambulance would have had to come from Mt Barker, which is probably 30 minutes away, Denmark or some other location. That is a scary prospect. At that hospital at that time I think ambulance ramping was nine times greater than it had been previously. That is a significant problem, but the problem is not with St John Ambulance; it is turning out, collecting patients and giving fantastic first aid and providing all the first-responder stuff they need. They are putting people into the ambulances and getting them to the primary health facility they are being sent to but are then parking up for hours and hours—over 6 000 hours of people sitting in the back of ambulances.

That is a lot of hours. There are a lot of people in Western Australia and a lot of people are going to the emergency departments—but over 6 000 hours! I think when Albany reached 13 hours each week it was the height of it down there. That figure may not be exactly correct but certainly it is nothing in comparison with the 6 000 hours we are seeing across the state. Nevertheless, even in a place like Albany, there are real issues with this. Recently, when

I was chatting to some volunteers in Collie, they told me that they had not experienced ambulance ramping at Collie Hospital, but when they went to Bunbury Hospital at South West Health Campus, they experienced ramping. We have a problem right across the state in being able to meet the demand that is coming in the door.

On top of that, we have the challenge of meeting the needs of our staff, which Hon Dr Brian Walker talked about, within these facilities. Only 25 per cent of staff surveyed in Albany believed that it was safe to speak up about a workplace problem. Fewer than half of the staff surveyed at Albany Health Campus said that they would be happy for a family member to be treated there. That is a mind-blowing number. In the WA Country Health Service, Albany was the worst performing. But the WA Country Health Service performed worse than its metropolitan counterparts in the same survey. Therefore, there are some challenges in that place as well.

We have a situation in Bunbury in which the culture has been considered so toxic that WorkSafe Western Australia has put an order on hospital management to fix it. I am not sure that I have ever heard of that happening. Again, I may have missed it, but I do not think I have ever heard of WorkSafe WA putting an order on a hospital because of work culture. It was described as a toxic culture. The Australian Medical Association criticised our health service and how it is being managed. Nurses and midwives are on strike. I think it is clear from all the pieces of information that are coming together and all the stuff that we see and know that, yes, our health service is facing a serious problem. The question is: Where do we go from here? How do we fix this? This is the big question. I welcome the state's extra $1.9 billion investment into health. Although it may not be the total solution, boy, it is a big start. It could certainly be a big start if that money is used effectively to meet these needs.

Having said that, I am not sure that a review of St John Ambulance at this time, under its current circumstances, is necessarily a great use of the government's time and resources. But it is clear that something needs to be done in this space and it is critical. I accept that there are some new challenges, but, quite clearly, this is not just the opposition trying to drum up some support; this is something that is genuinely coming from the community. When I speak to people in the community, they tell me very often that they like the Premier, but they concede that they do not think that our health system is ready. If there were a chink in the government's armour, that would be it. It is a challenge for you guys and girls to find a way forward. But the critical point, which I think is the point of this motion, is to acknowledge that there is a problem and move on from there.

Over time, we have all, no doubt, been to hospital, taken our children there or gone with loved ones and received, certainly in my case, excellent service from some fantastic men and women who work very, very hard to give us good service. That has always been my experience. From the stories that Hon Dr Brian Walker and others told in this room, I accept that that is not always the case, but, in my case, and I would say the same for the vast majority of people, we get exceptionally good service from our health professionals. But a critical mass is growing that says that something more needs to be done and the state needs to intervene and be involved with finding a solution. I am certainly not saying that the government is not trying to do that; I am just saying that whatever the government is doing, it is not quite getting there. The $1.9 billion is terrific and it is fantastic that we have a surplus that will allow for that investment.

Again, I encourage members to encourage the Western Australian Labor Party to do all it can to fix these issues. There is absolutely no question that the Minister for Health made a big deal of 1 000 hours of ambulance ramping in the past. If somebody had whispered in his ear, "Well, opposition member, when you're the minister, you're gonna blow it out to over 6 500 hours", I think he would have been absolutely horrified. There are some issues that need to be fixed, and I encourage you guys and girls to get on, do the hard work and try to find a solution.

HON STEPHEN PRATT (South Metropolitan) [2.54 pm]: I want to carry on from the remarks following the minister's response on this motion. I point to the $100 million in the state budget that is targeted at our emergency departments. The support package includes $61.6 million for mental health support in emergency departments, which includes $37 million for adult community treatment teams, and I have spoken about those in this house before. Speaking in this place about ambulance ramping feels a bit like groundhog day sometimes. I have not been here that long but the opposition comes in and talks about ramping, which gives us an opportunity to speak about all the good things that we are doing in the health system. It is almost like an extended Dorothy Dixer for us each time opposition members come in and talk about ramping; therefore, thank you very much for that.

Hon Dr Steve Thomas: It's a good news story!

Hon STEPHEN PRATT: It is, yes.

Several members interjected.

Hon STEPHEN PRATT: I will take the interjections. Hon Dr Steve Thomas spoke about the 1 000 hours under Kim Hames and how he gave up. The trajectory started there. We have come into government and we are offering solutions and trying things. There is no silver bullet to this. Members opposite keep coming in here and bagging us

but do not provide one suggestion on how it can be improved, so I will continue talking about what we are doing in the budget with our $1.9 billion that has been allocated.

Further, the support package includes $24.6 million for two new mental health emergency centres, one at Armadale Health Service and one at Rockingham General Hospital, which is a new initiative of this government. We introduced the centres in the last term, and two more will be introduced at Armadale and Rockingham. They will provide much needed support to those emergency departments.

Hon Martin Aldridge: Can you tell us about urgent care, please?

Hon STEPHEN PRATT: Yes, I can tell the member about urgent care if he would like.

Hon Martin Aldridge: How is that election commitment delivery going? It's only five years old now.

Hon STEPHEN PRATT: Has the member used the system? Has the member needed to go to a general practitioner?

Hon Martin Aldridge: You haven't delivered any of the urgent care clinics in my electorate.

Hon STEPHEN PRATT: I will move on.

Several members interjected.

The ACTING PRESIDENT: Members! Remarks are through me, as you well know.

Hon STEPHEN PRATT: I will continue. Given that we are talking about things in our electorates, I will touch on one that is in mine. There has been $2.3 million allocated to a virtual emergency medicine system. This started as a pilot project and I will refer to an article from the South Metropolitan Health Service website, which is where this pilot took place. It has had some great success in the interim and is another example of the action that we are taking in the emergency department and ramping space. This is St John Ambulance working with the Department of Health to provide better services to our patients. In a lot of this discussion, that is what is forgotten; these people are in need of service. They are either ill or have an ailment and they need care, and sometimes that gets lost in this debate when we talk about figures or whether the government is doing enough. But at the end of the day, it is about patient care and it is very important. This initiative is a $2.3 million funding boost that will allow the VEM program to be expanded. I will touch on what it is exactly. The program uses video call technology to allow paramedics to communicate with the hospital before they arrive so that the people on the ground can see what is going on and prepare for their arrival. It also allows the patient to be assessed and if need be, they can be transferred to a more suitable inpatient service. Clinical lead, Dr Ian Dey states —

> "VEM aims to provide the right care in the right place at the right time, and this may not be in the ED …

It continues —

> Staffed by a clinical nurse and emergency physicians, the 7 days-a-week service has tele-consulted and tele-triaged 1250 ambulance patients to appropriate healthcare services since its inception.

One of the best stats out of that pilot is —

> "During the first month of its pilot phase this year, VEM was successful in diverting 28% of incoming ambulances to alternate care pathways in the hospital, and for those patients referred to VEM, ramping was reduced by 25%," …

That is an example of this government trialling something that appears to be working in its early days. Therefore, we have allocated more funding to its expansion. I think it will be rolled out to Peel Health Campus and Rockingham General Hospital. I will come back to the 1 000 hours that the member referred to and the fact that Kim Hames gave up. What did not happen was any allocation of funds or any solution to the issues. Peel Health Campus got nothing in those two terms of government, I think it was, and now we are allocating $152 million to redevelop that service.

In closing, it would be remiss of me not to touch on the other infrastructure projects that have funding. Big money has been allocated to these projects to alleviate the pressure on the system. The new women's and babies' hospital has been allocated $1.8 billion. It is quite significant. Joondalup Health Campus has been allocated $256.7 million. I know that that will create a big change for people in the northern suburbs. Back in my electorate, there is a significant investment in mental health services at Fremantle Hospital with a 100-bed inpatient service that I look forward to opening in 2023.

Hon James Hayward referred to the Bunbury area and Albany. Bunbury Hospital will get a major redevelopment with $200 million, and I am sure that is welcomed. The other great project that is happening is Geraldton. The huge investment out there will change the face of health care in that region. We are definitely doing a lot in this space. Our heavy investment in infrastructure will equate to alleviating pressure on the system. We are trialling a few different

things. There is no silver bullet for this stuff, but we have to keep trying different things and making sure that we continue to put patients first.

HON STEVE MARTIN (Agricultural) [3.03 pm]: I thank Hon Stephen Pratt for mentioning groundhog day. It was an unusual reference considering the topic, but the people suffering groundhog day the most are patients in the back of ambulances and ambulance drivers quite clearly. Day after day, 6 000 hours a month, they are stuck outside hospitals. I would like to make a few brief comments about the title of this crisis. I am not calling it a crisis; Roger Cook called it a crisis all those years ago, so I am using his language. It was called an ambulance ramping crisis. The ambulances are working just fine. They are picking up people and getting them to the hospitals. As Hon Dr Brian Walker said, the crisis is from the ED door in. I would like to say a few words on St John people's behalf, especially its regional volunteers. Like Hon Martin Aldridge, I am nervous about an inquiry into the St John WA service at the very time that we have this situation going on. Those regional volunteers who get out of the bed at three in the morning to pick up someone in a car crash on the side of the road would be amused. No, they would not. They would be disgusted. One of the Standing Committee on Public Administration's terms of reference is to look into whether alternative service delivery models in other jurisdictions would better meet the needs of the community—not where I live, please. They remember the issues with Moora Residential College, Schools of the Air and school camps. Do not have another go at that, please. Leave the regional volunteer service alone. If we want to do something more broadly about St John Ambulance, maybe we can, but I have my doubts about that as well. This is not a St John crisis.

HON DR STEVE THOMAS (South West — Leader of the Opposition) [3.05 pm] — in reply: It is always a good day when the Council hears from four Steves in a debate, so well done, everybody. I would like to give a quick summary of the contributions because I think we have had an enormous amount of agreement. I would be interested to see how the vote on this goes. I started my contribution by suggesting that there was no easy solution to this problem. It is difficult and we need to acknowledge it is difficult, but further action is required. The same thing was repeated, effectively, by Hon Martin Aldridge and Hon Tjorn Sibma. Interestingly, when the Minister for Mental Health stood and contributed, I listened very carefully and he finished his contribution after having started with all the things I predicted he would say. I thought he would read out the media releases et cetera, and that was fine, and talk about what the government is doing, and that is fine. We expected that. But the minister in his usual high standard has been as honest as possible in the process, and he finished his contribution by saying that there is no easy fix and that this is an issue that takes lots of work. That was then also taken up by Hon Dr Brian Walker who said he could not fix this as a doctor. I was a chairman of the South West Health Forum, so I spent many years in human health administration, which is very different from my training, but I am aware it is very, very tough. Hon James Hayward effectively said the same thing. He acknowledged the efforts of the government and said that it was a difficult thing to fix.

I love a bit of agreement in a debate, and we have had enormous agreement around the chamber today. Ambulance ramping is an issue; it is difficult to fix and, for the most part, the solutions are not in the ambulance or the ambulance service. The solutions are about making the system function more efficiently once the ambulance arrives at the hospital or wherever else, ideally, it might arrive. I hope the minister takes on board my comments about alternative settings for the receival points of some patients, because not all patients are best served by an emergency department and not all emergency departments are best served by receiving all patients or some types of patients, and I think that deserves a greater look. But the simple reality before us today is that every speaker—I think even Hon Stephen Pratt—stood and said this was a very difficult issue. The defence of Hon Stephen Pratt was that the Liberal Party previously did not do enough and did not fix it and handed them a difficult issue. I am quite happy to accept that opinion from the honourable member because it is an acknowledgement that it is an extremely difficult issue to remedy.

I will at some point bring about Parkinson's law for members and quote it indirectly, but even Labor members who contributed today acknowledged that ambulance ramping is a very difficult issue that this government has not fixed, that the previous government, according to the position of members of the Labor Party, did not fix, and there is not a simple solution. Members will note that the motion I read in today was a very simple one —

> That the Legislative Council calls on the government to acknowledge and fix the ambulance ramping crisis afflicting our health system.

We did not condemn the government for having an ambulance ramping crisis. I know that various members around the chamber have not infrequently done that in motions and business. Those on that side congratulate the government and those on this side condemn the government, but that is not the motion before the house. The motion before the house is a very simple one of acknowledgement. We know that the fix to this is not simple. I agree with Hon Dr Brian Walker that chucking more money at it is not the solution, which is why I raised Parkinson's principle in the first place. It is not the solution. Simply calling for more expenditure is both a lazy and a foolish way to demand that this system gets fixed. It does need significant change. But the first step to change is acknowledgement. This motion, members, simply says it is a tough issue that needs to be addressed. Do not vote against it.

Division

Question put and a division taken, the Deputy President casting his vote with the ayes, with the following result —

Ayes (11)

Hon Martin Aldridge	Hon James Hayward	Hon Tjorn Sibma	Hon Dr Brian Walker
Hon Peter Collier	Hon Steve Martin	Hon Dr Steve Thomas	Hon Colin de Grussa *(Teller)*
Hon Donna Faragher	Hon Sophia Moermond	Hon Wilson Tucker	

Noes (19)

Hon Klara Andric	Hon Peter Foster	Hon Kyle McGinn	Hon Matthew Swinbourn
Hon Dan Caddy	Hon Lorna Harper	Hon Shelley Payne	Hon Dr Sally Talbot
Hon Stephen Dawson	Hon Jackie Jarvis	Hon Stephen Pratt	Hon Darren West
Hon Kate Doust	Hon Alannah MacTiernan	Hon Martin Pritchard	Hon Pierre Yang *(Teller)*
Hon Sue Ellery	Hon Ayor Makur Chuot	Hon Samantha Rowe	

Pairs

Hon Neil Thomson	Hon Rosie Sahanna
Hon Nick Goiran	Hon Sandra Carr

Question thus negatived.