

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

HEALTH — MANAGEMENT

Motion

The PRESIDENT: We move to motions on notice. Honourable member, you may have put me off my game!

HON TJORN SIBMA (North Metropolitan) [1.03 pm]: President, you would not be the only person to accuse me of putting them off their game!

I move —

That this house —

- (a) expresses its deep concern for the Cook Labor government's continued mismanagement of the planning and operation of Western Australia's public health system;
- (b) laments the government's failure to appropriately fund child development services;
- (c) condemns the Minister for Health's dangerous decision to ignore the government's own business case into the new women's and babies' hospital, which recommends Queen Elizabeth II Medical Centre as the preferred site; and
- (d) in respect of (c), urges the government to reflect on the advice of health experts, clinicians and advocacy groups and immediately reverse the decision.

The PRESIDENT: Members, before I put the question, please note that the clocks are malfunctioning. The clerks will keep time and offer the speaker a five-minute warning before the end of their contribution.

Hon Tjorn Sibma has moved his motion. The question is that the motion be agreed. I give the call to Hon Tjorn Sibma.

Hon TJORN SIBMA: There is no doubt that Western Australia's public health system is not living up to the expectations of the community it is designed to serve. This statement is a statement of fact; it is no rebuke of the skills, dedication and compassion evidenced daily by our doctors, nurses, paramedics and other frontline medical practitioners. Indeed, I will use this opportunity to put on record my deep appreciation and the appreciation of not only the opposition, but also, I assume, the government and other crossbench members here of their daily valiant attempts to provide the best level of health care to patients in a system that is crumbling—deteriorating—around them. That the capacity of Western Australia's health system is deteriorating is beyond debate. It is beyond political cant, spin and deflection. No individual can realistically, with credibility, obscure the sad reality that performance metrics have trended southwards, some at significant pace, over the last seven or eight years.

I have used this occasion, as have other members of the opposition, throughout this year and the preceding year in the very least, to identify our deep concerns with failures in elective surgery waitlists, hospital ramping, code yellows and the like. I want to briefly address paragraph (a) of the motion and speak about hospital ramping. Last year Western Australian ambulances spent more than 66 000 hours stuck outside hospitals. They were the worst annual ramping figures ever recorded in this state. When this issue first became politically sensitive some years ago, the now Premier, the then opposition spokesperson for health, claimed that 1 100 hours in a month of ambulance ramping constituted a crisis. There were probably not enough descriptive words in the English lexicon then to describe the current state of affairs if 1 100 hours in one month constituted a crisis when we now regularly record averages of 5 000 or 6 000 hours a month. The most recent figures show a slight improvement—4 911.7 hours of ramping in July 2023. That is still an enormously high number by historical standards. Last year, there were more than 300 maternity ambulance bypasses up until the end of November, including 19 in the WA Country Health Service, where geographical distances are obviously vast.

This brings me to the issues addressed in paragraphs (c) and (d) of this motion, including issues relating to the new women's and babies' hospital. For the better part of the past two decades, there has been longstanding acknowledgement among commissions that co-location of hospital services is absolutely advantageous. This perspective was enunciated very clearly in the 2004 Reid report. To put this matter in context, I wish to read part of what Professor Reid said in that report. He stated —

... the co-location of both King Edward Memorial Hospital and Princess Margaret hospitals with an adult tertiary hospital is supported as it would: —

Among other things —

- provide better clinical services for women, including better access to critical care and diagnostic services
- increase access to research and training that will assist in the provision of high quality, evidence-based care

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

- allow for more integration between women’s and children’s services eg. between gynaecological services and neonatal and antenatal services
- allow for better integration between women’s and children’s services and general adult tertiary services eg. between adolescent and adult services
- allow for improved coordination of women’s and children’s health services across the State ...

That very sensible view was delivered for this state’s cogitation in 2004—19 years ago—and accepted by the then state Labor government that I think, in the context of the overall report, endorsed 85 of the 86 recommendations. That report also received bipartisan support from the opposition and it was a principle that was accepted when the Barnett Liberal government took office in 2009. But it was not the solitary view, for in 2019 a significant piece of work was commissioned by the then Minister for Health, now Premier of the state, Hon Roger Cook, called the *Sustainable health review: Final report to the Western Australian government*. Among the issues it canvassed was the planning for the orderly transition of maternity services away from King Edward Memorial Hospital for Women. I quote very briefly from this report. With respect to the integration of these services, the report states —

This is a priority to ensure access to services and will improve the safety and quality of maternity services.

The co-location of King Edward Memorial Hospital with Sir Charles Gairdner Hospital presents an opportunity to introduce more contemporary, integrated models of care for women and neonates, and enhance safety and quality for these patients.

It is one thing for the professional, clinical and dispassionate observations and recommendations of a committee of inquiry that constituted the sustainable health review to make these kinds of assessments and recommendations, but this does not happen in a vacuum. This recommendation was thoroughly and unequivocally endorsed by the then McGowan Labor government and the then Minister for Health, now Premier, Hon Roger Cook. On 10 April 2019—April is an interesting time stamp—the then minister told Parliament —

I can confirm that this morning we released the “Sustainable Health Review: Final Report to the Western Australian Government”. For those who are unfamiliar with it, the review lays the foundations for the delivery of health services in Western Australia for the next decade and, in particular, continues the McGowan government’s promise that we will put patients first. The report fulfils a McGowan government election commitment. I am very proud to say that, in addition to that election commitment, we have endorsed each of the final report’s eight enduring strategies and 30 recommendations.

I apologise that this goes on but it is very, very important to understand how central and how strongly endorsed was the building of the new hospital at the Queen Elizabeth II Medical Centre site —

Even though the enduring strategies of the final report talk about a cultural shift towards more focus on and investment in prevention and community-based care, we cannot forget the importance of having a contemporary hospital system that backs up those services. That is why I was very pleased to announce this morning that we will move immediately on to the long-overdue planning for the delivery of King Edward Memorial Hospital at the Queen Elizabeth II site ...

This is an exciting and significant step ...

We will move now to implementing the planning for King Edward Memorial Hospital so we can move as swiftly as possible to developing the new mothers and babies hospital at the QEII site. The Department of Health and health service providers will spend the next three to six months planning the implementation ...

In April 2019, that clear statement of intent was provided by the then Minister for Health, now Premier—clear and unambiguous. But it was not a solitary commitment. A succession of commitments were made to that site, the now abandoned site. The 2019–20 budget papers contained the following statement —

In the 2019–20 Budget, Government is investing \$26.4 million to commence the recommendations of the Sustainable Health Review, including \$18.9 million for the immediate commencement of a number of pilot initiatives to trial innovative models of care, and also includes funding to commence crucial planning for the co-location and integration of women’s health services at King Edward Memorial Hospital ... to the QEII Medical Centre.

Again, some months subsequently on 6 December 2020, a media statement reads —

Under a re-elected McGowan Government, the preferred site of the new multistorey hospital will likely be built north of G Block within the Queen Elizabeth II Medical Centre.

Some months after that, in February 2021, on the then Premier’s Facebook account, and this was a reliable avenue of news, members will recall that we were all encouraged as Western Australians to keep up to date with the latest COVID news by following the Premier on his Facebook account. In February 2021, the then Premier said —

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

Our plan to build a new Women and Babies Hospital at QEII, alongside SCGH and Perth Children's Hospital, is locked in, and fully funded by the budget surplus.

It'll replace the ageing King Edward Memorial Hospital, and deliver world-class maternity and women's health services for Western Australia.

But the commitment did not end there. It was recommitted on 16 January 2022—so January last year. The government confirmed in its media statement that the QEII Medical Centre site was the preferred site. Perhaps that should have been an indication that there was a problem. If the preferred site had to be reconfirmed again and again, perhaps something was niggling away. I will let that go for now, but it was stated clearly in the Parliament, through media statements and through Facebook updates, that the McGowan Labor government was fully committed to constructing this new hospital in accordance with best practice clinical guidance at the QEII site. There were multiple commitments and confirmations of that, all extolling that that provided the best model for care. It was clinically endorsed and there was absolutely no dissent from that decision.

In April this year, something very strange occurred. I had to check my calendar: it was not 1 April, but 11 April. The sort of asinine title of this statement buried the lead: "New location for Women and Babies Hospital to expand facilities". This happened during a period of time in which it was not a political virtue to backflip or admit that you got things wrong like with the Aboriginal Cultural Heritage Act and regulations. This was a time in our state's history when the McGowan Labor government only grudgingly conceded that it was changing tack. This was an enormous backflip—not a backflip of only a few years or, in the case of the ACH regulations, four or five weeks—and 20 years of consensus, clinical advice, bipartisan commitment was overturned just like that—quickly. One can imagine the degree of surprise and alarm, and indeed there was, but what was the justification for this sudden radical departure? A range of reasons were offered, including that the site was a little constrained, the traffic was hard to manage and that perhaps construction might be a little disruptive.

The most elevated and distinguished expert clinicians have for 20 years determined that it is absolutely possible—not only absolutely possible but from a clinical perspective desirable—for that new hospital to proceed on that site. Those clinicians have suddenly been categorised as wrong, missing in action or not contemplative of the full dynamics here. The defence provided at the time was absolutely unconvincing. Not only that, it was deeply insulting to clinicians who were not consulted at all about the decision.

I will not use the limited time available to read into *Hansard* what august members of the clinical community, particularly the Australian Medical Association, had to say about the decision or the fact that clinical advice was not sought. However, I do want to draw members' attention to the very strange ex post facto justification for this decision. It is evidenced in a document that I will cite here. It was drafted by Infrastructure Western Australia and is entitled *Review of the WA government's decision to proceed with construction of the new women and babies hospital within the Fiona Stanley Hospital precinct*. It is obviously a title that does not roll off the tongue smoothly.

If the government had already decided not to proceed and that the only site available was at Fiona Stanley Hospital, what was the purpose in commissioning a review by Infrastructure WA, an allegedly impartial statutory authority? Why was it the case that the now Premier effectively requested Infrastructure WA to justify, or provide ballast to, a decision that the government had already taken on 4 July this year? Infrastructure WA was given the strict deadline of reporting to the Premier no later than 31 July. Cabinet overturned 20 years of planning for reasons we will never know and, interestingly, Infrastructure Western Australia never got to see. I will cite a footnote from page 1 of the report. It states —

Note: To maintain the confidentiality of Cabinet-In-Confidence (CiC) material information contained within the Cabinet minute, decision sheet and attachments is not directly quoted in IWA's report.

This is the rub. The report continues —

CiC information was also not provided to the IWA Board.

Did anybody see this information? I think, frankly, that this report is a travesty of intellectual honesty. That is no rebuke of the bureaucrats who were asked to draft the report; they complied with an instruction. There is not one sensible, significant or quantifiable figure in this report to justify the backflip. This is not to say that the government does not have an argument. However, in the absence of evidence, I tend to believe it has this one wrong because, begrudgingly, even that report was released—it eked out—some weeks ago. The fundamental argument that the now Minister for Health, Amber-Jade Sanderson, relied upon was effectively that the site was transport constrained. Anyone who has been to Fiona Stanley Hospital would probably be amused at apparently how easy traffic inflow and outflow is down there. I know both sites very well. But it would cost too much. It may well cost too much. I think she cited a figure of around \$250 million. I commend the Minister for Health for her commitment to financial prudence. However, \$250 million is an absolute rounding error for Metronet. This is not necessarily an opportunity for me to grandstand but I will put to the government that it has not defended its position! I urge

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

the government not to let ideology and idiocy reign supreme when it has been told to backflip, retract and revert to the original decision—an original decision backed by clinicians, the community and advocacy groups. I commend the motion.

The PRESIDENT: The question is that the motion be agreed. Hon Donna Faragher—noting the clocks are now working.

HON DONNA FARAGHER (East Metropolitan) [1.25 pm]: Thank you. I noted that, President.

Hon Stephen Dawson: I did it in place of the clock. You've got an extra 30 seconds.

The PRESIDENT: Order!

Hon DONNA FARAGHER: I rise to say a few words on the motion before us and I thank Hon Tjorn Sibma for bringing it to the house today. Our health system is under significant stress. The health minister has said on record that the health system is coping. I want to tell the minister that numerous parts of our health system are far from coping. I have seen it firsthand. In the past year, I have waited for ambulances to come and I have waited in emergency departments—sometimes for hours and hours. Equally, I want to be very clear about this at the beginning of my contribution. I have seen the enormous care and compassion shown by people who are complete strangers to me and to my family, whose role is to support and care for Western Australians right across our health system. They are doing all they can under extreme pressure; they are our doctors, nurses, paramedics, social workers and everyone else involved in the health system, whether that is in hospitals or outside of them. They deserve our heartfelt thanks and gratitude for what they do each and every day.

They also need to be listened to by those in government with the ability to make changes for the better. Right now, at the top of the decision-making tree is the Cook Labor government. The government will tell us, and I am sure we will hear it today, that there has been a record spend in the health and mental health systems. People will not be surprised where I will head on this. I will point towards a particular area that continues to be ignored and brushed aside by this government.

However, before I raise those points, I want to add a couple of matters about parts (c) and (d) of the motion about the women's and babies' hospital. Hon Tjorn Sibma has spoken about that at length, but I want to add a couple of points. I have said in this place before that I am a supporter of the new women's and babies' hospital and have been for many years. I do not shy away from that. However, like the Miracle Babies Foundation, Helping Little Hands, clinicians, the Australian Medical Association and many other groups, I do have concerns about the decision to change the location of this hospital from Queen Elizabeth II Medical Centre to Fiona Stanley Hospital that was seemingly made overnight with no consultation.

As Hon Tjorn Sibma said, following the announcement, we heard various statements from the government about the reason for this change. We have also heard a chorus of people expressing real concern about the decision. Their views have not changed, despite the various arguments that have subsequently been put by the government. The fact is that WA is the only state in the country that does not have a tri-located paediatric, adult, and obstetric and neonatal tertiary level service. As Hon Tjorn Sibma has said, tri-location is international best practice. The QEII proposal, which was years in the making, would actually deliver on that. I am not saying that it would be easy to do, no-one is, but that is how it would be achieved.

The minister, who knows best on many things, has recently reflected in some of her arguments on the decision that it will support more services in the southern corridor. I am going to be very clear on this: I take absolutely no issue with more services being available across all parts of WA. In fact, I support more services closer to home on a range of fronts. I remind the minister that King Edward Memorial Hospital for Women is the state's largest maternity hospital, and according to the government's own website, it is the only referral centre for complex, high-acuity pregnancies in WA. It means that women with complex pregnancies across all of Western Australia will go to that hospital, irrespective of where they live. That means that it absolutely makes sense that it is in close proximity to the other hospitals with the necessary expertise should additional clinical supports be required, often when minutes matter. Minutes can matter in this situation. It is not about where someone lives; it is about where women with complex pregnancies go. That is where I went. That is where these patients go. It is not a debate about the western, eastern, northern and southern suburbs or, indeed, regional WA. It has everything to do with the best location and tri-location of services. So far, the minister has convinced no-one with her changed plans.

There are four parts to the motion, and members will not be surprised that I now turn to part (b). Members will recall during my budget-in-reply speech recently that I mentioned a couple of questions and answers that I received from the government about this year's state budget. I apologise, as I will repeat those again, but I do so for a particular reason—to remind everybody that right now in this state, thousands of children are waiting for critical supports. We know the importance of the early years and early intervention. Just last week, NAPLAN results were released. NAPLAN is but one form of measurement and reporting, but around 10 per cent of students across all

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

year groups sitting NAPLAN were identified in the “needs additional support” level. One in five year 3 boys had been identified as requiring extra support in critical reading, writing and related skills. In response to those results, the critical importance of the early years and early intervention services in child development were repeatedly raised by educators, state and federal ministers, and other interested parties. However, when it comes to child development services in this state, there is a continued lack of priority by this government.

I refer to an opinion piece. It is from last year, but I kept it because it says what needs to be said. It is by Mark Fitzpatrick, who is the CEO of Telethon Speech & Hearing. It is titled *Give kids a new health system*. I will not read all of it, but I would like members to listen to this part —

... there are thousands of hidden stories where the health system is failing our community and children are amongst those most significantly impacted.

Imagine this: My name is John (not real name) and I am 6-years-old, a child of a family with a single income, whose parents are trying to support the education of me and my two siblings in a rental with rising housing costs.

Petrol prices are through the roof and my parents simply cannot afford private health cover. I suffer from constant middle ear issues and am often in pain. Often it feels like I am hearing under water. My speech and language development has stopped — I now talk less than most two-year-olds and people struggle to understand me.

As a result, I hate going to school; classrooms and groups are my enemy as I don’t understand what is being said. I don’t engage in learning and find it hard to make friends as I can’t hear and communicate the way they do.

My mum has told me I have already been waiting two years in the public system to see an ear, nose and throat specialist and there is no news about where I sit on the waitlist. It has already taken me a year to see an audiologist. Once I get my ears fixed, I will need support with my speech and language because it has regressed so much, but my mum has already found out that the wait for an initial assessment will be at least six months and there is no guarantee of regular ongoing speech therapy.

Mum is concerned by my overall development, so I need to see a developmental paediatrician. I don’t know what one of those is, but I am told that is another three-year wait! I’ve also started to withdraw from friends and family as I have lost my confidence to socialise as I can’t hear/understand people, I prefer to be alone.

Mum and dad can’t afford to pay for these sessions, and I can’t get the assessments needed to access the NDIS because we are waiting so long to see someone in the public system.

I’ll be nearly in high school by the time I get to see the people who can help me.

Members, when confronted with thousands and thousands of similar stories to John’s, surely this government would have responded with more funding or a new initiative to stem the waitlist crisis—and it is a crisis. By the government’s own admission, we know that its department has put forward multiple business cases over the years to try to deal with this issue. Disappointingly, those business cases were ignored. I am not putting the blame just on the Minister for Health. For all I know, the minister has put it to the Expenditure Review Committee—or whatever it is called. There is a whole host of cabinet ministers who sit at that cabinet table, making decisions about the state budget. It is not just the health minister; it is all of them, and they have all failed in this matter. When looking at costings and amounts provided, I asked the Leader of the House, who was representing the Minister for Health, after the state budget what additional funding had been provided in the 2023–24 state budget to address the wait times currently being experienced to access services through the Metropolitan Child Development Service. This was the response —

The McGowan government has invested an additional \$406.4 million in non-hospital services in the 2023–24 state budget. The government is looking forward to considering the recommendations into the Select Committee into Child Development Services when the report is tabled.

Members, tell me: was that a non-answer? Yes, it was. Therefore, like I do, I asked another question the next day. I took the answer provided by the minister about the \$406.4 million and asked how much additional funding has been specifically allocated to the metropolitan Child Development Service in the 2023–24 financial year to address the wait times currently being experienced to access these services. It was a very specific question. The answer was —

There is \$73.6 million provided across the system to address an increase in cost and demand across the system. This is inclusive of the metropolitan Child Development Service ...

Wait for it! —

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

The government is looking forward to considering the recommendations of the Select Committee into Child Development Services when its report is tabled.

Again, a non-answer, so I waited until the budget estimates hearings. The Leader of the House very kindly took some questions on notice from me and I received the answers a week or two ago. What do we find? The government has been caught out again. The advice that the government provided to me is that the initial appropriation for the metropolitan Child Development Service is approximately \$36 million. The minister also said, in another part of an answer, that the Child Development Service continues to work within its existing capacity to tackle the growing demand for services.

Members, what was the total appropriation to the metropolitan Child Development Service in the previous financial year? It was \$35.7 million. It has gone up by \$300 000. That is it! Another \$300 000 for a critical service that is under extreme pressure. Is that all the government could find in its multibillion-dollar surplus? An extra \$300 000. It is staggering. I will remind the government of some figures. Let us get real here. It takes 12.2 months to see a speech pathologist; 11.3 months to see an occupational therapist; 17 months to see a paediatrician; and 17.8 months to see a clinical psychologist. We see these figures not just in metropolitan Perth, but in other regions as well. We see similar challenges across country WA. At the beginning of this month I received an answer to a question without notice about audiology. The median wait time to see an audiologist in the Kimberley region—this will interest members from Mining and Pastoral Region—is 278 days. I have said it in this place before and I will say it again: if a child is not hearing, they are not learning. It is as simple as that. The wait time is 278 days for people who happen to live in the Kimberley. That is when they might get their first appointment, and it can actually be longer than that.

Let us not forget the story of “John” in the opinion piece from Mark Fitzpatrick. John is one of thousands of children in this state who needs support. John is one of thousands of children who would benefit from early intervention. The department is doing the very best it can—absolutely it is. It is trying new ideas. I know it is, and I know that it would like to do more. Its strategic road map contains a range of priorities, one of which relates to capacity and sustainability. It says in part that its intent is “to invest in the capacity and capability of the Child Development Service to meet the demand for services both now and into the future and that it will advocate for the resources required to address the demand and waiting times for CDS services, including workforce needs, facilities and technology and identified unmet service delivery need”. Did members hear that? It states “identified unmet service delivery need”; for example, allied health support for clients over seven years.

The department is advocating for these, but it is not being listened to. Here is a newsflash for the government: to be able to achieve this, the department needs resources. Resources and extra funding will not fix this problem alone. I have said that the entire time and I recognise that there is not necessarily a quick fix to this problem. I get that, but funding is absolutely part of it, so I ask the government to listen and to act. It provided an extra \$300 000 for a system in crisis. No-one in this house can tell me that that is good enough. All this government could find in its surplus was \$300 000 extra for those children. I have said it before and I will say it again: the government is delaying, once again. It keeps referring to the select committee. I say to the government, once again, that committees do not stop governments from governing. The government could make a decision right now. The minister and the government need to show some leadership in this matter and do something for the children of this state who need these services, not in five or 10 years’ time, but for children who need these services right now.

HON SUE ELLERY (South Metropolitan — Leader of the House) [1.44 pm]: It is no surprise that the government will not support the motion moved by Hon Tjorn Sibma today, but I join the mover of the motion in acknowledging and thanking staff in our public health system across Western Australia.

Like many, I am of the age that I have members of my family who are “frequent flyers”—shall we call them that?—of the public health system. One of my brothers has a chronic kidney disease and as of Christmas Day last year, which I spent with him in the emergency department at Sir Charles Gairdner Hospital, he has a heart condition as well. He had a procedure at Sir Charles Gairdner Hospital last Friday. I have observed at very close quarters the kind of care that he has received. I have sat in emergency departments for hours on end. On Christmas Day, although we were there for a long time, we did not wait long in emergency because patients are triaged and the nature of my brother’s condition was that he needed immediate assistance, and he got it; he went straight in. Other people would have waited in the emergency department for a little longer because my brother was taken straight in. That is as it should be because they triage patients and treat those with the most urgent need first. I have nothing but praise for those who work there, often in extraordinary circumstances. While we were in ED on Christmas afternoon, inside the ward, there was someone who was perhaps on meth. He was very unhappy and very violent, and the security team who deal with violent patients came in and it was extraordinary to watch them do their work at great personal risk to themselves, because that guy had the strength of many and was clearly driven by something chemical, I would say. I want to add my thanks to those staff.

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

The mover of the motion mentioned metrics, so let us start with some metrics. With respect to emergency access and elective surgery, there were 30 per cent fewer ramping hours in July 2023 than July 2022. In August, we are on track for a similar or better result. It has been a good start to the year for the three big metropolitan health service providers and we started to see some green shoots. In February, the figure was down 10 per cent versus February 2022; in March it was down 47 per cent versus March 2022; and in April it was down 28 per cent versus April 2022. As we came into winter this year the flu and elective surgery catch-ups started to have an impact. In May, we were down four per cent versus May 2022; in June we were up 4.6 per cent versus June 2022. This is a credit to the work that goes on in our hospitals every day when we think about an increase of 146 per cent in flu hospitalisations for January to June versus the same period in 2022. There was a 15 percentage increase in ambulance presentations to emergency departments in June 2023 versus June 2022 and a 17 per cent increase in admissions for elective surgery in June 2022 versus June 2023.

In terms of reducing elective surgery and ramping at the same time, reducing ramping obviously requires spare bed occupancy and theatre time, so the fact that the government is achieving those improved metrics in ramping while reducing elective surgery waitlists is impressive. There has been a 13 per cent reduction in elective surgery waitlists—that is the total on the list—from June 2022 to June 2023. There has been a 29 per cent reduction in over-boundary on the list—those patients who are waiting outside the recommended clinical period for their procedure.

The ambulance ramping strategy is on track. Priority one is now underway with health service providers trialling different parts of the system. In the north, the emergency care navigation centre went live in late July with extra rapid access clinic neurology and expanded older adult to divert from emergency departments. In the south, it was expanded to include direct pathways to aged care and in the east they are now trialling pre-emergency pathways with aged care. Priority 2, the State Health Operations Centre, is delivering early wins as we work with St John Ambulance to improve patient flow, system coordination and secondary triage. Priority 3, emergency access reform, is working well. For example, there is a positive trend at Sir Charles Gairdner Hospital, which was the first site to commence, with an increasing proportion of weekend discharges and bed days saved through weekend intervention facilitated by the use of weekend MRIs and a significant increase in CT capacity at Osborne Park Hospital. Priority 4, long stay, has made us a national leader. That is correct. Our respite beds and bed portal went online in June and we have already had other states reach out looking to partner with us on that. That does not fit the narrative of the motion before us, but those metrics demonstrate that things are improving.

I want to touch on the business case in respect of the women's and babies' hospital and the key points that influence that decision. The business case, if members take the time to read it, highlights a few key things. There was significant and unmanageable disruption to services at the hospitals currently on the QEII site; an unacceptable time frame escalation; and an unacceptable cost escalation. In respect of the disruption, page 161 of the business case states that there is a risk that ongoing services and operations at Sir Charles Gairdner Hospital will be materially and adversely disrupted by construction activities. We would need to decant some services from Sir Charles Gairdner and there is no room to do that. The business case looked at what was the best and safest way to do that. It found there are limited availability areas of the required sizes and functional adjacencies within the existing Sir Charles Gairdner Hospital buildings. The business case looked at ways to mitigate this risk, but found none of the options were considered to sufficiently balance the control of project risk with the achievement of project objectives.

The business case says that progressive development on the QEII site has resulted in an inefficient allocation of land uses. There is a long list of key issues to consider, including that the existing central energy plant and the chilled water and high temperature heating hot water plants are not capable of fully supporting the women's and newborns' service relocation development from a capacity, redundancy and operational resilience perspective. There would be insufficient parking bays and challenges in overall accessibility and way-finding for both pedestrians and ambulances. Other issues include maintaining essential access to the two existing emergency departments by Hospital Avenue; maintaining existing building emergency evacuation egress routes; enabling the safe positioning of tower cranes, hoists, platforms and other scaffolding structures in a way to minimise impact on operations and key access routes and the helicopter flight path; enabling construction related deliveries and site access; maintaining a safe and secure construction site with non-scalable fencing, given the proximity to the emergency departments and the presence of patients. The business case found that it was not the best site on which to build the new hospital for a range of reasons.

I think the mover of the motion also referred to the Reid review. It is interesting to hear the opposition refer to the Reid review because when the Liberal Party came into government, of course, it immediately junked the Reid review. The first thing it did was maintain tertiary and other services at Royal Perth Hospital. The second thing it did was leapfrog the new women's and babies' hospital to build Perth Children's Hospital. That is not what the Reid review said to do. It did the opposite. Then it privatised the parking at QEII. Where was that recommended in the Reid review? It chose Perth Children's Hospital over the women's hospital even though King Edward Memorial Hospital for Women was decades past its use-by date.

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

A business case is a tool for planning and implementing projects. It is not an options assessment. Fiona Stanley Hospital was not in the business case because the business case was giving us advice about the options and risks with the QEII site, and it met those objectives. Unlike the previous government, as the Langouant report demonstrated clearly in black and white, we use business cases to help us make decisions. We asked the department to do the business case. We did not ask it to tell us what would be the easiest political outcome to achieve. We asked it to assess the risk and the pros or cons of proceeding on that site, and that is information that it gave us. It would have been irresponsible not to heed the advice of the business case. We know that is not the way the Liberal Party functions when it is in government. It is certainly not the way the Nationals WA functions when it is in government. They pay no heed to such inconvenient truths. So we made the decision that we have.

I also want to shoot down this narrative that somehow we are not financially resourcing and supporting the public health system. Since coming to government, we have increased WA Health's annual budget by 33 per cent. The Mental Health Commission's annual budget has increased by 57 per cent. WA has the highest per capita spending on hospitals of any state, and it is 18 per cent above the national average. I would say that is necessary. It takes account of our geography. But that is where we sit with spending on hospitals across Australia.

Since the 2021–22 budget, 547 new hospital beds have been added. That is the equivalent of a new tertiary hospital. If we look across the forward estimates in the budget papers, we see that we are adding a further 600 beds. The health workforce has increased by nearly 30 per cent. That is at a time when there is a global workforce shortage. We have a strong reform agenda, part of which we will be debating again later this afternoon. We are upgrading healthcare infrastructure right across the state. We have implemented changes to the patient assisted travel scheme to make travelling to the city more manageable, particularly for Aboriginal people and their families. We initiated a major review of infant, child and adolescent mental health services in Western Australia. That is right—infant, child and adolescent mental health service across Western Australia. That is a groundbreaking piece of work and we are delivering the recommendations of the task force. We initiated an independent review of the health system governance and are implementing the recommendations of the review.

Oh, and then there is the little thing that we steered the state through a pandemic and got through with the best results and the lowest mortality results in Australia! We did just that little thing while we were at it, delivering world-class public healthcare to the people of Western Australia. It is going to take us some time for the system to recover from that. There is no question about it. But we kept Western Australians safe and our investment and our increase in the staffing, I think, shows clearly we are continuing to give the system everything it needs to come out of that in even better shape.

I want to touch briefly on the Child Development Service. The state-funded Child Development Service, like all child development services, has seen a big increase in demand for services. Private paediatricians are closing their books to new patients and the state-funded services do not have the option to close their books. We need to take all those who seek a referral. That has led to a marked increase in demand on the public sector for paediatric services.

There are issues facing the Child Development Service, and, despite the unusual cynicism from Hon Donna Faragher, the government looks forward to the recommendations. In the meantime, for example, we are resourcing the Child Development Service to provide more autism spectrum disorder assessment appointments and doubling the number of paediatric registrars. The paediatric workforce, and the sustainability of the workforce pipeline, will be a key issue for this government's ongoing health workforce round tables. The Minister for Health is also looking at ways GPs can be more involved in attention deficit hyperactivity disorder screening and management. The reality is that across the world paediatricians are particularly hard to come by, and one of the health workforce summits will be especially for paediatrics. We will also hold round tables for other specialty workforce areas, for example allied health. The summit is in addition to other recruitment measures already in place, including a workforce campaign to recruit overseas healthcare workers and upskilling the WA workforce. We continue to advocate to the federal government to expand our skilled migration list for priority jobs.

Despite the obvious and acknowledged challenges in the sector, which we are working to address, there has been a 40 per cent increase in the number of new children seen for assessment by developmental paediatricians compared with 2020.

Several members interjected.

Hon SUE ELLERY: Thank you, my beautiful assistant!

That is a 40 per cent increase in the number of new children seen for assessment by a developmental paediatrician compared with 2020. To help meet the growing demand, an additional 14 speech pathologists were trained in ASD diagnosis, as well as five clinical psychologists. This has enabled a fourfold increase in the number of ASD assessments undertaken by the Child and Adolescent Health Service in 2021–22 compared with 2017–18 when

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

we came to government. The Child Development Service continually explores ways to improve service efficiency and clinical pathways, and trials strategies to reduce wait times.

In the time I have left to me I want to make this point: the claim has been that we are under-resourcing the health system and our system is in crisis, when in fact the metrics I started my contribution with demonstrate that we are doing better. The state health budget has increased by over 30 per cent. Our workforce has grown by 22 per cent since 2020, despite workforce shortages across the globe. The opposition would have us believe that our system is in crisis. That is baseless fearmongering. All the evidence points to improvements since we came out of the second Omicron peak of COVID last year. We know our health system faces challenges that have to be overcome, but this government works every single day to advance solutions. Have we heard any potential solutions from the other side? Have we? No, we have not heard any about the health system. It is fascinating that the Leader of the Liberal Party, who wants to be the next Premier, day after day trots out the line that the system is in crisis. I have not heard one positive policy from her yet. We are getting to the pointy bit when people need to start floating their policies so that Western Australians can start making judgements. I look forward to how the opposition will address a worldwide workforce program in health. I look forward to hearing its solutions because apparently all you need to do is snap your fingers and you can solve it. I am really keen to hear what the opposition's solutions are. I look forward to hearing and analysing the policies that the opposition is no doubt getting ready to present to the people of Western Australia. We have a world-class public health system that is well supported by this government. We will not support this motion.

HON NEIL THOMSON (Mining and Pastoral) [2.04 pm]: I found that response quite intriguing, particularly given some of the references to the challenges of the alleged disruption, significant disruption—I think the term was “unmanageable disruption”—that would occur if the government had followed the recommended option in the *Business case and project definition plan: Women and newborn service relocation project*. I have an electronic copy of that document on my screen. I have gone through the report and identified a few pieces to quote. One of the advantages of having an electronic copy is that I can look for the word “disruption”. There are 22 references to disruption in that report, and a large number of those refer to minimal disruption. In fact, the report states throughout that the disruption due to the preferred site selection can be managed. I quote from one page. It states —

The north site was selected as the preferred site location for the nWNH —

Which is the women's and babies' hospital —

based on the following benefits:

- Form part of a clear future proofing strategy allowing for the replacement of major elements with minimal disruption to clinical and support operations

I note that the Leader of the House is on urgent parliamentary business, but I suggest that maybe she starts by reading this report. The fourth dot point on page 89 of the report, under the same heading, states —

- Enable separation of construction related activities and daily campus traffic and operations, and minimise disruption to clinical and support services on the rest of the QEIIIMC

This is what we get from this government. The spin doctors in the Minister for Health's office have got together a pre-prepared narrative for the Leader of the House representing the Minister for Health in this place. They have come up with a few lines that do not relate to the business case. This is a significant piece of work that was undertaken on behalf of the Minister for Health, on behalf of the government, that cost the state \$4.35 million, as outlined in the Tenders WA documentation for the business case lead consultancy services to develop a detailed business case for the relocation of the women's and newborn service to the Queen Elizabeth II Medical Centre. That is available on the Tenders WA website. I am sure that if I had asked a question about that, I would have been told that it was not available. Fortunately, there is still some transparency in the government. Clearly, we have a problem. This report goes through a number of points, and I will refer to a few. I quote from the site selection recommendation on page 89. It states —

- Provide optimised connections and integration with key clinical and service functions in both PCH and SCGH

This talks about the integration of clinical and service functions, which is a key issue the opposition is addressing relating to the need for co-location in and around the Perth Children's Hospital. Another dot point states —

- Respond effectively to the long-term QEIIIMC master planning direction and play a positive role in the development of a consolidated site access strategy

Of course there are challenges; there are challenges at every site. The key message that comes through over and over again in this report is that improved service delivery at the women's and babies' hospital is essential for the

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

long-term strategic health outcomes for women, babies and children in Western Australia. If we look at the heading on page 130, “Alignment of Acute Services”, we would think that would be a very important point. It states —

Several clinical efficiencies can be achieved through integrated and co-located services.

That is a very important line. It goes on to state —

There will be a significant reduction in the resources required to support hospital transfers for unwell women and newborns through the closer proximity ...

Of the women’s and babies’ hospital and the children’s hospital —

respectively, minimising travel time and costs. The co-location of WNHS and SCGH ICUs will reduce the travel time between sites for specialists.

That is a very important point about travel times. I have raised in this place the issue of travel times between Fiona Stanley Hospital and Queen Elizabeth II Medical Centre and the challenges we might face during peak hours, when there are congestion issues. All I got from the Minister for Transport was the flat bat, saying it is not her issue and I should talk to the Minister for Health. Clearly, the Minister for Health made a captain’s call, and I am sure there was some discussion with the Premier. I suspect that someone decided, for some reason we are not sure of, that it will be better for the hospital to be built near Fiona Stanley. The government has not bothered to have a conversation on the issues around transport and the challenges between the two sites. When emergency services are required, time is of the essence.

It appears that this business case cost the state \$4.3 million. On page 79 is a whole section on interdependencies. I assume from the title “Interdependencies”, that it is a very important section. I do not know whether it relates to the construction of the hospital or clinical interdependencies, but I would have thought it was a matter of vital importance. I note in documentation tabled by the Minister for Health in the other place that what is probably the most important part of that document has been redacted. This government does not want to talk about interdependencies. All we get is a conversation about parking being a problem and there not being enough energy generation or whatever problems exist. These are minor issues compared with the interdependencies that relate to those clinical outcomes that we need to address for the health and wellbeing of people in our state. I digress a little. This issue frustrates me greatly. It was going to be part of my introductory comments. Because of the comments made by the Leader of the House, I thought I would get straight into the business case and rectify the misinformation provided to this house relating to disruption issues.

This government really struggles to deal with complex issues. It struggles with anything that does not involve a basic decision. The moment there are some interdependencies and complexities, it struggles. For example, I have raised the issue of rheumatic heart disease in this place. We know that there are 700 cases of rheumatic heart disease in the north and that two Indigenous people die from rheumatic heart disease in Australia every week. It is a completely preventable disease. I have asked questions about it in this place. I thought they were perfectly good questions to ask because a connection exists between interdependencies and different agencies. I asked the Minister for Housing about the issue of rheumatic heart disease, noting that it is completely preventable. I would have thought that the Department of Communities would have had a strategy because it is so pivotal to ensure that we do not have the rates of rheumatic heart disease that we have seen in the Kimberley, with 700 cases, as they are entirely preventable. When I asked about the rates in the Kimberley and whether the Department of Communities has a strategy to reduce rheumatic heart disease in the Kimberley, the answer was —

These questions fall under the remit of the Minister for Health. As such, the honourable member should ask his question to the relevant minister.

That shows the complete segmentation and division within the Cook Labor government. It is unable to have these conversations in cabinet, work in an integrated way and deal with these complex issues together as a cabinet. We saw that with the Minister for Transport, who just gave me the flat bat, saying she was not really interested in the issue of the time taken for emergency vehicles from one hospital site to another. She said it was not her problem; it was up to the Minister for Health. The Minister for Health has made this captain’s call. We do not know the reason for the captain’s call in relation to the women’s and babies’ hospital, which is an appalling travesty.

We get lectured by the minister in this place about the lack of evidence and the science, yet we have this very thick document that refers to the clinical issues, recommending that the government build the women’s and babies’ hospital at the QEII site. It goes through all the constraints and sets out how they can be addressed, how the issues can be overcome and how those disruptions and risks can be minimised. What did we do? Instead, we got another document, cobbled together by Infrastructure WA. I am very critical of it. It is a travesty for the Western Australian government to think it can base a decision on this document. Clearly, the decision was made before this document was put together. It was done in a rush. It is certainly not a very detailed piece of work that involved clinicians and the work done by reputable organisations such as PricewaterhouseCoopers. I understand it put out a document,

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

given the material on Tenders WA. Clearly, this document has been put together. Someone in the agency came up with a postscript assessment of why the government made the decision to relocate the hospital. It is very telling indeed. We need to read the document just to see how telling it is.

We have a “Project Context” heading in the document entitled “*Review of the WA Government’s decision to proceed with construction of the new Women and Babies Hospital within the Fiona Stanley Hospital precinct*”. Page 4 states —

IWA understands that the selection of the QEIIIMC site for the new WBH was based on long-held clinical planning aspirations in relation to best practice health benefits of co-locating women, newborn, children and adult tertiary services, and the future proposed ... of the QEIIIMC ...

The document says that it is “best practice”. At least we got off to a good start but after that, it is all downhill. Over the page is the heading “FSH Precinct option”. This is almost comical. I would be embarrassed if I was from Infrastructure WA. It states —

Desktop feasibility and options analysis to relocate the WNHS to the FSH precinct was ...

A desktop and feasibility study was probably done by some poor person in the public service—maybe a level 7 or a level 8. I spent 28 years in the public service; I know how it works. I have been one of those public servants. If anyone gets up here and starts banging on, saying that they do not appreciate the public service, I say that I appreciate the public service but they get the short straw at times. They get told to do things they do not want to do. I speak to so many of my former colleagues who say they are absolutely fed up with this government and the way they are treated. Some poor public servant got the job. They were told to do a desktop analysis and whack it out quickly. They had a few weeks to get the document done. I know how it works because there is an unknown code in the public service. When someone is not happy, they make sure they sprinkle the document with lines so that someone might read it and understand the real story. When I read “desktop feasibility” it sounds like some poor person in Infrastructure Western Australia is really not happy with their job because it is embarrassing to compare that report with a \$4.5 million study done by PricewaterhouseCoopers that contains all the evidence, options and clinical assessments. The report goes on, and I will go on because this is an embarrassment—my goodness me! This report is no comparison. We talk about the associated risks and disruption. There is not a single project in Western Australia that does not have associated risks and disruption. We certainly got those with the Metronet project. We have seen how that has blown out—goodness me! Under the heading of “Associated risk of disruption to service delivery at QEIIIMC on page 6 it states —

IWA concurs that there is a material risk of disruption to service delivery at QEIIIMC.

So what? There is a risk of disruption, but material? I did not actually read the word “material”. It talks about minimal and disruption and how it is managed, but anyhow we have got “material risk”. I suppose one could say that everything is material. It continues —

The BC/PDP identifies that “there is a risk that ongoing services and operations at SCGH will be materially and adversely disrupted by construction activities” —

So yes, we are going to deal with that. That is something we manage —

While controls are also identified in the BC/PDP —

Sorry about all the acronyms here, but this is the business case. I will paraphrase now —

lessons learnt from ... recent developments at the QEIIIMC ...

So lessons can be learnt on how to manage that. The problem, folks, is that we will end up with the alternative—that is, no assessment of the potential risks and disruptions that might occur at Fiona Stanley Hospital, none at all! This is just a desktop analysis so we cannot compare like for like. This is all about the parking and the construction of the project. There is nothing in it about clinical best practice, which was already determined could be provided at the QEII site. We had sorted that out and it was admitted in the report, but we are worried about the parking and construction delays. This desktop analysis did not look at anything like this very thorough work undertaken by PwC, outlining those clinical outcomes for us and making sure that we get results.

Clearly, this is a captain’s call. Until we are provided with any evidence to the contrary, I suggest that it was an off-the-cuff decision that was made for some other political reason by the Minister for Health to the detriment of the long-term health outcomes of women and babies in the state and the long-term strategic health outcomes. This government cannot coordinate or deal with the challenges we face across our state, and that is what we need. We need more resources, by all means, but the integration of things is important such as listening to the experts, following the science and getting it right for the future. Once this project goes ahead, there is no going back and Western Australian’s will have to live with it. I am concerned and I will continue to prosecute the arguments around the transport situation. Unfortunately, the Minister for Transport seems to be focused on one project. I do

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

not know how the Minister for Transport can also do the job of being a Treasurer because that is also a massive job. I do not know how the Minister for Transport does that. She is completely disinterested in the important issues such as emergency transport between the two hospital precincts, which will be a vital issue in the future.

Several members interjected.

The ACTING PRESIDENT: Order! I give the call to Hon Stephen Pratt.

HON STEPHEN PRATT (South Metropolitan) [2.24 pm]: I have to thank Hon Neil Thomson who has given me so much fodder to knock back after that little performance.

Hon Martin Aldridge: Give us some answers.

Hon STEPHEN PRATT: He spoke about associated risks and disruption, how they occur in every project and how we should not worry about it and just get on with business—well, come on! The difference here is that it involves patients. A disruption may stop a patient from having surgery or it may lead to them having bad health outcomes. Instead of generalising, the member should think about what he is talking about when he refers to a project that relates to patients. Does the member honestly think that the government would commission a business case into a project to build a new women's and babies' hospital at Queen Elizabeth II Medical Centre and spend that money, hoping that it would say that maybe it should not be built at that site? I do not think so. Goodness me!

Hon Neil Thomson: Provide the evidence.

Hon STEPHEN PRATT: The evidence is there. It said that there will be delays that mean the project will not be delivered until the 2030s. By moving the project to a greenfields site we can start work next year. Bring it on!

Hon Tjorn Sibma: A greenfields site?

Hon STEPHEN PRATT: I think that is right. I am happy to be corrected.

Hon Tjorn Sibma: Have you been down there? Is it a greenfields site?

Hon STEPHEN PRATT: I know that it is not a constrained site, Hon Tjorn Sibma.

Several members interjected.

The ACTING PRESIDENT (Hon Sandra Carr): Order, members! I remind members that the speaker has a right to be heard and that we have some students in the gallery observing debate. I encourage us all to return to our usual dignified manner of debate.

Hon STEPHEN PRATT: Thank you, Acting President. I will try to calm it down a bit. Our health budget has actually increased under this government by over 30 per cent. We can talk about that as a great thing, but we do not always want to be spending more money. Today some opposition members have said that we could just pull some money from the Metronet project and use it for a new hospital. We do not want to just spend willy-nilly. That is what happened under the Barnett government and we do not want to go back to those times. We have actually delivered 547 more beds in the last 12 months and committed money to another 600 beds. We are doing what we can to increase capacity in the system. Members opposite say that the system is stressed. They often come in here and provide this backhanded compliment in which they praise the health workers—the staff and the nurses—but then say that the system is failing. It is a backhanded compliment and I think we should all be doing better. We need to talk up the health system and the fantastic service that it provides.

I have already touched on the business case, but I note that under the previous Barnett government there was no business case with regard to the outsourcing of services and facilities management at Fiona Stanley Hospital.

Hon Neil Thomson: Boring.

Hon STEPHEN PRATT: Did he say boring?

Several members interjected.

Point of Order

Hon STEPHEN DAWSON: For 20 minutes we listened in silence to Hon Neil Thomson who talked about nonsense. He could do us the courtesy of listening to the person on his feet speaking, too.

The ACTING PRESIDENT (Hon Sandra Carr): I note that this is perhaps not a point of order, but it is certainly a timely reminder that we should be having an orderly debate.

Debate Resumed

Hon STEPHEN PRATT: Someone who did their job was the special inquirer who said that the absence of a standalone business case was the worst case of financial risk taking for the state to be reviewed by the special inquiry. That is pretty telling stuff. I do not need to go into too much detail, but everyone will recall the lead fiasco

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

at Perth Children's Hospital and numerous other issues that we were confronted with on taking over government in early 2017.

Hon Tjorn Sibma referred to ramping. The Leader of the House already touched on this, but it is worth noting because it is significant. We have had 30 per cent fewer ramping hours in July this year compared with July last year, and August is also on track for a similar outcome. We are making headway in that space, and I think it should be a strong focus point for both the government and the opposition to keep an eye on because it is just one measure of how the system is tracking, and it is often at the front end of the emergency care scenario.

One key project that has not yet been mentioned today is an election commitment from 2017 to build a medihotel. The medihotel is under construction in the Murdoch Health and Knowledge Precinct, and I have spoken about that project in this place before. This motion refers to a failure of planning; however, we are trying to do something different by introducing a new health service into the system. From that service, I hope to see a real impact on Fiona Stanley Hospital in terms of patient flow and patients going into the medihotel. The medihotel will also be complemented by a range of other health services, and has the potential to be a blueprint to be expanded across WA should it be successful, which I certainly expect it to be.

The business case for the new women's and babies' hospital showed that there would be an extended construction time line. Minister Sanderson showed her really strong leadership in taking decisive action to choose a different site where we can build this hospital, get it done quicker and start delivering services for women and babies across Western Australia.

Hon Tjorn Sibma also referred to the Reid review, and the Leader of the House touched on this, which focused on building a new women's and babies' hospital as well as Perth Children's Hospital. As we have been reminded today, the previous government decided to leapfrog the new women's and babies' project and built a new children's hospital. Although it is an amazing-looking building, members will recall the opposition calling for extra floors to be built on that site. Perhaps if the government of the day had listened then, or built both hospitals at the same time, we could have had both hospitals on that precinct. If the extra floors had been built, other services could potentially have been put in as well. I think it is only fair to rebuff some of the accusations that this government is not listening when similar things happened under the previous government. Relocating the new women's and babies' hospital down to my patch near Fiona Stanley Hospital is an example of the strong, decisive leadership of Minister Sanderson, and it would not have been an easy call to make. We funded a business case to look at building the hospital near Queen Elizabeth II Medical Centre, but that would be too difficult. I doubt that that would have been the outcome we hope for.

The Cook government is also delivering nurse-to-patient ratios, and this is a big deal for workers in the health system with the rollout beginning at PCH emergency department. It is the first of many locations for this rollout. I cannot stress enough that this is another implementation of this government that will have a real impact on the stressors that our workforce is under, and it will bring benefit to both patients and staff across the system.

Investing in health in the regions is important. Geraldton Health Campus is undergoing a \$122 million redevelopment, and Bunbury Hospital at South West Health Campus is undergoing over \$270 million of upgrades, which will make it the biggest health campus in regional WA. There is a lot in the works that people can look forward to and these things take time. We hear a bit of negativity about things taking too long, but at least we have a plan. The funds are allocated to these projects, and they are starting to come together.

Hon Donna Faragher mentioned child development services. Other than prevention, there is no better place to allocate funds in the health system than towards child health care.

Hon Donna Faragher: Maybe you should be the health minister.

Hon STEPHEN PRATT: I hear the calls from Hon Donna Faragher, and she is going to knock me for this because she has already thrown it out there, but there were calls for a special committee inquiry into the topic, and I think it is a little bit disingenuous to tell the government to start doing something now when a report is going to be handed down that may say we should do something different. We have to go through the process and allow it to happen and give it the respect it deserves. We all eagerly await the recommendations that will come from that report.

In the meantime, we are resourcing the Child Development Service with more autism spectrum disorder assessment appointments and doubling the number of paediatric registers. Minister Sanderson is engaging closely with key stakeholders through a series of ongoing health workforce round tables, so I suspect there is more to come in that space for Hon Donna Faragher to celebrate when it comes to hand.

I am excited about the Murdoch medihotel because we can see it taking shape now. It is certainly coming together. It will have 80 beds, which will allow patients to recuperate away from the hospital environment, but still have the medical support and care they need. The medihotel is new to WA. It is innovative. We brought it to the 2017 election,

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

and I truly expect it to have a significant impact on the operations of Fiona Stanley Hospital and bring greater benefit to patients.

Hon Martin Aldridge: When is it going to be finished?

Hon STEPHEN PRATT: The proposed opening date is early 2024. If members go past it, they will clearly see that it is taking shape, so we do not have too long to go.

Hon Martin Aldridge: I look forward to the invitation.

Hon STEPHEN PRATT: Okay. The member just invited himself! I think there is an adviser in the room.

Many aspects of the health system do not get mentioned too often and many of us do not see them. When we get the opportunity to talk about health in this place, we should highlight some of those things and the really positive aspects of our health system such as medical research, innovation, clinical trials and teaching. A lot of our hospitals are teaching hospitals where people who study medicine do their practical appointments, and they also do that in the regions. We are very lucky here in WA with the health system that we have. Obviously, by its very nature, people who show up to our emergency departments are in need of emergency medical care most of the time. That puts a lot of pressure on our workers in the system, and, more often than not, people get pretty good health care. Those are the stories that we do not read about in the papers because they are run-of-the-mill. People go through the hospital system, get the care they went in to receive and come out the other end and do not have to pay a dime.

We hear a lot of negativity in this space and experience opportunism when something goes wrong, but we should also celebrate the positive aspects of our system. Too often it is an easy hit for people to stand up and say that the system is in crisis, but most people generally received good health care, and the system itself and the people working within it should be commended as often as possible.

The last point I want to make is about the motion referring to listening to the advice of health experts. I remind members that if we had been under a Liza Harvey government, we would have been doing the exact opposite of listening to health experts during the height of the COVID pandemic. Can members imagine what position we would have been in if we had opened the borders and let COVID run rife in the community? A lot of us would have lost loved ones. It would have been a great shame and something that sat very sadly in our state's history. I will close with that and let someone else have a go.

HON MARTIN ALDRIDGE (Agricultural) [2.39 pm]: I rise to wholeheartedly support the motion moved by Hon Tjorn Sibma today. There is a lot to discuss in the time-restricted debate that we have on a Wednesday. I will start by turning my attention to the issue about which most of the debate has occurred—that is, the decision, or change of mind, on the new women's and babies' hospital. I draw members' attention to the Minister for Health's media statement of 16 January 2022. The minister said —

Following a comprehensive site analysis and evaluation process, that the new hospital will be built north of the Sir Charles Gairdner Hospital ... G Block.

That decision was announced in January 2022 but changed in a media statement of 11 April 2023. I heard a lot in the debate today from the Leader of the House and Hon Stephen Pratt, who both mentioned the importance of the Langoulant inquiry and the requirement for business cases. I think Infrastructure WA was borne out of one of the recommendations of that inquiry. If it is the best decision for the development of the new hospital, has anyone seen or does the government even have a business case for the new hospital at the Murdoch site? If the contention is that government should not make a decision without an informed and detailed business case, has the government got one? The government has said that this is the best decision for the state. I am not sure that it has a business case, or if it has one, it has not been made public, at least to my knowledge. I suspect it is the former rather than the latter, and it does not exist.

We have been lectured today about good governance and good decision-making. I look to the first line of Infrastructure Western Australia's very flimsy report for a project that is approaching \$2 billion in cost; is this the role we created for Infrastructure Western Australia? It released a report of about eight pages for a \$2 billion project. In fact, the letter from the director general, with attachments, is longer than the Infrastructure Western Australia's actual assessment. The opening sentence of the decision review report says —

Infrastructure WA ... provides this advice in response to the Premier's request dated 4 July 2023 ...

It was 4 July. I remind members that the government's decision was announced on 11 April. That was three months before the Premier thought he might like to comply with the law of Western Australia and ask Infrastructure Western Australia to assess the project after the fact. It is interesting that the first section of the report notes that the Premier requested that the report be completed by Monday, 31 July. Three months after announcing the government's decision, the Premier writes to Infrastructure Western Australia and says, "I am about to spend circa \$2 billion of taxpayers' money", which is well above the \$100 million threshold for a major infrastructure proposal, "and three months

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

after we have told the public what we are going to do, we want you to assess the decision. By the way, you've got until 31 July." The director general's correspondence was attached. I think Infrastructure Western Australia was offended by the request, because of the way in which the report has been couched and indeed the way in which the correspondence from the director general, which is more substantial than the report itself, was dated 25 July. It was less than a week before the report was due, according to the Premier's request, that the director general of the Department of Health wrote to Infrastructure Western Australia providing detail on the project. The report says —

This advice is provided in line with IWA's functions which under Section 8 of the *Infrastructure WA Act 2019* includes providing advice to the Premier on any matter relating to infrastructure.

Section 8(1)(b) of the Infrastructure WA Act 2019 states that Infrastructure WA's functions are —

to assess and report to the Premier on major infrastructure proposals in accordance with Part 3 Division 3 ...

Major infrastructure proposals include any project valued at greater than \$100 million. This project will probably be in the vicinity of 20 times the threshold. Section 19(2) states that —

The major infrastructure proposal must be submitted to Infrastructure WA, and Infrastructure WA's report on the proposal must be received by the Premier, prior to the investment decision for the proposal.

It says in section 20(1) —

In relation to a major infrastructure proposal to which section 19 applies, Infrastructure WA and the State agency must negotiate as to the timeframe for reporting on the proposal.

I can see no evidence in the report that there was any negotiation, because it says the Premier wrote to Infrastructure Western Australia on 4 July and said, "I'll have your report by 31 July." I think that is why we have an eight-page report, including the section of key considerations that says —

Clinical services and operational planning are not within IWA's remit or expertise and related risks have therefore been excluded from this review.

I think the government has not complied with the law of Western Australia. It announced a decision of government in April 2023, then three months later someone said, "Oh, well we've created a body called Infrastructure Western Australia, we'd better write to them, and we'll give them about three weeks to respond on whether or not the state should spend \$1.7 billion to \$2 billion dollars at Murdoch rather than at the Queen Elizabeth II Medical Centre." That resulted in a report that does not say much at all. It was interesting hearing the contribution earlier of the Leader of the House, who provided the government response. She outlined many of the challenges of delivering a new women's and babies' hospital at the Queen Elizabeth II Medical Centre site. It is interesting that the minister quoted the business case. The business case considered 11 sites, including the site that was chosen at the Queen Elizabeth II Medical Centre. Notwithstanding all the issues and considerations outlined by the Leader of the House, the business case said —

The ACA identified 11 options for relocating the WNHS to QEIIIMC. The value-for-money assessment, across a range of financial and economical determinants, recommended Option 6: a new medium-sized integrated nWNH located at QEIIIMC adjacent to G Block.

Building a new hospital of this magnitude is complex. Issues will arise. Those issues were understood in the business case, which recommended the hospital be built at the preferred location at the Queen Elizabeth II Medical Centre. What has not been presented by the government members who have spoken today is the issues and complexities of the business case as identified with respect to Murdoch. They say, according to the media statement, it will be quicker and cheaper—we all know this government's track record of delivering major infrastructure projects. It goes only one way, and it is up. If the government was being humble and honest, it would come in here today and say, "Here is our business case for the Murdoch proposal and this is why it is superior to the Queen Elizabeth II Medical Centre proposal." I do not think it can do that because I do not think it has developed the business case for Murdoch, for which it has predicated its decision and referral, three months after the fact, to Infrastructure Western Australia.

One of those considerations has to be accommodation. Many speakers today have talked about challenges with public transport, pressures on the public health system and ramping. I remember that at the 2017 election a manifesto was released—I think it was Mark McGowan's plan for something—and the two critical pillars of that plan to address these health issues were, one, medi-hotels, which I will come back to in a moment; and, two, urgent care clinics. Do members remember the plan that the Labor opposition as a government would co-locate urgent care clinics at public hospitals and have community-based urgent care clinics? It even identified all the regional cities

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

and centres it wanted to win and said, “You’re going to have an urgent care clinic. We are going to divert patients from the emergency departments who do not need acute care into our urgent care clinics.”

How many urgent care clinics are in operation six and a half years after the election of the McGowan government? None. How many medi-hotels are in operation six and a half years from the election of the McGowan government? None. When I ask clinicians about what is a medi-hotel and how it will help, no-one can tell me. Obviously we have just heard from the government that it is going to be a way of diverting patients with lower acuity away from tertiary hospitals and putting them into an environment in which they can be monitored and recuperate. It has not delivered one yet. I think there was a commitment for multiple medi-hotels.

I come back to accommodation. I have dealt with a lot of constituents, particularly cancer patients, who routinely travel to Perth to access services that are available at the Fiona Stanley Hospital site. One of the issues with centralising services around the Murdoch activity centre, I think it is called in the business case that we do have—the QEII Medical Centre business case—is the very limited availability of accommodation in the area around the Murdoch site. The non-government organisations that provide services, such as Cancer Council WA and Ronald McDonald House Charities Australia, and many others, are centred around the QEII Medical Centre precinct.

Why is this important? It is important because for cancer patients and other patients who access the centralised services, accommodation and transport are critical. The patient assisted travel scheme in Western Australia—something that was raised by the Leader of the House in the government’s response—is failing to provide not only equity in access to health care, but also dignity in access to health care. We tell country patients that we will give them only 16¢ a kilometre in fuel subsidy. When I drove in on Monday night for the parliamentary sitting week, I saw a petrol station in the CBD that was offering diesel at \$2.30 a litre. Can members imagine the price of fuel in some of our more regional and remote locations? The government had a \$4.2 billion operating surplus last year and a \$3.3 billion operating surplus is predicted this year; however, 16¢ a kilometre is all it can afford. To top things off, the Minister for Health was a member of the standing committee that led the inquiry into PATS in 2015 that recommended the annual indexation of fuel and accommodation subsidies. She was a member of the standing committee that delivered a comprehensive report into PATS.

We then tell people who often have to access these services in centralised settings for week and months, and sometimes years on end, that we will pay them only \$106.10 a night. I challenge any member of this place to identify accommodation that is not a youth hostel for \$106.10 a night—accommodation that is appropriate if people have complicated health issues and if they have family to support them through those difficult times. We then say to them that if they need a support person, we will give them an extra \$15 a night. How generous are we? To bring this issue to a head, maybe we should offer members of Parliament and members of the public service 16 ¢ a kilometre and \$106.10 a night in accommodation subsidy and see how they go—not to mention that they do not get an aeroplane ticket to access health services. They do not get an aeroplane ticket until they have driven for 16 hours! How about we sell the government jets—that will save us some money—and we tell ministers that we will not buy them an aeroplane ticket until it is more than 16 hours away. If it is good enough for people accessing medical care, why is it not good enough for us?

There are many issues to consider. I want to reflect also on the experiences that people have shared during the course of this debate that our health system generally delivers a very good service to patients, but that should not mean that we cannot have a debate about how it should be improved. We should not just say that we have excellent healthcare workers and an excellent health system and it will always be the way. The decision to construct a piece of infrastructure at Murdoch instead of at the QEII Medical Centre was not the opposition and the government having a different point of view; this was the government having a different point of view as to where it should be located. That infrastructure will serve Western Australians, not just those who live in Perth, for generations. It is a piece of infrastructure that will last decades and decades. It is incumbent upon all of us that we get it right.

I do not believe for one minute that the financial savings in the order of \$250 million that the government talked about will eventuate. By the time it gets around to developing a business case, which I do not think it has, we will understand what the true cost is of relocating the proposed hospital to Murdoch. Maybe then I might pay some attention to government members who come in here and say, “This site is better than the other because here is the evidence, here is the thought, here is the consideration, and we have followed a proper and orderly process, according to the law of Western Australia by referring this project to Infrastructure Western Australia”—not by writing to them three months after they made a decision, giving them three weeks to respond, and expecting the community of Western Australia and Parliament to rely on an eight page report from Infrastructure Western Australia that does not tell us much.

The ACTING PRESIDENT: Before I give the call to Hon Dr Brian Walker, I note the mover will have a right of reply of around five minutes.

Hon Tjorn Sibma; Hon Donna Faragher; Hon Sue Ellery; Hon Neil Thomson; Hon Stephen Pratt; Hon Stephen Dawson; Hon Martin Aldridge; Hon Dr Brian Walker

HON DR BRIAN WALKER (East Metropolitan) [2.59 pm]: I thank the Acting President for the few seconds. I speak here as a member of the medical practice, not a politician, because in the one minute I have to speak it will be to say that no matter which side of politics—this side of chamber or the other side of the chamber—we health practitioners are not happy. Mark Butler himself has stated that the health service is failing and no amount of money —

The ACTING PRESIDENT: Sorry, I ask the member to resume his seat. I give the call to the mover.

HON TJORN SIBMA (North Metropolitan) [3.00 pm] — in reply: My apologies to Hon Dr Brian Walker. There was some confusion about the integrity of the countdown system. I am sure the honourable member will have further opportunity to make no doubt well-considered remarks about this motion and other matters affecting the public health system of Western Australia.

Hon Dan Caddy interjected.

Hon TJORN SIBMA: I will not say no.

I was unsurprised by the official response from the government provided by the Leader of the House, Hon Sue Ellery. Unfortunately, I make this reflection not about her, but about the quality of the argument. It was an argument that denied everything and proved absolutely nothing. There is something to be said for the armour of delusion that government members put on as they enter this chamber on a daily basis. That armour is wearing thinner. It is threadbare. After seven budgets, it is time for the McGowan and now Cook governments to take responsibility for decision making. The government continues to govern with one eye on the road and the other on the rear-vision mirror. That is a recipe for disaster. The decision to build the new women's and babies' hospital at Fiona Stanley Hospital overturns 20 years of clinical, political and bureaucratic consensus. The onus is on the government to prove its decision. This is a \$2 billion piece of critical infrastructure. The site at Queen Elizabeth II Medical Centre has been effectively demonised, but it has not been compared fairly with the decision to relocate the services, so the government's process of public argument and decision making is absolutely faulty. It is intellectually barren. It is a public policy disaster.

If the government has proven one thing, it is that it makes mistakes. Another thing it has proven is that it unfortunately will not listen to people when they say it is making a mistake, and not too late to turn back until everything comes crashing down around it. The decision to relocate the construction of this hospital is such a decision of moment and importance that it demands full disclosure and evidence of an unfiltered and—I do not use this term pejoratively—uncorrupted decision-making process. There was a riposte, a piece of advice that Hon Sue Ellery provided the opposition. It was effectively for the opposition to show one of our policies and provide one of our ideas. My response to that is to take up the McGowan/Cook Labor government's attitude to public policy. There is one idea whose time has come again. The government often cites the Langoulant report. I tell you, members, if there is a Liberal government in 2025—and God-willing there will be—one of the first pieces of business I will bring to a future Liberal cabinet will be the Langoulant report, mark 2. Guess which project, which decision, I will refer to that special inquiry? It will be this one, and it will not be the only one, either!

Division

Question put and a division taken with the following result —

Ayes (12)

Hon Martin Aldridge
Hon Peter Collier
Hon Ben Dawkins

Hon Donna Faragher
Hon Steve Martin
Hon Sophia Moermond

Hon Tjorn Sibma
Hon Dr Steve Thomas
Hon Neil Thomson

Hon Wilson Tucker
Hon Dr Brian Walker
Hon Nick Goiran (*Teller*)

Noes (19)

Hon Klara Andric
Hon Dan Caddy
Hon Sandra Carr
Hon Stephen Dawson
Hon Kate Doust

Hon Sue Ellery
Hon Lorna Harper
Hon Jackie Jarvis
Hon Ayor Makur Chuot
Hon Kyle McGinn

Hon Shelley Payne
Hon Stephen Pratt
Hon Martin Pritchard
Hon Samantha Rowe
Hon Rosie Sahanna

Hon Matthew Swinbourn
Hon Dr Sally Talbot
Hon Pierre Yang
Hon Peter Foster (*Teller*)

Question thus negated.