

**McGOWAN GOVERNMENT — HEALTH PORTFOLIO — PERFORMANCE**

*Motion*

**HON TJORN SIBMA (North Metropolitan)** [1.04 pm]: I move —

That this house —

- (a) expresses concern at the measurable decline in the capacity and performance of Western Australia's public health system;
- (b) registers its respect for the performance of the state's frontline clinical staff, despite the McGowan government's continued mismanagement of the health portfolio;
- (c) notes the lack of confidence in the Minister for Health, Hon Roger Cook, expressed by medical professionals and the broader community; and
- (d) acquaints the Legislative Assembly accordingly.

I gave notice of this motion on 2 June, some two months ago, at the earliest opportunity I had to do so at the commencement of this forty-first Parliament. This motion is as relevant today as it was two months ago. I might just make the observation that sometimes there are strange coincidences in political life. I think that the government's recent three-day spin campaign actually underscores the substantive points embedded in this motion. It is not my intention to use the limited time that I have available to me to canvass what I think is obviously an exercise in obfuscation, other than to say two things: one, half of the amount to be invested had already been planned and announced; and, two, when the Minister for Health was given the opportunity this morning in an interview with Gareth Parker on 6PR to explain the tangible benefits of this supposed reinvestment—how this money would translate into improved health services for the people of Western Australia—he was unable to provide any useful information. He was unable to describe where, effectively, the rubber will hit the road and when the public of Western Australia can anticipate an improvement in these dire circumstances. Furthermore, the Minister for Health explained away his lack of knowledge by saying, effectively, that he had not been briefed on that by the department. I find that to be absolutely concerning, but it indicates, perhaps, that the minister's focus is not on his portfolio and that it is the people of Western Australia, and indeed clinical frontline staff, who are paying the price for that failure.

Limb (a) of this motion is specific. One has had the opportunity to observe measurable declines or deterioration in the performance of Western Australia's public health system under this minister and this government. I will cite later in this contribution three or four key performance indicators that give an indicator of the deteriorating health of the public health system. The ones that I have chosen are selective, but I indicate that there are a range of measures that are alarming and deeply concerning but that I will not have time to canvass in this contribution. They involve blowouts in ambulance response times; the proliferation of so-called code yellows used by hospitals now as, effectively, a default management tool; the expansion in clinical incidents that are described as SAC 1—severity assessment code 1—which either have or could have contributed to a serious deterioration or the death of a patient; the proliferation of bypasses at maternity hospitals; and the problems that the government has encountered in the recruitment of clinicians. I will limit my focus to three measures and an additional one that is consistent with limb (b) of the motion. The measures that I will focus on are ambulance ramping, the four-hour rule and the elective surgery waitlist.

Even my assessment of these in the time available will not permit me the opportunity to delve deeper into the catastrophe, the structural deficiency, that these headline figures shine a light on.

If I might talk about ambulance ramping. In 2014, the then shadow Minister for Health and now Minister for Health, Hon Roger Cook, took this view when hours of ambulances ramped hit 1 500 in October 2014. He said —

“If that is not a crisis, I don't know what is.”

Colleagues, there has been a deterioration year in, year out of this government over the course of the last five years, all under the watch of the minister. In June this year, a record 5 187 hours of ambulance ramping was recorded. The average last year was 2 130 hours, but recall the minister's remark that in 2014, 1 500 hours of ramping was indicative of a system in crisis. What then can we make of in excess of 5 000 hours of recorded ramping in June this year? The minister has failed here on his own measure, and the excuses that have been provided over the last 12 months—not to explain, but to explain away the reasons for this appalling result—are not validated by any clinical practitioner and are not supported by any paramedics. Instead, we are witnessing victim blaming or blame shifting onto the St John Ambulance organisation. That is particularly shameful, but indicative of a minister and government that are yet to take full responsibility for what is going on under their watch.

I should also talk about the four-hour rule. The four-hour rule was implemented by a previous health minister, Hon Kim Hames, in, I think, 2008 or 2009. That set a threshold benchmark for patients to be seen in a hospital

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emergency department within a four-hour window. That measure was not necessarily greeted with great joy by the Australian Medical Association or a range of clinical practitioners, but it became the rule. It is important to recall the backdrop of dysfunction in the health portfolio that had preceded it from 2005 to 2008, despite then Premier Geoff Gallop's claim that he would fix the health system. That was a system in even worse shape than what he had inherited in 2005. But that was the backdrop: there was a need to improve patient care and the visibility and triaging in hospital EDs, and the four-hour rule was a blunt but necessary tool to implement that. Inevitably, meeting that 85 per cent target was difficult. When the then Minister for Health, Kim Hames, did not reach it, the now minister, Hon Roger Cook, asked him in the other place on 21 October 2010 —

Since the minister has staked his career on the implementation of the four-hour rule, will he resign as minister if the lower target of 85 per cent is not reached?

Again, we hear evidence of the current minister setting the expectation, setting the performance target. Has he delivered on that or not? This is the question before us. Unsurprisingly, the answer is no. Last month, the figure across all WA public emergency departments was 66 per cent—that is the average. The target is 90 per cent, which is a good target to have, but it is not being met. However, when we look closer, the situation is even more dire. Only 49 per cent of emergency patients at Royal Perth Hospital were seen within four hours in June, worse than when the rule was introduced 12 years ago. Apparently, it was 53 per cent at St John of God Midland Public Hospital, 57 per cent at Joondalup Health Campus and 58 per cent at both Fiona Stanley Hospital and Sir Charles Gairdner Hospital. This was from June. It is demonstrably worse than 85 per cent. If that was the target upon which no minister should fall, or if they do fall it is on pain of their own resignation, what should Hon Roger Cook do right now? I put it to members.

Over the course of this government there has also been an expansion in the number of people on the elective surgery waitlist. In March 2017 when this government was first swept to power, there were a total of 19 931 patients on the elective surgery waitlist. The most recent figures I have at my disposal correspond to June of this year, when there were 30 132 patients on the list. That is a representation of more than 10 000 people, or a 50 per cent loading over the course of the last five years. It is important to recognise that there was a spike of delayed surgical procedures that were consequential to COVID-19, but that spike has come back down and that aberration is now basically at the level of the long-term trend line, so I am saying that if all things remain equal, at this rate the elective surgery waitlist in Western Australia is likely to increase by another 50 per cent by the end of this government's term in office. After two terms of government the elective surgery waitlist in Western Australia will have doubled. This cannot be explained away by COVID-19—quite the contrary.

Part (b) of this motion reaffirms, I hope, this chamber's support and esteem for the frontline clinicians who deal day in, day out with this level of dysfunction. I make the observation that these people are lions led by donkeys. There is no other apt categorisation. How well are they being treated? I think they are being treated abysmally poorly. This is not necessarily an issue of ministerial responsibility—although, ultimately everything within a portfolio is the responsibility of the minister—however, there are also some serious managerial problems. This is exemplified in the number of staff in our health services who have excessive leave booked. I have been tracking this issue across the public sector for the last five years, after the Premier himself put it on the public agenda, effectively for the purposes of managing a financial liability. Every six months, I ask a question of all agencies and it is basically: tell me at how many FTEs, and at what cost, is staff's leave liability for annual leave loadings? I pretty much discount anyone who has four or five weeks leave owing to them—that is normal. I take an interest in organisations that have people who have accrued eight weeks or more annual leave. This metric is significantly more pronounced and problematic across the health services. In December 2018 across the North Metropolitan Health Service, South Metropolitan Health Service, East Metropolitan Health Service, WA Country Health Service, Child and Adolescent Health Service and PathWest, 9 494 staff had leave loadings of eight weeks or more at a cost of \$207 million. In December 2020—which are the latest figures that I have; I do not have the figures from June—there had been a 24 per cent growth in the number of staff with eight weeks or more annual leave owed to them. There are now 11 810 people affected at a total liability of over \$261 million. That is more than two-thirds of what I would call "excessive leave" owed to people across the entire Western Australian public sector. The government has a serious problem in health, which has not materialised overnight. Like success, failure in a complex system can take years and years of inattention and incapacity to deliver, and, unfortunately, it has been.

The question before us implicitly is: is this minister up to the job? In my personal estimation, clearly, he is not. In the public's estimation, clearly, he is not. All we have to do is read letters to the editor or listen to a talkback segment to know that. In the eyes of the media, the minister is considered to be an articulate, thoughtful, affable fellow, and I do not disagree with any of those character assessments. This is not about character, however; this is about performance. He is now not considered to be the star that he was once potentially considered to be, because the evidence is as irrefutable as it is damning. Perhaps it is a matter of focus. Perhaps the minister does not have his full attention on his brief where he should have it. He had a view on how previous health ministers should conduct themselves. His

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view was that they should dedicate themselves to the health portfolio to the exclusion of everything else. I say once again: what is good for the goose is good for the gander. But just to reaffirm the message, when there was a change of minister under the Barnett government from Hon Kim Hames to Hon John Day, the now minister made this observation in a media article by Jessica Strutt of 14 January 2016. He said —

Opposition health spokesman Roger Cook said they had long been calling for a health minister who only held the one portfolio and the reshuffle provided an opportunity for that to occur.

“Currently we have a minister who on one day might be sampling truffles and on the next day failing to fix our health system,” he said.

“Our health portfolio is in a dreadful state ... so we need to have a health minister focused on the job who can get in and make our hospitals work better.”

I agree with that 100 per cent. If members want to avoid the charge of hypocrisy in political life, they sometimes need to walk the talk. So brazen and direct was the honourable member when he was the opposition spokesman that he would call for a minister’s head at the drop of a hat or make very, very clear assessments on how that portfolio should be managed. He has forgotten all of that. Somehow these metrics do not apply.

I do not have much time left other than to say this: the government, including the minister and the Premier, has jumped from excuse to excuse over the last three months, trying to explain away the situation. The situation materialised because the government has not had its attention on the health portfolio for the last four years. It is inattentive. The government has presided over structural weaknesses. Government members cannot come here and say that the public is to blame because the number of emergency department presentations is exceptionally high—that is factually wrong. The new president of the Australian Medical Association smacked the government down when it tried to run that line the other day. There is a difference between the number of clinical presentations now and the comparable period in 2019. We are actually at a two per cent lower presentation level.

The government campaigned on a mantra at the recent election: “Keeping WA safe and strong” was the refrain. This was undergirded by an implicit assertion that the health system was fine. Never has a public in Western Australia been more deliberately misled than by that claim. We are neither safe nor strong. The Western Australian public health system is in a state of disrepair and dysfunction, and it is your fault. Fix it!

**HON COLIN de GRUSSA (Agricultural — Deputy Leader of the Opposition)** [1.25 pm]: I, too, rise to contribute to this excellent motion as moved by my colleague, Hon Tjorn Sibma. Its timeliness is still very relevant even though this motion was first listed back in June. I want to focus on what this government did and said when it came to power in 2017. The government commissioned a sustainable health review, and in 2019 when the minister accepted the report he stated —

“The demand for health services in Western Australia has grown substantially over the past 20 years as the population has grown and aged, and the incidence of chronic disease, obesity and mental health conditions has risen.

He went on to say —

“It’s time to plan for the future ... King Edward Memorial Hospital served the WA community well for more than 100 years, but it’s time to think about the next hundred years

What has happened four years after commissioning that report and two years after the release of that report? Our health system is in crisis. It has gone backwards and is in peril. Action is urgently needed.

I will range over some of the issues that my colleague has already spoken about. It is important to reaffirm some of the statistics, numbers and pressure points in our health system, because they are critical and urgently need to be addressed. In a recent report on government services statistics, Western Australia has the lowest number of available public beds per thousand head of population. We have talked about ambulance ramping. We have talked about the more than 5 000 hours for the month of June that ambulances were ramped in Western Australia. In July this year, ambulances were ramped for over 3 700 hours. That is the highest figure for the month of July on record. Coincidentally, on 11 August 2015—exactly six years ago today—in the other place, the now Premier and then Leader of the Opposition said —

However, there has been 1 000 hours of ambulance ramping since the beginning of July ... The ban on ramping was broken ... So much for the ban on ramping. The minister banned ambulance ramping. However, there has been an absolute flood of ambulance ramping ... In other words, the minister has no answers. He does not know how to resolve it. In the month of July, when there was ambulance ramping —

The minister was not around.

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Six years ago today, today's Premier, Hon Mark McGowan, was quoted as saying exactly this: 1 000 hours of ambulance ramping is unacceptable for the month of July. On the most recent figures for July this year, we have had 3 700. That is absolutely unacceptable. If 1 000 hours is unacceptable, 3 700 hours is a crisis. Of course, 99 hours of that ambulance ramping in July was at our regional hospitals, which is unprecedented. It is also unprecedented that St John Ambulance Western Australia has priority response times that it cannot meet because its ambulances are stuck at an ED. Its response time target of 90 per cent for priority one emergency calls is 15 minutes, but it has been unable to meet this target for any month in 2021 and has not met it since August 2020. How is that acceptable? On 24 March, the CEO of St John Ambulance, Michelle Fyfe, told 6PR —

“We have been delivering this ambulance service for this state for over 100 years, and we have never been in this sort of situation and we've never been under this much pressure,” ...

For more than 13 months, this government has consistently recorded ramping figures of above 1 030 hours, which the then shadow health minister, Hon Roger Cook, described as a crisis. These terrible ramping figures have, of course, occurred with no community spread of COVID or cases of flu, so how have they occurred? How has this happened? What did our beleaguered health minister say back then? On 11 August 2015, in the very same debate in the place that shall not be named, he said —

By any measure, the health system is in crisis. There are record ambulance-ramping figures and more people now on the elective surgery waitlist ...

That is what he said in 2015, six years ago. Was he predicting his own future as Minister for Health? The figures are now far worse than when he was in opposition, yet the government has failed to address these issues.

The crisis in ambulance response times is now having a much broader and more dangerous flow-on effect in our community. Because the ambulances are trapped at the front of emergency departments, they cannot get to emergencies out in the community, so, in June, only 79 per cent of priority one calls were responded to within 15 minutes. Responses to priority two and three calls were also well short, at 67 per cent and 63 per cent, of meeting the response time. That is not good enough. If we look at the emergency departments themselves and the targets they have and are not meeting, Western Australia's public hospitals have been unable to meet their own targets of treating emergency department patients within four hours, as my colleague Hon Tjorn Sibma talked about. The state's monthly average was reported this week as having slipped to its worst level for at least a year.

All these things add up to a system in crisis and a minister who is not coping. We are experiencing record code yellows, which were once a rare occurrence but are now very common. Our elective surgery waitlist is blowing out. Staff are unable to take leave. As Hon Tjorn Sibma said, over 11 800 workers have eight weeks accrued leave; that is a third of the workforce. This is under a Labor government, which is supposed to be there for the workers of our state. It should not be the case that a world-class health system is reporting 519 incidents that have or could have caused serious harm or death because of improper healthcare provision in the last financial year. In 2019–20, 142 incidents were attributed to improper healthcare provision, which is totally unacceptable. It is unacceptable that the Minister for Health was scathing of the previous government in 2012–13 when there were 309 incidents but now oversees a 68 per cent increase in these incidents under his watch. Amongst everything else that has increased under his watch, how can he still be the Minister for Health?

We heard this year about issues in our maternity hospitals, when the state's leading maternity hospital went on bypass because it was short of midwives. What did our health minister say to allay the concerns of expectant mothers when our state's leading maternity hospital was on bypass? He said that those who wanted to have their baby in a specific hospital should use the private system. He suggested that diverting expectant mothers at 30 weeks was “part and parcel of having a baby in the public hospital system”. I would argue that that is the case only if you are having a baby in a broken public health system, which is unfortunately the system we have here in Western Australia.

Let me talk more broadly now about some of the other aspects of our health system that this failing minister has overseen. They include many breaches of COVID-19 protocols. We have had three breaches of COVID-19 protocols since April. These were on 18 April at Royal Perth Hospital; on 4 July at Geraldton Health Campus in an incident that saw over 50 regional residents, including health staff, forced to self-isolate, putting even more pressure on a health service that is already under pressure in the midwest; and on 27 July at Fiona Stanley Hospital. What stuns me, and what the government really should be absolutely ashamed of, is that every one of these serious breaches was a result of staff entering a lift immediately after it had been used to transport patients who were COVID-19 positive. How did that happen? How hard is it to enforce the protocols? We need to know what the protocols are and what the government has put in place to prevent these incidents from ever happening again. We need to know why the protocols failed in the first place to prevent these incidents from happening again. Why was the protocol not followed?

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It is also concerning that there are stories of healthcare workers and aged-care workers who are unable to access COVID-19 vaccinations, yet the government has promised to make them available to all frontline workers. The government completed a review into the incident at Geraldton hospital. We have not seen the findings of that. I would welcome those findings being made public. It is in everyone's interest to get across exactly what happened there so that it never happens again. I think it is important that we all have an opportunity to scrutinise such reviews. The Glossop review into hotel ventilation occurred earlier this year. That report identified a number of hotels that were not fit for purpose for hotel quarantine. It recommended that people who were positive for COVID-19 not be quarantined directly opposite other people, but that was ignored. The government sat on the findings of the review for four months, making it public only after pressure from the opposition and the media. The government has been talking about its commitment to increase recruitment—increase the number of nurses—but we do not really have a clear time frame or detail on when that plan will be enacted and when the pressure will come off our frontline workers. Why has it taken so long for these proposals to be delivered or even talked about?

I want to refer to another quote from the now Premier from 2015. He said, and I agree with him —

The Minister for Health should resign. It is time for the minister to go. It is clear to everyone in this house ... that there has been an extraordinary number of failures in the health system. The minister is half-hearted. He does not care. He treats it all as a joke.

That was in 2015, six years ago. I think he was making a prediction about his own health minister, who has been in the job of health for a very long time, as shadow minister and now minister.

I want to turn to the second part of the motion and talk about our frontline health staff. I think it is absolutely right that we acknowledge the extraordinary work they are doing under the tremendous pressures they are facing because of the failures of this government. No-one could disagree that they have all been under tremendous pressure throughout the COVID crisis. However, in addition to that, the failings in our health portfolio in this state have added tremendous extra pressure, which they should not be facing. That is why we do not need a part-time Minister for Health. I agree, again, with the then opposition leader, now Premier, when he said that he would have a standalone Minister for Health. Again, six years ago today, what did the Premier say? I quote —

I made a commitment a few weeks ago that in government, we will have a stand-alone Minister for Health. We will have a minister who is devoted to health and whose only job is health. That is what this government should do, rather than take this half-hearted approach to one of the most important jobs in Western Australia.

That is what Mark McGowan said on 11 August 2015—six years ago today—yet it is absolutely clear that this commitment, unequivocal as it was, has not been delivered. The government has absolutely failed to deliver the promise that it made to have a full-time health minister. That is an abject failure on the part of this government and our Premier who made that commitment to the people of Western Australia in 2015. In the process of not having a minister focused on the health system, the Premier has broken our health system. As a consequence, many good people in our health system are broken as well, and that is never acceptable. We have not seen the crisis in mental health or ambulance ramping addressed. All those things the government talked about when in opposition have not been fixed and, indeed, they have become worse. Our frontline health staff, who work tirelessly, do not have the opportunity to take leave, as we have found out. They are working in incredibly challenging circumstances to provide the best health care they can with very limited resources. They still do what they can to try to keep Western Australians safe and help those at their time of critical need. I want to take the opportunity now to acknowledge all those people and thank them for the work they do, even under the extreme pressure they face at the moment. It is critically important that we acknowledge the hard work of our frontline health staff under tremendous pressure. I have many friends who work in the health system and I know how difficult it is. I have spoken to many of them over the years about how things are going for them, and it is a huge challenge. It is a very difficult time to work in the health system. It is time for change. It is time to make our health system better. It is time to fix the broken mess that this government has created. I say to all those people in our health system that we on this side of the chamber will not rest as long as this issue continues. We will continue to fight to ensure that our health system receives adequate funding and staffing and a commitment from the government to provide a dedicated Minister for Health. We will continue to fight for that for as long as we possibly can until it happens.

Our economy is the strongest in the country. The Premier said on 15 April that it is the envy of the world and that Western Australian jobs would always be the number one priority for this government. We are on track for a budget surplus of around \$5 billion, yet we are failing to deliver a world-class health system. This is all about priorities, and that is the problem; this government has its priorities wrong. It has not prioritised health, despite the minister when in opposition pledging to fix the health system and despite the Premier when he was the Leader of the Opposition pledging to have a full-time Minister for Health. This government has failed to prioritise our health system.

There are other issues that the government has not prioritised. We had devastating fires at Wooroloo but there has been no inquiry into it. An inquiry into the Yarloop fires was announced within weeks, yet we do not have an

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inquiry into the Wooroloo fires. We have seen four and a half years of inaction by the part-time health minister yet we come into this place and the Attorney General can fill up the notice paper with all sorts of legislation and get his agenda through. Why can the Minister for Health not have the same influence and ability to get his priorities addressed? We have electoral reform now sitting, apparently, right up the top of the agenda ahead of issues like our health system. That does not make any sense to me. Apparently that issue was not on the agenda before the election, yet it now takes priority. We have the lowest COVID-19 vaccination rates in the nation, yet the government's priorities are elsewhere.

I say now, and I have said before, that I agree with what the then Leader of the Opposition said on this day in 2015, which is that the Minister for Health should resign. It is time for him to go. It is time for this government to have a full-time health minister who can dedicate time to addressing the many issues across the health portfolio in this state at a time when our state is prospering and has done very well on the COVID front. I agree that the government has done a good job in keeping COVID-19 out of this state. We cannot blame COVID for the problems in the health system. We cannot blame increased demand on our emergency departments. The demand has gone up marginally—13 per cent in four years—yet our ambulance ramping figures have gone up nearly 400 per cent in that time. We cannot sit here blaming other things. We need a minister who is willing to accept responsibility for the problems he has created in this portfolio and a government that is willing to actually address the issues. I commend this excellent motion to the house and encourage members to support it.

**HON STEPHEN DAWSON (Mining and Pastoral — Minister for Mental Health)** [1.45 pm]: I rise this afternoon to respond to this ridiculous motion moved by the opposition. What a stunt. I am deeply disappointed in Hon Tjorn Sibma, who is usually one of my favourite opposition contributors. This is a stunt, plain and simple. Hon Colin de Grussa is usually a reasonable bloke, too. However, the contributions of those members today were absolutely shameful. I will point that out and remind members exactly what the government is doing.

I will start by talking about COVID-19. Everybody, including the wonderful schoolkids here today visiting Parliament—they are very welcome—know that we have seen an extraordinary 18 months with COVID-19 in not only Western Australia and Australia, but also around the world. The thing about COVID-19 is that there is no rule book on the shelf that we can pull out and say, “We have a once in 100-year pandemic to deal with; this is what we need to do to keep people alive and in jobs and to keep society safe and strong.” No. Today in his contribution, Hon Colin de Grussa spoke about COVID-19 breaches. What he failed to mention was COVID-19, full stop. What an own goal. Minister Cook, the Minister for Health, has helped keep Western Australia safe and strong for the past four years. I dare say that over the last 18 months, this has weighed heavily on his mind every hour of the day. He has been working incredibly hard to keep all of us in this state safe and to keep our systems going so that we can live the life that we do in Western Australia. It is very important to remind ourselves that yes, we have had tragedy in Western Australia over the past 18 months. We have had nine terrible deaths in this state as a result of COVID-19, and my heart goes out to those people and their families. We also had 1 059 people with COVID-19. However, that compares with 820 deaths and 21 041 cases in Victoria and 87 deaths and 11 500 cases in New South Wales. Around the world, millions of people have got sick and died as a result of COVID-19. That is extraordinary.

What has the minister been doing? He has been keeping us safe and keeping our health system going to keep us all well, safe and healthy. Last year we saw people stay at home, and quite rightly so. People stayed in their house. We did not want them to leave their house. We wanted them to stay in and be safe. In my former disability portfolio, we saw extraordinary scenes. People with disability did not want service providers in their house for fear of getting sick and dying. We had service providers who did not want their staff to go into people's houses for fear of the staff getting unwell and potentially dying. We saw the same thing occur in the health system; people stayed home. As a result of people not seeing their GP during that time, we are now seeing people present who are sicker and they are staying in the system for longer than they ever have before. That is a fact, and that is one of the many down sides that we have had from COVID-19.

What are we doing about health in this state? Hon Tjorn Sibma suggested that we were pulling a stunt when we announced what will be in the forthcoming budget as it relates to health. To be honest, it has nothing to do with the member's motion. To suggest that it might be is ludicrous. We have invested an additional \$1.5 billion into health across Western Australia as part of this budget, including \$960 million for WA Health to address unprecedented demand in the health system, 332 additional beds and more frontline staff at WA hospitals. We are also spending \$495 million more on mental health services in this state. As Minister for Mental Health, it was my pleasure to announce that spend. That includes \$300 million more for services in the community, which will help target and assist the missing middle—those who have long needed services and have not had them before.

We are also spending money on graduate nurses, midwives and health infrastructure. We continue to deliver on the commitments that we made at the election in the health and mental health space right across Western Australia, including in regional Western Australia. The other day I had the pleasure of announcing funding of about \$15 million

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for a new step-up, step-down mental health facility in Port Hedland. Port Hedland will not be the only town to benefit; regional communities and towns right around this state will benefit.

We are providing more funding to the Royal Flying Doctor Service. It is receiving \$10.9 million for aircraft upgrades. We are spending \$71.6 million to employ more doctors, nurses and midwives across the WA health system. The additional investment will see about 100 extra doctors and 500 extra nurses working in our hospital wards, as well as about 1 100 new graduate nurses this year and 1 200 new nurses and graduate nurses next year. Money will also be provided to boost the existing national and international recruitment campaign to enable professionals to work and live in Western Australia. Another downside of COVID-19 is that many of the visiting health professionals who have long come to Western Australia as part of their journey for jobs in the health system are not coming to Western Australia anymore because of border closures. Many who were in Western Australia left as soon as COVID-19 hit because they wanted to go back to their own families overseas. I am aware of a group of Irish doctors who went back to Ireland very early in the piece to help people in their own country. Some are considering coming back to this state.

I am trying to find my notes on the points that were made so I can address them because this debate has got me a little animated today. It is outrageous that the Minister for Health, who has been working incredibly hard, as I said, over the last 18 months—indeed, over the last four years—and has kept us safe and strong is being attacked by people on the far side. They are far too cynical and seeking to play petty games and pointscore on matters that they should not.

**Hon Tjorn Sibma** interjected.

**Hon STEPHEN DAWSON:** The member had his go. I listened to him in silence. I have only 12 minutes and 42 seconds left to speak. I will not be taking interjections. The member will get a right of reply, so he will get to have a say at the end.

Emergency department attendances grew by almost 14 per cent from January to June this year compared with the same period last year. Most of that growth was in category 2 or category 3 presentations. Metropolitan ED attendances were up by seven per cent in the past three years. An extra 1 000 people are attending EDs a week. We can compare the 2020–21 financial year, when there were 696 000 attendances, with the 2018–19 financial year, when there were 652 000 attendances. Presentations at EDs were up by 13 per cent over the past year. We have seen higher acuity. Emergency department triage 1 is up by 10 per cent compared with three years ago. Triage 2 is up by 15 per cent and triage 3 is up by 10 per cent. There were 1.1 million statewide emergency department attendances last year. That is significant, and it continues to grow.

In the mental health portfolio, we are seeing more presentations of people who are unwell. Those presentations have gone up by 11.4 per cent in the past three years. Mental health patients are spending longer in emergency departments. As we all know, emergency departments are not the best place to be when people are mentally unwell. I was very pleased to announce today, with the Minister for Health, a new community unit in Orelia that will help people transition from long-stay acute mental health beds back into the community. This \$25 million investment will mean that 20 residents will live in this centre over the next few months. It will help them journey back into ordinary life and get mentally healthy again.

We have had conversations about ambulance ramping. We are not orphans in this regard. Ambulance ramping is happening right across Australia. I have heard the Minister for Health talk about South Australia. Paramedics in that state have been putting patients into taxis and sending them to GP clinics so they do not have to go to emergency departments because of the pressures they are under. Everyone is under pressure at the moment. COVID-19 has been a big part of that pressure.

Annual spending on health has increased by more than \$1.1 billion a year, or 13 per cent between 2016–17 and 2020–21, to around \$10 billion in 2020–21. Health spending is almost one-third of government expenditure. An additional \$1.5 million of health spending has been approved since the 2020–21 budget, which includes the WA recovery plan from COVID-19 and key WA health system priority initiatives. Western Australia consistently spends more money per capita on public hospitals than any other state. It spends 18 per cent more than the national average at \$3 362 a person, based on recent analysis from the Productivity Commission.

The other point to make, which the Minister for Health has made in the past few days and which we will hear again over the next few months and years, is that we have set aside almost \$1.8 billion for the development and construction of a new women's and babies' hospital within Queen Elizabeth II Medical Centre. I will pause for a moment and take the opportunity to congratulate my sister-in-law, Josie Janz-Dawson, and my brother, Cormac Dawson, who had a baby boy at 8.10 this morning. He is a nice healthy baby. There is no name yet. I am very excited for the two of them. I think some members might remember Josie from her days as a netballer and working at the Wirrpanda Foundation. They are a fantastic couple. I wish them every joy and hopefully many hours of sleep. The baby was delivered in the labour suite at King Edward Memorial Hospital this morning. Everything went well. The staff were great. It gives me an opportunity to pause again and thank those wonderful staff in our health system in Western Australia.

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We cannot downplay the work that they do, which gets more challenging as we deal with more mental health issues, but it has been particularly challenging over the past 18 months as we have dealt with COVID-19. Thank you to each and every one of those people, and congratulations to Cormac and Josie.

What else will we be doing? We will be investing more than \$1 billion into health infrastructure over the next four years. That includes major hospital redevelopments and expansions across the state, including to Joondalup Health Campus, Fremantle Hospital, Bunbury Hospital at South West Health Campus, Peel Health Campus, Geraldton Health Campus, Laverton Hospital, Tom Price Hospital, Newman Hospital, Meekatharra Hospital and more. Honourable members in this place who represent the regions will note the abundance of health service funding that is going into health infrastructure in regional Western Australia. We are dedicated to ensuring that regional Western Australians benefit just as much as people in the city so that all of us in Western Australia can access quality health care as close to home as possible. Further announcements will be made over coming days and, indeed, in the lead-up to 9 September. We can be very proud of that significant \$1.9 million investment into the health system in Western Australia.

I want to tackle the point made by Hon Tjorn Sibma about excessive leave balances. Where has he been for the last 18 months? Where has he been during the COVID-19 pandemic? Since the start of the COVID-19 pandemic, work hours for workers in the mental health system have increased. There have also been added restrictions on the ability of staff to take leave over the pandemic period; it has been all hands on deck. We have asked our public health professionals and staff to contribute and to help us keep people safe in Western Australia and they have come forward. But it has meant that they have not been able to take leave. In fact, many of us have not taken leave. Ordinarily, some of us would go overseas or interstate and have fun, but, of course, that has not happened. People have been working in the health system and they have not been able to take that leave. Again, I want to thank them for their commitment to mental health and to health in this state.

I was making the point earlier about our challenges in WA being non-inclusive to this state because hospitals all over Australia are reporting similar difficulties. As I said, public hospitals are treating more acutely unwell patients who often have complex conditions, including increased mental health patients and older adult patients with increasing rates of chronic disease. Paediatric demand is also high. We are seeing increased presentations and wait times in emergency departments and increased lengths of stay at hospitals. As I indicated earlier, ED attendances grew by 14 per cent. That is massive. I think in his contribution earlier on, Hon Colin de Grussa talked about a 13 per cent increase and that not being anything. That is substantial. Any increase in the health system is substantial but anything in the order of 10, 13 or 14 per cent is massive. It puts more pressure on the system and makes the workers have to work harder. As I said, people are coming in with more complex conditions and are more acutely unwell. Despite these problems, our staff continue to provide exemplary care. For the best part of the past year, Western Australia's emergency target performance, also known as the four-hour rule, has led the nation, but the past month has seen a decline in our emergency target performance. The ongoing impacts of COVID-19, including the requirement to isolate patients with respiratory symptoms, including the use of personal protective equipment, additional cleaning requirements and staffing shortages in the context of increased activities in EDs, are reportedly having significant impacts on patient flows. The current system pressures are complex and multi-factorial. To suggest, as has been suggested, that the Minister for Health is sitting in his office dreaming this stuff up is preposterous. He has been working every hour of the day to make sure we have quality health services in this state but also that we as a state are dealing with COVID-19. I think we can be incredibly proud in Western Australia of the leadership of the Premier and the Minister for Health because they have protected us, and the proof is in the pudding. One need look only at the evidence around Australia and, indeed, the world about how people have been suffering, are ill or unwell as a result of COVID-19; yet, extraordinarily, the whole team working together in Western Australia has limited the effects here.

Nursing and midwifery was touched on. There has been a 49.65 per cent increase in the overall number of graduate positions in transition to practice programs offered in 2020 and 2021. Health service providers, a creation of the former government, have been actively recruiting to address nursing and midwifery shortages, and that has resulted in a six per cent FTE increase in registered and enrolled nurses being employed across WA Health between January and June this year. As a result of the immediate remediation strategy to address the current nursing and midwifery shortages, the Western Australian Department of Health has enabled an increase in graduate positions across health service providers. Nine hundred and eighty-two newly qualified nurses and midwives have been on-boarded this year, with a further 100 enrolled nurses to be recruited and on-boarded as part of the McGowan election commitment. This will total about 1 082 graduates across the system by the end of 2020–21. The number of RNs and ENs has also increased by 1 376 from June 2020 to June 2021. This equates to an increase of about eight per cent. All the HSPs have confirmed that they have recruitment strategies in place to attract experienced nurses back into the clinical setting. These include but are not limited to nursing and midwifery positions advertised locally on the WA jobs board, nationally and, indeed, internationally, targeting the United Kingdom and New Zealand by the individual HSPs. The utilisation of talent acquisition through the individual health services' centralised process to review and exhaust all possible offers to candidates in recruitment pools, support with on-boarding and pre-employment checks,



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particularly for vaccines in critical areas of need, and amendments to job description forms to attract a wider pool of applicants—for example, moving the requirement for recent paediatric experience for paediatric nurse positions in the child and adolescent health service, including a strategy to offer upskilling through a newly developed program—has resulted in the employment of 134 nurses, of which 107 are now participating in the paediatric upskilling program.

I could go on for a long time. I could talk about the infrastructure, maternity services, investment in regional health and country ambulance services. However, I can say that this motion today is outrageous. I am shocked that someone like Hon Tjorn Sibma would seek to play politics on an issue like this, an issue dear to every Western Australian. I am shocked, too, that the honourable member has just glossed over the last 18 months, particularly COVID-19 and how this government and this Minister for Health has dealt with COVID-19, has kept this state safe and strong. It is outrageous! We will not support this motion this afternoon.

**HON DR BRIAN WALKER (East Metropolitan) [2.05 pm]:** I speak to members today not as a parliamentarian but as a service provider. I believe I am the only qualified service provider in this house.

**Hon Stephen Dawson:** Probably medical service provider.

**Hon Dr BRIAN WALKER:** The minister is quite right.

One of the things we have to notice—I will not take any particular side, because points brought up today are valid on both sides, and they are also both wrong—is that we do not have a health service, we have a sickness service. We have that because we are focusing on the disease and not the causes. To put it in a nutshell, this results in an inefficient service that spends money. At the moment, costs are increasing, and this is evident, but the benefits to the population are decreasing proportionately. As anyone here who has run a business will understand, if costs are increasing and the benefits are decreasing, that business must surely fail. The current response we see in government is to throw more money at the problem without addressing the cause.

I speak to this as a nonpartisan participant, as a health service provider, so I will not criticise anyone because everyone who has been making a decision has been making it possibly not from the point of view of those who actually provide the service. Let me give members an analogy of the type of people who are working in this service. On a personal level, last year, when COVID hit, I would travel out from my family home in Perth and drive to Kununoppin where I would then have to deal with COVID. At that time, we had no idea that a 10 per cent mortality rate had been reported. All kinds of chaos were being reported. The information we got from the health service was miserable because people in the service did not know themselves. As the honourable minister pointed out, they were also tapping in the dark. I, however, had to make a decision because I was the only doctor in the fairly large farming area covering 150 to 200 square kilometres. Under those conditions, with health service volunteers running the ambulance, we could not transport people who were predicted to be very sick. They would come to our hospital where we had one ventilator—a nice Hamilton; I love that ventilator—but only one. We knew that those over 65 years old would be very difficult to resuscitate, so in the absence of any support from the health department, I made the decision that if two patients were there, one over 65 and one under 65, we would treat the under 65 preferentially. I said to the staff, “That includes me. If I fall sick, you will not ventilate me.” Every week when I drove out from my practice I did so in the knowledge of the possibility that I might never see my family again. Let that sink in: I went out to serve the population at possible risk to my life. I put it to members that most health service providers are the same. They sacrifice themselves for their patients, so thank you for the respect shown.

But one thing that is also shared by our health service providers is that we would, almost universally, like to execute every single existing health bureaucrat. Not a single one would we leave alive because of what they have done to us. They have demotivated, deskilled, demoralised and disrespected health service professionals universally. Let me give an example. The nurses in a hospital where I worked were told that they were not allowed to sit down during an eight or 10-hour shift. The managers who told them that were sitting down sipping lattes in their offices, but the nurses were not allowed to sit down. A lot of the nursing staff were on 457 visas and were worried that if they protested, they would be deported back to their homelands. That is bullying. I remember very well a case in which an elderly woman had fallen and fractured her pelvis. The nursing staff were fantastic. They got specialist approval at a distance and X-rays were done in the hospital. A fractured pelvis is painful and the patient had to be moved. Rather than accepting the extreme professionalism of the nurses, the administrator said that it could possibly be fatal for the patient. This is a SAT 1—as mentioned. The implication was that there had been some sort of negligence. The nurses were angry and, again, demoralised; they expected this. I was furious, of course. I said my piece and put the fear of God into the administrators, saying, “There will be a coronial inquest and you will be named.” They had taken action that had put that patient’s life in danger, but they would not admit it. This is what happens. The health service staff get the blame; those in head office blame them but no-one can touch them. We would like to kill them all.

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The health service is run by bureaucrats. Not so long ago services at Midland Public Hospital were cut by \$10 million. The world was blithely told, “Yes, we’ll cut off \$10 million. We’ll cut some staff and there will be no loss on the front line.” That was utter idiocy! That was done not by a government from either side; it was done by health service bureaucrats. They are clueless, careless and inefficient, and managing the system poorly, but they are managing it the only way that they know how. There has to be a rethink, and I put that to both sides of the house.

I will look at our Minister for Health now. I have heard the points made by both sides, but I have to say that if I were in the minister’s position, as a health service professional, I do not think that I would do any better. I would challenge anyone to do better. It is like the *Yes, Minister* comedy. The minister is in his office; it is the administration behind that is making it so very difficult. But the laws that we make also make it so very difficult for us to move forward.

I said earlier that one way of managing the budget would be to cut staff numbers, but we cannot cut staff numbers because that would actually hurt people. “No”, bureaucrats would say, “We have reduced the full-time equivalents and because of that we can manage only so many beds.” In the hospital where I was working there were unoccupied beds because the number of staff had been cut, but they did not say that; they said, “No. The full-time equivalents are there and these are the numbers that are apportioned to that number of full-time equivalents.” They cut the service. That was not a lie; they simply altered the wording. Now people climb into that hospital and say, “We need to be treated.” They cannot be treated because the hospital does not have the staff. The staff are running twice as fast to deal with the same number of patients because the FTEs have been cut. Is it any wonder the staff are exhausted, demoralised and wishing to retire and resign? The government did not cause that problem; it is happening because things have been organised for it to be operated as a sickness service.

This continues because we learnt it from the 1930s, 1940s, 1950s and 1960s. This has been a long time coming. The more successful that we have become, the more people are living and the more complex the diseases and the more work we have to do. Money has been chucked at the problem, but the causes are not dealt with. Let me give members a medical example of someone who comes to me with a headache and says, “I’ve got a headache. I’ve had it for the last 10 years and no-one can fix it. I take Panadeine Forte, tramadol and all these painkillers but it is still there.” I am probably one of the first people to properly examine that person and will find that they probably have cervical syndrome. The muscles in our neck have to hold up the head and if they are in pain or strained, another muscle causes pain that goes to the eyebrows. That results in a classic headache around the head like a band, the occasional sore spot and a thumping behind the eyes like a man with a hammer. That is a classic pain. What is it caused by? In children, it is caused from using an iPhone or iPad, or, if you are working at a computer, looking at your computer with an ergonomically improper chair. That can be fixed if the patient gets some physiotherapy and an ergonomic chair for work and sees a chiropractor. But what happens when their employer says, “No, you’re not going to have that. Here is the chair—off you go. If you have pain, work on through. Take your Panadeine Forte. Oh, you’re a bit slow because of the Panadeine Forte. We’ll sack you and get someone else”? What then, I ask, is the cause of the headache? Is it poor posture or is it the way that person has been treated? Are we better off treating the cause or shall we treat the effect? This happens time and again.

We need a system in which the finances are spent efficiently. The whole system requires a rethink; in fact, a system of preventive medicine, not reactive medicine—lifestyle, exercise, nutrition and mental health. It is not a matter of getting more psychologists and psychiatrists. The mental health problem is not caused by lack of healthcare professionals; it is caused by increased mental health problems in society. Why is that? It is because people are being oppressed, bullied and cornered. They are being forced to work two or three jobs to make ends meet. They are suffering domestic violence or homelessness or trauma from a difficult childhood, or whatever. We need to fix these problems. Remember that headache issue—let us fix the cause and not the effects. Addressing the cause will result in a lot less in the way of costs. Should we not reconsider our approach and look at a health service that prevents problems rather than allows them to happen? Let us take, for example, smoking and the associated risk to cardiac health. We know very well that the number of people who smoke has gone down, but many people continue to smoke even after they have lost a leg or suffered a second heart attack. Can we do anything to help? Can we do anything to empower people to take their health back into their own hands rather than go to the doctor and say, “I have a headache. Give me a pill,” which is what happens now?

In the health service now are a lot of angry and exhausted health professionals. We are also not helped by professional bodies. For example, when nurses complain about being bullied at work, the Australian Nursing Federation provides very little support. Laws might be in place and the unions may look after them, but that is not the way on the ground. The nurses I have spoken to feel that they have been abandoned. We need to strengthen and encourage organisations like the ANF to work on behalf of nurses and not in cahoots with the management that abuses them. Members may be aware that bullying is a key feature of all health services that I have been employed in. I have personally experienced bullying—at least they tried to bully me. I will tell members a story about that over a beer sometime. Suffice it to say, it does not go down very well when you fight back. But that depends on a person being self-secure,

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certain in the knowledge that they do not need that job. If a person is cowed by their employer and worried that they may lose their visa, they will be, practically, a slave to the system.

The Australian Medical Association has nice ideas, but it is not practical for us on the ground. The Royal Australian College of General Practitioners has also stood by helplessly. What happens when a doctor wants to read an electrocardiogram? It should be borne in mind that I studied to be a cardiologist, but I am no longer paid for the job of reading an ECG. I used to read them for the hospital. But, no, I must do this for free now. How does that go down? Should I charge the patient? Really? I used to love putting needles into people's joints. Members may think that I am a geek, but using that big long needle is a lot of fun, I can tell you! Members must try it sometime. When I take out fluid and put in some steroid, it is wonderful for the patient, but we will not be paid for that anymore. We will have to do it and include it in our own costs. We must pay for the bits and pieces and will not be paid for our time because it is no longer paid for under Medicare. We are held hostage to Medicare in that our patients, if they are impoverished, depend on us to do that. If we cannot do that—we can, but we do not get remunerated—we will send them off to specialists with a six, seven or eight-week wait. It costs more. The ultrasound then comes and there is the specialist, so the system costs more simply because money has been tried to be saved at one end—I think \$30, not even that, and it is costing hundreds for the same jobs. Who thinks this thing up? Who in their right mind would do that? Rubbing salt into the wound is that our taxpayer money goes to paying for that person.

We will talk about another health minister, Kim Hames. A little while back, when I was in Newman, once or twice every weekend we would send someone out by Royal Flying Doctor Service at \$10 000 to \$15 000 a shot, because we did not have the laboratory facilities to check whether inflammation was present or not, for example, whether an acute abdomen coming in was just a bellyache or something more serious, so off they flew. The lab closed at midday on Friday and opened on Monday morning at eight o'clock. We could have used a \$7 000 machine to check those things and maybe saved one or two flights off to Port Hedland a weekend to get access to laboratory and specialist services. A man in Port Hedland was doing the cost-benefit analysis of our hospital getting a \$7 000 machine. Eighteen months later there was still no outcome for that cost-benefit analysis, and I paid his salary with my tax money—at least part of it. Man, that hurt! I mentioned it to the health minister, but no action was taken. When he was told we did not even have a white cell count for people coming in with infections, he was horrified. PathWest was horrified. Was there any action taken? There was none. That was not the government; it was simply the bureaucracy involved in getting things done. We are fighting against people who do not really care, because they are sitting in an office, not at the front line.

When a patient was brought in 12 hours after being thrown out of a vehicle at night with a fractured spine, lacerations—major injuries—and dying, the volunteer ambulance drivers and the nurses did a fantastic job. I cannot say anything more about the doctor, because it was me! To see that person a year later absolutely well, having been sent by RFDS to specialist care with an excellent outcome, fills our hearts with joy. At that same emergency department, when we wanted to deal with a mental health patient who came in being aggressive and violent due to some psychotic process, we got a sheet of paper. What do you do? How do you get help under such conditions? It had small print, with five or seven telephone numbers to call at this time or at that time. If a patient is coming in shouting and screaming, we know there will be no help at the end of the phone. He was breaking the windows and threatening us with glass. It takes hours to deal with that. We had one patient we could not get out of an ambulance because he was violent. He was sleeping off his condition, but he was violent, probably due to methamphetamine. We called the police to help. It was a remote rural area, and it took 40 minutes for the police to arrive. Can members imagine a potentially violent patient there with just a nurse, me and the ambulance driver? This man was really very difficult to manage and it took 40 minutes before we could get the police to stand by so we could examine the patient to see what we could do.

That is bureaucracy. It is not a matter of how much money we are chucking at it; it is getting it organised. I am speaking as a health service professional, with no criticism of government whatsoever, because I have to admire the work done by our current health minister. Are there gaps? There certainly are. Could I do better? I doubt it. We have to respect everyone who is doing the very, very best, but for the love of all that is holy, please let us focus not on each other, but on the cause of what is going on in our health service. Look at the cause; fix the cause. Treating the effects is far more expensive.

That is about it from me, from a health professional. I do not know how often members have heard that. In their travels they might have spoken to people in their different hospitals—the doctors, the nurses, the porters or the lab staff. A lot can be said, but in what I have seen there is an immense amount of pain and suffering—suffering of those who have sacrificed their lives for you, and yet feel that they have been let down by everybody in the system.

**HON STEPHEN PRATT (South Metropolitan)** [2.24 pm]: Honourable Minister Dawson said that this motion was outrageous. I do not disagree, but I also welcome this motion, because it is important that we talk about health in this place.

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I want to respond to a couple of matters that Hon Tjorn Sibma, who is on urgent parliamentary business, raised. I will start with the four-hour rule. There was a slagging fest on how the system was performing, but the fact is that WA under the McGowan government has consistently had the best performance in the country over the past four years for the four-hour rule measure that was implemented by Minister Hames as a benchmark. It is a bit of a stretch to say that we are underperforming in reference to the four-hour rule. Hon Tjorn Sibma also pointed to the elective surgery waitlists and wait times. We all recognise that we have had a global pandemic that was not foreseen, and the waitlist has grown, but thanks to effort by this government, with a blitz on surgeries, it has returned to pre-COVID levels. I am not sure what point the member was trying to make there.

Members opposite also pointed to comments made in opposition by Roger Cook, who is a big focus of this motion. Let us just say that it will take more than one term to fix the mess that the former government left us with. We started with a bang when we adopted the Perth Children's Hospital and fixed the lead issues in the water so it could be opened in the first place to deliver much-needed services to the children of Western Australia. Although Minister Dawson touched on what has been announced in the upcoming budget so far, members have today failed to mention the achievements over the last four years, of which there are many. This government expanded youth health and mental health services in the Peel region in June 2017 as an election commitment.

I welcomed the contribution of Hon Brian Walker, who would be very much aware that this government made available the prescription of medicinal cannabis in June 2017. We also introduced Patient Opinion, which is now known as Care Opinion. It is a public-facing dashboard across health services that allows patients to provide direct feedback to hospitals and have two-way communication at that level. We also came with a suite of solutions unlike what we heard from the opposition today, from whom there were no solutions, just negativity and sour grapes. We came to government with a commitment to deliver medihotels, and, as many would know, health infrastructure does not happen overnight, so these fixes are ongoing. We have opened the Royal Perth Hospital medihotel. It commenced operations in August 2020 and has been very well utilised. I also note there is movement on the ground at the larger Murdoch medihotel site in the Murdoch health and knowledge precinct. We delivered the Kalgoorlie Health Campus MRI. We opened the maternity assessment unit at Osborne Park Hospital in December last year.

The other thing that needs to be pointed to is that across the last term of government the Minister for Health went from health site to health site meeting with all the staff and holding staff forums. He heard firsthand what some of the issues in the system were and responded directly to people. I am not sure what more we could ask from a health minister.

I will continue with some of the achievements, and I can touch on a range of infrastructure projects across the state. There was the Carnarvon renal project and there was PCH, as I mentioned. Geraldton Regional Hospital underwent a major redevelopment, which is ongoing. We also opened a mental health step-up, step-down service in that area. We had a commitment to deliver those across the state. Mental health is one of the big contributing factors to the demand on the hospital system at the moment. These services play an important role in providing subacute level care so that people can go to a better designed setting that provides supported accommodation instead of having to front up at a busy emergency department, which is not the appropriate place to be for someone with mental health difficulties. We delivered those services in a range of regional areas, including Bunbury, Kalgoorlie and Albany, and I know that more are coming online.

In the South Metropolitan Region, we delivered the Fiona Stanley Hospital family birthing centre. If anyone gets the opportunity, they should go and check it out. It has a very modern design, provides a great service for new families to welcome their baby into the world and is truly a world-class service. When I say world class, today has been about bagging the performance of the Minister for Health and the health system whilst also congratulating and thanking the people on the ground who do the hard work day in, day out. It is a bit of a backhanded compliment. We do have a world-class health system and we are very lucky in this state to have it.

I will continue. We provided upgrades to a range of hospitals, with, clearly, a focus on regional hospitals. We upgraded buildings at Collie Hospital, Harvey Hospital, Southern Cross Hospital, Dalwallinu Hospital and Goomalling Hospital. Another large commitment of the government is the major redevelopment at Joondalup Health Campus, which is ongoing. I could probably go on all day about some of these achievements.

I will touch on another aspect of important change in terms of legislation that the health minister was mainly responsible for, which some members of this house would be aware of. We introduced the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019, known as the no jab, no play policy. We all know now, even more so, how important vaccinations are. We amended the Tobacco Products Control Amendment Act 2018 and introduced and passed voluntary assisted dying legislation. A major amendment bill was the Western Australian Future Fund Amendment (Future Health Research and Innovation Fund) Bill 2019. The bill created a fund that grows annually and will go towards future health research, commercialisation and innovation. The opportunities that come from that bill are endless, and it will be one of the major outcomes that this minister will be remembered for should he ever choose of his own volition to leave the health portfolio behind. It certainly will not be because of this lame motion that has been moved today.

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Minister Dawson touched on the recent government announcement of a massive \$1.9 billion investment in health and mental health services throughout Western Australia. This follows the range of achievements that I have listed, and there were many more. Again, there is a major focus on regional communities. One challenge with Western Australia is the vast landscape. This means that we need to innovate, and one of those innovations is telehealth. We have ramped up the use of telehealth, and it has become both a national and international solution during the COVID pandemic. Regarding the upcoming budget, \$19.7 million will go towards the patient assisted travel scheme, which provides an important service to patients in the regions who have to travel for health care. It is very difficult when a person has to leave their family for surgery and stay in the metropolitan area for a period of time to recover, so that is an important scheme and I am glad to see that we are increasing our investment in that.

Over the forward estimates, \$15.7 million will be spent on the Meekatharra Hospital site, including acute care, emergency services, mental health, community aged care and other primary care services. Minister Dawson touched on the \$10.9 million allocated to the Royal Flying Doctor Service, which is another great service that provides important emergency health services to people in the regions. There is a \$2.2 million allocation to establish a women's community health service in the Peel region. WA Country Health Service is allocated \$4.4 million to cover a range of sites for the home and community care program. There is \$4.2 million allocated to Narrogin Hospital for a dental clinic for adults. There is a \$2 million allocation for further planning and scoping works for stage 2 of the previously mentioned redevelopment at Geraldton Health Campus.

A range of initiatives are ongoing, and it is really difficult to understand how anyone could come into this place and criticise the government for its performance in health when new initiatives are happening daily, a pretty ambitious infrastructure program is ongoing and the health minister has provided strong leadership during a global pandemic. The strong response to the pandemic has been science-based and a health response. Therefore, it is a really strange approach to take to attack the current health minister for his performance when he has basically kept us all safe through his and Premier McGowan's leadership.

One issue that has not been touched on is the \$473 million allocation of funds to the methamphetamine action plan. It provides a range of initiatives to combat what was a growing problem early in the term of the last government and obviously continues to be. Meth abuse across Australia was starting to take hold, and the grip of meth on people was having an impact in the community. The McGowan government made a concerted effort to tackle that front on.

Some other mental health initiatives include the active recovery teams, which was a trial program in the south metropolitan area. It has had great success and is being expanded to the wheatbelt and midwest regions. It is important to see that work. Upon someone with a mental health issue presenting at a hospital, this initiative works by ensuring that those people do not leave without somewhere to go. They have people who go with them and make sure that they stay engaged with the health services available to them in the community so that they can recover and stay well.

The government is also expanding the WA Police Force's mental health co-response program into regional areas. This is another program that has been extremely successful. That system works by having mental health specialists in vehicles with police attending to people who are in a distressed state and approaching that situation in a manner suitable to providing a caring and assistive approach. This initiative is a really important one, and I am happy to see that this government is expanding it.

As I have touched on, the McGowan government continues to deliver significant new investments in regional infrastructure and health, including the major redevelopment that will happen at Bunbury Hospital at South West Health Campus, Peel Health Campus, Geraldton Health campus—as I mentioned—Laverton Hospital, Tom Price Hospital, Newman Hospital and many more.

I am proud to be on the side of the government when we talk about its performance in health, because we truly have a world-class system. Every day, hundreds and thousands of people go to our health services and are provided with great outcomes. I am glad that the motion was raised in this place so that we can talk about the good performance of our health system, because it is often only the negative stories, which are few and far between, that we hear about in the media and from the opposition.

I am not sure whether Minister Dawson touched on what this budget will deliver in new beds, but the McGowan government is delivering a total of 332 extra beds, 174 of which will be new beds. Those figures include mental health beds. I am really proud to see that we are investing more into the health system. It is worth noting that health expenditure makes up one-third of our state's budget, so it is impossible for anyone to say that this government does not have a strong health focus. We have set aside \$1.8 billion for the development and construction of a new women's and babies' hospital. This is a large undertaking. As we know with the delivery of health infrastructure, we cannot trust the Liberal opposition to deliver health projects in this state, so I hope that this government can see that project through to fruition.

Hon Tjorn Sibma touched on staffing. There is pressure on people in the system. A lot of that pressure is due to COVID and the difficulties we have had in recruiting people from overseas or interstate. People are having to work longer hours as a result, I assume. In saying that, between March 2017 and the December quarter of 2020,

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the number of workers employed by the state in the healthcare system increased by 10.4 per cent. According to the Public Sector Commission, that increase occurred over the last term of government. That increase accounts for almost half the additional workers added to the public sector since the McGowan government took office. Although we have faced challenges during the pandemic, the number of staff has been increasing.

It is important to point to what is happening in the system now. There are 10 per cent more ambulances than there were three years ago. Attendances are up. There has been some dispute about the percentage, but certainly from June to January, attendances increased by 14 per cent. That is a huge increase, which was not foreseeable. The system has to deal with that and I think our system is doing the best it can under difficult circumstances. It is not an issue that is isolated to Western Australia; it is the same situation across the country.

The people presenting at our hospitals are presenting with more complex and acute issues, especially with mental health. As I mentioned, my understanding is that from January to June this year, compared with the same period in the previous year, emergency department attendances increased by 14 per cent. That is a large number and it is hard to combat when it is difficult to recruit new staff to the system. Despite these problems, staff continued to provide exemplary care for the best part of the past year. We have led the nation in the emergency access times that are a benchmark across the system. I thank Hon Tjorn Sibma for raising this motion, but it is unsurprising, I am sure, that I disagree with every part of it, apart from the great contribution made by our health staff every day.

**The ACTING PRESIDENT (Hon Dr Sally Talbot):** Members, the question is that the motion be agreed to. I am about to give the call to Hon James Hayward, but just before I do that, I remind members that under the temporary order, we have a provision for the mover of the motion to speak in reply for not more than five minutes, and for the President, or, in this case, the Acting President, to interrupt proceedings to allow for this provision. I ask members to bear in mind that temporary order.

**HON JAMES HAYWARD (South West) [2.45 pm]:** Health is a big job. Sure, we have a world-class health system. I have no doubt that that is the case and I certainly welcome some of the fantastic things that the government is doing to try to meet the demand out there in Western Australia. I do not know whether anybody has driven a Tesla, but they are pretty state-of-the-art vehicles. I have not yet had the privilege to drive one of them, but members can imagine that they have all the latest things that technology offers. If I were driving a Tesla down the freeway and the wheels fell off, it would cease to be a world-class piece of transport equipment. It would not matter that it had all the bells and whistles, all the fancy stuff and the best of everything; if the wheels fell off, it would no longer be first class. The reason members on this side raised this issue, and the reason it is being raised in the community, is that it is a real issue. Members opposite have said that it is a lame motion and they are disgusted that we should raise it—come on, guys! It is a big job. The people of Western Australia expect members opposite to perform and do a very big job. If the West Coast Eagles are playing, we can talk about how fantastic all its members are and what a great team it is, but at the end of the day, each member of the team will be judged by their performance. The performance in playing footy is to win games. In running a health service, it is obviously to be able to treat the patients who come forward in an appropriate manner.

The minister said that the systems were ongoing, and that people were staying longer in 2021 than they ever had before. I do not know whether that is correct. I have to take the minister on face value. We can ask some questions about it, and presumably we will get an answer back, probably in a month, to let us know what those figures are. We absolutely know that people are staying longer in ambulances than they ever have before; that is what we do know. The reality is that the Australian Medical Association and the Australian Nursing Federation are criticising the state government. It is not just us. Government members have underinvested in health over their term of government. It was said that emergency presentations had increased 14 per cent from January to June. Yesterday, *The West Australian* reported that the number had fallen by two per cent compared with June 2019. We need to get to the bottom of these figures. Which are right? Are presentations up 14 per cent? The Minister for Mental Health said earlier that people stayed home last year. He said that one of the challenges in his disability services portfolio was that disabled people did not want providers coming to their houses and providers did not want to go to people's houses. He said that people stayed home. If presentations are 14 per cent higher at hospitals this year compared with last year—come on, guys! If people are staying home, we cannot use those figures. Let us go back to 2019. Yesterday, *The West Australian* reported that basically the figures are the same and that presentations had dropped by two per cent in the last month. We need to get to the bottom of what is right, beyond the smokescreens, storytelling and spin. We need to understand exactly the situation that our health service is in.

I will turn members' thoughts to Albany Health Campus. Another thing that was mentioned was that it would take more than two terms to fix the problems that the previous Liberal–National government had created. The average ambulance ramping time in Albany in 2016 and 2017 was one hour a week, and in 2018 and 2019—you guys were in government—it was no hours a week. Obviously the government was doing a great job; something was going right. In 2020, the average ambulance ramping time was three hours a week and this year it has gone up to 19 hours a week. That is six times the previous year and 19 times worse than in 2016–17. I accept all the great work that

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the government is doing. There was a great list of tremendous things the state is doing to try to help meet the need, but the reality is that it is not working. I encourage the government to continue doing what it is doing, but more needs to be done in this space.

The Australian Medical Association said that Albany Health Campus needs increased capacity. I am pretty sure that when the Libs and Nats were in, the new hospital was built in Albany. Obviously more needs to be invested in that place to cope with the added growth. Interestingly, in a newspaper article about the ambulance ramping, a spokesman for the WA Country Health Service said about the ramping that Albany Health Campus consistently performs well. How can someone say that? Surely that is absolute spin. Clearly, the ambulance ramping at Albany Health Campus is 19 times worse than it was five years ago and six times worse than it was last year. The Mayor of Albany, Dennis Wellington, told me when I met him there recently that one day all of Albany's eight ambulances were ramped at the hospital—all eight! That means that if there was an emergency such as a vehicle accident or someone had a heart attack, no ambulances would be available to go into that community. I hear what the government is saying about what a fantastic job it is doing, but the reality is that in Albany on that day, that was a terrible circumstance. We have to do better. The government has to do better. Another thing that members need to understand about Albany and pretty much all the regional hospitals is that they do not have full-time paramedics. Volunteers have joined St John Ambulance to help but are stuck in an ambulance with their patient for hours on end waiting for the hospital to be able to take the patient. That is not very fair on those volunteers and it is not a great use of the community resource.

There have been plenty of examples of COVID-19 this year. I note that we talked earlier about the nine COVID deaths, which is a terrible tragedy. COVID is external and is something that we have no control over. However, when a young child passes away in a state-of-the-art children's hospital, we must ask ourselves what is going wrong. When the nurses are out on strike saying that the hospital system is in crisis, we cannot just ignore that and say that it is all smoke and mirrors and that it is all made up. We have spoken in this chamber before about Aishwarya Aswath's terrible situation, which we all agree should never have occurred, but unfortunately it did. The reality is that we have to do better. It is not good enough to say that we can drive a Tesla down the highway without holding onto the steering wheel—we have to hold the steering wheel in WA, but in some places it will drive itself; that is how good it is—but if the wheels fall off, it is no longer a state-of-the-art vehicle and it is no longer fit for purpose. We have these types of things happening all over the state. Bunbury Hospital is under investigation by WorkSafe because of a toxic culture. Hon Dr Brian Walker talked about some of the challenges of workplace culture within the medical teams. That must be seriously concerning. One of the difficulties is that we have a full-time problem with our health services but a part-time minister. If the minister will not resign and let someone who is more capable and competent lead the team, at the very least the Premier ought to go give him responsibility only for the single health portfolio so that the minister can concentrate on that position full time. We have a full-time problem and a part-time minister.

Another thing I want to talk about briefly is the fantastic work our health people do. It was said in the debate that that is a backhanded compliment. I do not think that at all. As we all know, particularly those of us who are parents—I have talked about this in the chamber before—we do not want to set up our children to fail. The problem is that when emergency rooms at hospitals are understaffed, for a little while everybody will bust their boiler to make sure that it works. However, when that happens over months and months and then years, the workforce will burn out. When that workforce is unable to meet the needs of the patients coming in the door, problems occur. When those problems occur, it is disgraceful to then blame the staff, which is what we saw happen with Perth Children's Hospital. Those people turn up every day and do their absolute best. I agree with members that there are a lot of great things about our health system. In some places it is well resourced. However, the problem is that it is not coping with the workload in front of it right now and the staff are not being supported. A team of people will give their right arm and leg to help get through a tough spot, but the problem is that when that situation is taken advantage of or the circumstance means that the situation is not fixed over a long time, it builds resentment and makes it difficult for that team to work and function effectively. We really need the state government to take its McGowan superpowers and apply them to fixing this health problem.

We raised health issues before and were told that there was nothing to see here and that it was all going well. However, over the weekend, the government announced \$1.9 billion of new investment into the health sector. Obviously, there is a problem with the health services and the government understands that. Government members can stand up and talk about all the line items of money that the government has spent. That is all very welcome. That is the business. It is a big game, and the people of Western Australia expect the government to be on top of its game. Being mediocre at this stuff is not good enough for Western Australia. The government needs to be absolutely at the top of its game. It is hard for the minister to be at the top of his game when he is a part-time minister. Western Australia deserves a full-time minister to work and make sure that these issues are being dealt with at the highest level and with the greatest sense of urgency. The government announced \$1.9 billion, which is obviously welcome, but the reality is that that is an acknowledgement of the problem. To turn up in the chamber today and ridicule the opposition for

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raising this issue when the government knows that it is a problem is disingenuous, to be honest. This needs to be fixed for the people of Western Australia.

It will be a fantastic experience when that Tesla gets its wheels back on and we can jump back on the freeway and put the car into cruise control and we can all move forward with confidence that we will get to the place we need to go. However, the wheels are falling off right now. It is incumbent on the state government to solve this problem for the people of Western Australia. The only way we will do that is by getting a full-time health minister to fix the full-time problem.

**The ACTING PRESIDENT (Hon Dr Sally Talbot):** The member is peaking 31 seconds early but, with the agreement of the house and no other member seeking the call, I give the call to the mover of the motion, Hon Tjorn Sibma.

**HON TJORN SIBMA (North Metropolitan) [3.00 pm]** — in reply: Thank you very much, Madam Acting President. I was awaiting a brief and witty contribution in the 30 seconds before I was given the opportunity to reply.

I will begin by wrapping up with this observation: it was very clear that the government did not bring its A game to this debate today, as indeed it has not brought its A game to the management of the public health system, which is absolutely the point. It was not unexpected. We heard this diatribe that the motion was lame and opportunistic. I am sorry, but members opposite must be living in cloud-cuckoo-land if they think that the mismanagement of the WA public health system is not on the lips of every man and woman in this state. It is in the newspaper and on the radio consistently. Members cannot pretend that it is not an issue. The excuses were expected: it is all COVID's fault. There is a new line now. It seems to be the fault of the patients—the people who have the temerity to turn up and present in a clinical setting wanting treatment are the cause of this problem! It reminds me of the *Yes, Minister* concept of the perfect hospital—the one that had no patients because that is obviously the most efficient. I am sorry that the government will never get there.

I was also surprised that so much was invested in this budget package. Obviously, all the details have been settled. The government has been dropping this over the last three days. The government should grow up and bring the health budget to this place for debate. Why wait another three or four weeks? It obviously has it all settled; it has all the answers and it has made all the decisions. It should show us the details. The details are important. The Minister for Health seemed to be oblivious of them when asked about them on air this morning. Who was responsible for drafting this health rescue package? It does not seem to be the minister. He is still awaiting a briefing on the matter from the department. I think that is absolutely telling.

**Hon Dr Steve Thomas** interjected.

**HON TJORN SIBMA:** Indeed. The government was provided with opportunities. If it wants to play this budget-drop game weeks in advance of the budget coming down when we ask about the cash flow and spends, it should not play the cute game and say it is all budget-in-confidence and it cannot possibly tell us until 9 September. Frankly, we are beyond that.

I was outside the chamber but I think I heard Hon Stephen Pratt talk about medihotels, maybe in Joondalup. This seems to be another fabrication out of the health system that these projects will fix every problem. I have not seen one, particularly not in Joondalup, over the past few years and I do not have any great expectation that I will be disabused of my cynicism over the next four years. It is not a political view to criticise the health minister's performance on the metrics he has set.

I conclude my contribution by citing the words of the new AMA president, Dr Mark Duncan-Smith. On 16 June this year, he said of the health system —

“It's crisis with a capital ‘C’. It's a huge crisis, and it's moving from crisis to crisis to crisis,” he said.  
“Crisis management is really the end of poor strategy and poor planning. That's where the Government is now with their health policies.

I agree with that assessment 100 per cent. I also cite another contribution by Dr Mark Duncan-Smith, again reflecting on the expectations that the current Minister for Health set his predecessors. On 12 July, he said —

“It's telling to recall what then opposition health spokesman Roger Cook had to say about the situation back in 2015 ...

...

“To add insult to injury, we've had every imaginable excuse now that Mr Cook is actually in a position to address the situation.

...

“This current activity was predictable and should have been planned for.”



**Extract from *Hansard***  
[COUNCIL — Wednesday, 11 August 2021]  
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This has been a slow-moving catastrophe. It has not been exacerbated by COVID-19. Strangely, in a counterintuitive way, COVID-19 has pulled back a little. We are now coming to the stage of normalisation and seeing the health system for what it is. It is in a deplorable state. I commend this motion to the house.

*Division*

Question put and a division taken, the Acting President (Hon James Hayward) casting his vote with the ayes, with the following result —

Ayes (8)

Hon Peter Collier  
Hon Donna Faragher

Hon Nick Goiran  
Hon James Hayward

Hon Tjorn Sibma  
Hon Dr Steve Thomas

Hon Neil Thomson  
Hon Colin de Grussa (*Teller*)

Noes (21)

Hon Klara Andric  
Hon Dan Caddy  
Hon Stephen Dawson  
Hon Sue Ellery  
Hon Peter Foster  
Hon Lorna Harper

Hon Jackie Jarvis  
Hon Alannah MacTiernan  
Hon Ayor Makur Chuot  
Hon Kyle McGinn  
Hon Shelley Payne  
Hon Dr Brad Pettitt

Hon Stephen Pratt  
Hon Martin Pritchard  
Hon Samantha Rowe  
Hon Matthew Swinbourn  
Hon Dr Sally Talbot  
Hon Wilson Tucker

Hon Dr Brian Walker  
Hon Darren West  
Hon Pierre Yang (*Teller*)

Question thus negatived.