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(HANSARD)

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LEGISLATIVE COUNCIL

Wednesday, 30 August 2023

Legislative Council

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THE PRESIDENT (Hon Alanna Clohesy) took the chair at 1.00 pm, read prayers and acknowledged country.

PAPERS TABLED

Papers were tabled and ordered to lie upon the table of the house.

HEALTH — MANAGEMENT

Motion

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

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

I move —

That this house —

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

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

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

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

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

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

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

Among other things —

- provide better clinical services for women, including better access to critical care and diagnostic services
- increase access to research and training that will assist in the provision of high quality, evidence-based care
- allow for more integration between women’s and children’s services eg. between gynaecological services and neonatal and antenatal services
- allow for better integration between women’s and children’s services and general adult tertiary services eg. between adolescent and adult services
- allow for improved coordination of women’s and children’s health services across the State ...

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

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

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

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

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

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

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

This is an exciting and significant step ...

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This is the rub. The report continues —

CiC information was also not provided to the IWA Board.

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

an opportunity for me to grandstand but I will put to the government that it has not defended its position! I urge the government not to let ideology and idiocy reign supreme when it has been told to backflip, retract and revert to the original decision—an original decision backed by clinicians, the community and advocacy groups. I commend the motion.

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

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

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

The PRESIDENT: Order!

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

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

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

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

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

There are four parts to the motion, and members will not be surprised that I now turn to part (b). Members will recall during my budget-in-reply speech recently that I mentioned a couple of questions and answers that I received from the government about this year's state budget. I apologise, as I will repeat those again, but I do so for a particular reason—to remind everybody that right now in this state, thousands of children are waiting for critical supports. We know the importance of the early years and early intervention. Just last week, NAPLAN results were released. NAPLAN is but one form of measurement and reporting, but around 10 per cent of students across all year groups sitting NAPLAN were identified in the "needs additional support" level. One in five year 3 boys had been identified as requiring extra support in critical reading, writing and related skills. In response to those results,

the critical importance of the early years and early intervention services in child development were repeatedly raised by educators, state and federal ministers, and other interested parties. However, when it comes to child development services in this state, there is a continued lack of priority by this government.

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

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

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

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

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

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

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

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

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

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

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

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

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

Wait for it! —

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

Again, a non-answer, so I waited until the budget estimates hearings. The Leader of the House very kindly took some questions on notice from me and I received the answers a week or two ago. What do we find? The government

has been caught out again. The advice that the government provided to me is that the initial appropriation for the metropolitan Child Development Service is approximately \$36 million. The minister also said, in another part of an answer, that the Child Development Service continues to work within its existing capacity to tackle the growing demand for services.

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

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

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

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

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

The mover of the motion mentioned metrics, so let us start with some metrics. With respect to emergency access and elective surgery, there were 30 per cent fewer ramping hours in July 2023 than July 2022. In August, we are on track for a similar or better result. It has been a good start to the year for the three big metropolitan health service providers and we started to see some green shoots. In February, the figure was down 10 per cent versus February 2022; in March it was down 47 per cent versus March 2022; and in April it was down 28 per cent versus April 2022. As we came into winter this year the flu and elective surgery catch-ups started to have an impact. In May, we were down four per cent versus May 2022; in June we were up 4.6 per cent versus June 2022. This is a credit to the

work that goes on in our hospitals every day when we think about an increase of 146 per cent in flu hospitalisations for January to June versus the same period in 2022. There was a 15 percentage increase in ambulance presentations to emergency departments in June 2023 versus June 2022 and a 17 per cent increase in admissions for elective surgery in June 2022 versus June 2023.

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

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

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

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

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

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

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

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

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

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

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

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

Several members interjected.

Hon SUE ELLERY: Thank you, my beautiful assistant!

That is a 40 per cent increase in the number of new children seen for assessment by a developmental paediatrician compared with 2020. To help meet the growing demand, an additional 14 speech pathologists were trained in ASD diagnosis, as well as five clinical psychologists. This has enabled a fourfold increase in the number of ASD assessments undertaken by the Child and Adolescent Health Service in 2021–22 compared with 2017–18 when we came to government. The Child Development Service continually explores ways to improve service efficiency and clinical pathways, and trials strategies to reduce wait times.

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

workforce program in health. I look forward to hearing its solutions because apparently all you need to do is snap your fingers and you can solve it. I am really keen to hear what the opposition's solutions are. I look forward to hearing and analysing the policies that the opposition is no doubt getting ready to present to the people of Western Australia. We have a world-class public health system that is well supported by this government. We will not support this motion.

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

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

Which is the women's and babies' hospital —

based on the following benefits:

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

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

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

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

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

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

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

Of course there are challenges; there are challenges at every site. The key message that comes through over and over again in this report is that improved service delivery at the women's and babies' hospital is essential for the long-term strategic health outcomes for women, babies and children in Western Australia. If we look at the heading on page 130, “Alignment of Acute Services”, we would think that would be a very important point. It states —

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

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

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

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

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

That is a very important point about travel times. I have raised in this place the issue of travel times between Fiona Stanley Hospital and Queen Elizabeth II Medical Centre and the challenges we might face during peak hours, when there are congestion issues. All I got from the Minister for Transport was the flat bat, saying it is not her issue and I should talk to the Minister for Health. Clearly, the Minister for Health made a captain's call, and I am sure there was some discussion with the Premier. I suspect that someone decided, for some reason we are not sure

of, that it will be better for the hospital to be built near Fiona Stanley. The government has not bothered to have a conversation on the issues around transport and the challenges between the two sites. When emergency services are required, time is of the essence.

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

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

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

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

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

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

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

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

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

A desktop and feasibility study was probably done by some poor person in the public service—maybe a level 7 or a level 8. I spent 28 years in the public service; I know how it works. I have been one of those public servants. If anyone gets up here and starts banging on, saying that they do not appreciate the public service, I say that I appreciate the public service but they get the short straw at times. They get told to do things they do not want to do. I speak

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

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

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

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

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

While controls are also identified in the BC/PDP —

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

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

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

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

Several members interjected.

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

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

Hon Martin Aldridge: Give us some answers.

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

Hon Neil Thomson: Provide the evidence.

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

Hon Tjorn Sibma: A greenfields site?

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

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

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

Several members interjected.

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

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

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

Hon Neil Thomson: Boring.

Hon STEPHEN PRATT: Did he say boring?

Several members interjected.

Point of Order

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

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

Debate Resumed

Hon STEPHEN PRATT: Someone who did their job was the special inquirer who said that the absence of a standalone business case was the worst case of financial risk taking for the state to be reviewed by the special inquiry. That is pretty telling stuff. I do not need to go into too much detail, but everyone will recall the lead fiasco at Perth Children's Hospital and numerous other issues that we were confronted with on taking over government in early 2017.

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

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

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

Hon Tjorn Sibma also referred to the Reid review, and the Leader of the House touched on this, which focused on building a new women's and babies' hospital as well as Perth Children's Hospital. As we have been reminded today, the previous government decided to leapfrog the new women's and babies' project and built a new children's hospital. Although it is an amazing-looking building, members will recall the opposition calling for extra floors to be built on that site. Perhaps if the government of the day had listened then, or built both hospitals at the same time, we could have had both hospitals on that precinct. If the extra floors had been built, other services could

potentially have been put in as well. I think it is only fair to rebuff some of the accusations that this government is not listening when similar things happened under the previous government. Relocating the new women's and babies' hospital down to my patch near Fiona Stanley Hospital is an example of the strong, decisive leadership of Minister Sanderson, and it would not have been an easy call to make. We funded a business case to look at building the hospital near Queen Elizabeth II Medical Centre, but that would be too difficult. I doubt that that would have been the outcome we hope for.

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

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

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

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

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

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

I am excited about the Murdoch medihotel because we can see it taking shape now. It is certainly coming together. It will have 80 beds, which will allow patients to recuperate away from the hospital environment, but still have the medical support and care they need. The medihotel is new to WA. It is innovative. We brought it to the 2017 election, and I truly expect it to have a significant impact on the operations of Fiona Stanley Hospital and bring greater benefit to patients.

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

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

Hon Martin Aldridge: I look forward to the invitation.

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

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

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

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

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

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

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

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

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

It was 4 July. I remind members that the government’s decision was announced on 11 April. That was three months before the Premier thought he might like to comply with the law of Western Australia and ask Infrastructure Western Australia to assess the project after the fact. It is interesting that the first section of the report notes that the Premier requested that the report be completed by Monday, 31 July. Three months after announcing the government’s decision, the Premier writes to Infrastructure Western Australia and says, “I am about to spend circa \$2 billion of taxpayers’ money”, which is well above the \$100 million threshold for a major infrastructure proposal, “and three months after we have told the public what we are going to do, we want you to assess the decision. By the way, you’ve got until 31 July.” The director general’s correspondence was attached. I think Infrastructure Western Australia was offended by the request, because of the way in which the report has been couched and indeed the way in which the correspondence from the director general, which is more substantial than the report itself, was dated 25 July. It was less than a week before the report was due, according to the Premier’s request, that the director general of the Department of Health wrote to Infrastructure Western Australia providing detail on the project. The report says —

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

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

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

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

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

It says in section 20(1) —

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

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

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

I think the government has not complied with the law of Western Australia. It announced a decision of government in April 2023, then three months later someone said, “Oh, well we’ve created a body called Infrastructure Western Australia, we’d better write to them, and we’ll give them about three weeks to respond on whether or not the state should spend \$1.7 billion to \$2 billion dollars at Murdoch rather than at the Queen Elizabeth II Medical Centre.”

That resulted in a report that does not say much at all. It was interesting hearing the contribution earlier of the Leader of the House, who provided the government response. She outlined many of the challenges of delivering a new women's and babies' hospital at the Queen Elizabeth II Medical Centre site. It is interesting that the minister quoted the business case. The business case considered 11 sites, including the site that was chosen at the Queen Elizabeth II Medical Centre. Notwithstanding all the issues and considerations outlined by the Leader of the House, the business case said —

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

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

One of those considerations has to be accommodation. Many speakers today have talked about challenges with public transport, pressures on the public health system and ramping. I remember that at the 2017 election a manifesto was released—I think it was Mark McGowan's plan for something—and the two critical pillars of that plan to address these health issues were, one, medi-hotels, which I will come back to in a moment; and, two, urgent care clinics. Do members remember the plan that the Labor opposition as a government would co-locate urgent care clinics at public hospitals and have community-based urgent care clinics? It even identified all the regional cities and centres it wanted to win and said, "You're going to have an urgent care clinic. We are going to divert patients from the emergency departments who do not need acute care into our urgent care clinics."

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

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

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

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

we sell the government jets—that will save us some money—and we tell ministers that we will not buy them an aeroplane ticket until it is more than 16 hours away. If it is good enough for people accessing medical care, why is it not good enough for us?

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

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

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

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

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

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

Hon Dan Caddy interjected.

Hon TJORN SIBMA: I will not say no.

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

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

Division

Question put and a division taken with the following result —

Ayes (12)

Hon Martin Aldridge	Hon Donna Faragher	Hon Tjorn Sibma	Hon Wilson Tucker
Hon Peter Collier	Hon Steve Martin	Hon Dr Steve Thomas	Hon Dr Brian Walker
Hon Ben Dawkins	Hon Sophia Moermond	Hon Neil Thomson	Hon Nick Goiran (<i>Teller</i>)

Noes (19)

Hon Klara Andric	Hon Sue Ellery	Hon Shelley Payne	Hon Matthew Swinbourn
Hon Dan Caddy	Hon Lorna Harper	Hon Stephen Pratt	Hon Dr Sally Talbot
Hon Sandra Carr	Hon Jackie Jarvis	Hon Martin Pritchard	Hon Pierre Yang
Hon Stephen Dawson	Hon Ayor Makur Chuot	Hon Samantha Rowe	Hon Peter Foster (<i>Teller</i>)
Hon Kate Doust	Hon Kyle McGinn	Hon Rosie Sahanna	

Question thus negated.

COMMITTEE REPORTS — CONSIDERATION*Committee*

The Deputy Chair of Committees (Hon Stephen Pratt) in the chair.

*Standing Committee on Estimates and Financial Operations — Eighty-seventh Report —
Consideration of the 2022–23 budget estimates — Motion*

Resumed from 16 August on the following motion moved by Hon Peter Collier —

That the report be noted.

Hon NICK GOIRAN: In the remaining one minute I have to discuss the eighty-seventh report of the Standing Committee on Estimates and Financial Operations, I encourage members to look at page 24. There members will note the following. I quote —

A number of answers to questions submitted prior to hearings were received beyond the Committee's deadline. This increases pressure on the Committee to consider, process and disseminate the answers for the benefit of all Legislative Council Members in time for the hearings.

However, this year, the Committee encountered an unusually long delay in the provision of answers from WA Health and the Mental Health Commission.

Given that there has just been a debate about health, it is interesting that as far back as a year ago we continued to have these delays within WA Health and the Mental Health Commission. It seems to be a symptomatic disease of the health system in crisis.

Hon KLARA ANDRIC: I thank the honourable member for his contribution. I think it was outstanding, considering that it was a minute long!

I, too, rise to speak on this eighty-seventh report of the Standing Committee on Estimates and Financial Operations. I have spoken on this report previously, as has Hon Nick Goiran, and I will try to focus on some other issues in this report I have not previously mentioned in this chamber. As members know, the eighty-seventh report was tabled in October 2022. I often do not have the opportunity to thank members of the committee because I usually leave it until last, so I have created a new practice when speaking on committee reports, which is to acknowledge and thank them at the beginning of my remarks. I stand to be corrected because we have had a few changes, but the committee members include Hon Peter Collier, who is the chair; Hon Samantha Rowe, who is the deputy chair; Hon Dan Caddy; Hon Nick Goiran and Hon Dr Brad Pettitt. I understand that at the time the eighty-seventh report was tabled Minister Jarvis was on the committee. However, she has been replaced by my very good colleague Hon Dan Caddy. I thank those committee members for the hard work they do. I also want to acknowledge some other very important people, who are the staff, ministers, parliamentary secretaries, public servants and all involved who assist the committee with its consideration of the estimates.

The Legislative Council Standing Committee on Estimates and Financial Operations is tasked with considering and reporting on estimates of expenditure, which are laid before the Council each year. The 2022–23 budget outlines the government's priorities, not only for that financial year but for the next three. In the eighty-seventh report the committee considered the budget broadly, including a more thorough examination of 16 agencies, so there were 16 hearings, and a less detailed examination of a further 21 agencies. The second point of the tabling statement said —

These hearings covered many topics, reflecting the wideranging interests of the committee and participating members. A summary of the topics discussed at agency hearings can be found in appendix 2 of the report.

The committee made two findings and four recommendations in the report. The first recommendation of the report is found on page 16, and I will bring it to the attention of members today. It states —

The Treasurer direct the Department of Treasury to include the outyears for each special purpose account listed in the relevant Appendix in the Economic and Fiscal Outlook.

I note from the government response that the government fully supports recommendation 1.

Hon Peter Collier: It is a very good recommendation!

Hon KLARA ANDRIC: It is a very good recommendation, honourable member!

Further to that, I will bring to members' attention recommendation 2 outlined in the report, which states —

The Treasurer direct the Department of Treasury to explicitly identify funding from major special purposes accounts in an agency's asset investment program 'funded by' section and the financial statements.

I am also pleased, as I am sure Hon Peter Collier is as chair of this committee, that the government supports this in its response to this recommendation. It states —

Treasury will ensure this information is included in future Budgets.

I was also pleased to read something in the conclusion of the executive summary that is worth pointing out. It said —

The Committee considers the process provided an appropriate level of scrutiny of the 2022–23 estimates.

That is very positive.

The 2022–23 budget was centred around four government goals, which I found on page 2 of the report. I may have mentioned these in my previous contributions on the eighty-seventh report, but in case I have not, as my memory is not that good, I will read them out to members today. I will read the four major goals of the government has structured around 2022–23 budget. The report states —

- Investing in WA's future: tackling climate action and supporting the arts, culture and sporting sectors to promote vibrant communities.
- Safe, strong and fair communities: supporting our local and regional communities to thrive.
- Strong and sustainable finances: responsible, achievable, affordable budget management.
- WA Jobs Plan: diversifying the WA economy, creating local jobs for the future.

They are all very positive goals of the government and ones I fully support. Many of us here know just how very hard this government has worked on investing in those goals across sectors of various areas.

I wish to bring the attention of members "Special purpose accounts" on page 15 of the report, which is under the heading "Observations on the Budget Papers". "Special purpose account" refers to specific funds or accounts established for designated purposes. Page 15 states —

The *Appropriation (Capital 2021-22) Act 2021* authorised the Government to place \$5.7 billion into specified special purpose accounts. In 2022–23 —

Which is the time referred to in this report we are talking about today —

the Government is seeking Parliament's approval to provide a further \$1.3 billion to specified special purpose accounts.

Repeating last year's requests, the committee sought receipts and payments for the out years of each special purpose account. The Department of Treasury advised that it could only provide unpublished forecasts for the Treasurer's special purpose accounts. I refer to the section on special purpose accounts from the 2022–23 budget on page 15 of the report.

The DEPUTY CHAIR (Hon Stephen Pratt): Members, before I give the call to Hon Steve Martin, I wish to say that I have been advised by the clerks to amend the record for the results of the previous division on the question that the motion be agreed. The correct result is ayes 12, noes 19. The question was resolved in the negative.

Hon STEVE MARTIN: I welcome the opportunity to make a few remarks on the eighty-seventh report of the Standing Committee on Estimates and Financial Operations. Congratulations to the hardworking members of that committee. I was subbed in for one of its reports, so I am aware of the amount of work they do.

I want to bring members' attention to one of the findings of the report, which is located on pages 14 and 15. It relates to a hearing with the Forest Products Commission, in which I took part. Two or three questions into the hearing, my colleague Hon Nick Goiran pointed out to the representing minister and the representatives of the Forest Products Commission that its budget figures in the out years were identical to the figures from the 2021–22 budget. They were unchanged. That is about the only thing in the forest industry in Western Australia that is unchanged from 2021–22.

The budget outlooks of the private businesses in the forestry sector in the coming years are far from unchanged. In fact, if they are in the hardwood sector, they are just about zero. In an extraordinary effort, the Forest Products Commission just cut and paste the figures. I note that finding 1 states —

The 2022–23 Budget Papers would have benefited from an explicit notice that some of the Forest Products Commission’s financial estimates for 2023–24 and 2024–25 were sourced from the 2021–22 Budget.

In fact, they were cut and pasted from that budget. The response from the commission states —

In this process, the budget numbers in the out years are based on the [2021–22] budget prior to the announcement [of the ban on native forest logging from 2024]. Your two questions—the numbers relate to growing revenue and then equivalent growing costs to do those growing revenues.

Apparently, Treasury advised that it cut and paste those numbers because it could not “model what the volumes will be”. Obviously, it is not the only organisation that cannot model what those numbers will be but it does not matter if it is in the public service—they just cut and paste the numbers, the budget is fine and all those public servants get paid, but the small businesses in the hardwood sector of the forestry industry are out of business. In fact, after many decades of operation and more than \$10 million of recent investments, Redmond Sawmill, just north of Albany, closed its doors this week. As we heard from the forestry minister, it will receive some of the payout organised by the government. I think Redmond’s payout will probably be a little over \$1 million. It does not take Einstein to do the numbers. It will be significantly out of pocket as a result of what happened to the hardwood sector. The people in the Forest Products Commission went on to advise when it would be able to update its budget. Treasury advised the commission to leave the numbers in the out years and acknowledged “that they will not be very accurate”. That is an interesting way to describe it. Treasury said —

They will vary once we know what the new forest management plan determines as available volume and subsequent revenue, and then expenses.

When will that happen? The report continues —

They will be updated ... so when the 2024 forest management plan is released, just prior to 2024 ...

It is now the end of August, and it has not happened yet —

... in the 2023–24 budget process will then have that information to be able to model what the revenues will be and what the expenses are.

Again, that is fine for the public service. The Forest Products Commission will charge ahead. In fact, its staff numbers are growing, interestingly, but again the small businesses in that industry have been smashed by this decision. I think the performance of the Forest Products Commission during this estimates hearing was indicative of how it has performed in the hardwood sector for some time.

We come to today. Yesterday my colleague Hon Dr Steve Thomas asked whether any sawlogs have been delivered in August 2023. The *Forest management plan 2014–2023* still exists. The sawmills that are left—there are not many but there are some—believe they had contracts for the delivery of logs right up to the end of this management plan, which we have heard is sometime late in 2023. Everyone in that industry is telling me that those logs are not being delivered and the forest management plan is not living up to the details of those contracts, which is very disappointing for the few small businesses that are left. Some timber is being felled. Apparently, if we talk to the sawmillers, the vast bulk of that jarrah is now being used for firewood, which is an interesting outcome when the government trumpeted its environmental credentials around this logging decision. As members would be aware, mining hectares are being felled and they will continue to be felled. Apparently, the vast bulk of that timber is going to firewood supplies, which I think is a very interesting decision of the Forest Products Commission and the forestry minister.

I will move on to some other issues in the committee’s eighty-seventh report. Some issues were raised around the planting of hectares for the investment from the state government into the growth of the pine plantations. We have been asking questions for some time about where those hectares are being bought and the impact that is having on agricultural land in the high rainfall region of the south west. Now the government, through the well-funded Forest Products Commission, is competing with farmers in general to purchase agricultural land. We often hear about the drying nature of the Western Australian climate, particularly in the south west. That has made rainfall on farm land very valuable. Now the government is bidding against the locals, in effect, with its \$350 million war chest to acquire land to prop up the pine industry. Of course, it will take 25 years before it hits the pine mills. That is the lag time. There will be some thinning over the next 10, 15 or 20 years, but that is a long-term investment. I assume that sort of bidding goes on and on in that market. Those local farmers grow food and produce fibre. They are now in a market that is hotly contested by the state government and large carbon-emitting miners and gas companies that also have their eye on some lovely high rainfall agricultural land on which to plant trees for carbon abatement purposes. The government needs to be very careful about the impact it has on the real estate market through that investment.

There is the possibility that as that demand for land gets greater, they head further north and away from the rainfall. We have seen that happen before with the blue gum plantations that were planted further north because there was not enough rain.

The supply of firewood going forward is interesting and was also touched upon in the Forest Products Commission hearing. The firewood sector has not been able to get any guarantee that there will be an ongoing supply of timber once the hardwood harvesting ceases at the end of this year. It is late 2023 and the small but wonderful furniture manufacturing sector in Western Australia does not know what will happen early next year when the new forest management plan comes into place.

The committee briefly discussed ecological thinning. That might keep a few mills afloat, but again in the Forest Products Commission's submission to estimates, we do not know how many hectares or how many tonnes that will involve and that is very disappointing for the timber sector. Thank you.

Hon KYLE McGINN: It is good to rise and talk on the Standing Committee on Estimates and Financial Operations' eighty-seventh report—*Consideration of the 2022–23 budget estimates*. I note that quite often we talk about estimates and financial operations reports. It is good to get to one for 2022–23. I also acknowledge the committee members and staff and all the hard work that goes into writing a report. This was the first year in which I was called upon to represent the minister, which was really good. I found it to be quite an interesting experience and lots of questions were asked in the portfolios, which was also really good.

Hon Klara Andric referred to part 3 on page 2 of the report where it describes the goals of the government, and that really got me thinking. The first bullet point under part 3.1 states —

Investing in WA's future: tackling climate action and supporting the arts, culture and sporting sectors to promote vibrant communities.

That can really be seen to be happening on the ground. I was in the goldfields on the weekend and watched the local hockey games. I think they were in their playoffs for their finals coming up this weekend. I saw the new lighting for the hockey fields that had been delivered by this government. It was good to hear the responses from people and to see how happy everyone is at those hockey nights. It is not my sport, but it was good to watch and I realised just how dangerous that sport really is with that ball flying around at 100 miles an hour. The lighting was fantastic. The member for Kalgoorlie, Ali Kent, was there along with John Bowler and members from the City of Kalgoorlie–Boulder. It was great to see that project delivered.

I spoke briefly during the last sitting about the delivery of a new BMX track in the goldfields, which has been very positively received by the BMX community and in line with what this report states around promoting a vibrant community. Once a year on the WA Day long weekend, this BMX track brings people from around WA to the goldfields. BMX is one of those sports in which the parents and the families really have to take part in it in a big way—volunteering, travelling, camping and doing everything that needs to be done to get their kids to those events. We see a vibrant community in Kalgoorlie on that weekend. This BMX track plays a pivotal role in the community, but that is not the only event held on that weekend. The government also supports other events on the same weekend such as the Goldfields Cyclassic. For some crazy reason, people get on pushbikes and ride all the way to Leonora. First they ride to Menzies, where the Shire of Menzies gets an opportunity to show how vibrant its community is by putting on a feed for the cyclists. The next day they cycle another 120 kilometres to Leonora. What is happening in Leonora on that day? It is the Leonora Golden Gift. Talk about innovation! We are going to hold a running race down the main street.

Hon Martin Aldridge: Are you doing it?

Hon KYLE McGINN: No, Hon Martin Aldridge. I have not quite got my time trials up to anything under 50 minutes yet. I do not want to embarrass myself, but what we do see, Hon Martin Aldridge, which is fantastic, is the young kids running with professional athletes. Kiara Reddingius is a sprinter who has won the mile before and who went on to compete in the bobsledding event at the Winter Olympic Games. She went from Leonora to the Winter Olympics, and it started with a government-supported event. I want to acknowledge the local governments that support those events as well. Although we sometimes may not agree with local governments, they are trying to make their communities strong and vibrant.

I am also very proud of the member for Kalgoorlie, Ali Kent, for her role in getting a brand new basketball stadium built, which is well underway, for the Goldfields Giants. The giants were struggling with their current facilities that would have potentially seen them struggle to stay in the competition. In the spirit of building a vibrant strong sporting sector, the government has stepped up and we are working our way towards the delivery of that project. Anyone who has been in the goldfields would be well aware of the Giants and their fantastic community values that pervade the community.

With these reports, as I have done with previous reports, I like to go the appendix and get a bit of an idea on the questions —

Hon Martin Aldridge interjected.

Hon KYLE McGINN: No, I am not going to the “miscellaneous” section. I have not found that one in this report, but it is always my favourite. I like to get an understanding of the questions that were asked because I can pick up a bit of a vibe of how the hearings went. Page 30 refers to the hearing on 20 June with the Department of Justice in which some very pointed questions were asked, so we can see that the committee put in a lot of time to ensure it asked a broad range of questions.

I turned to the hearing with the Department of Education and I could not help but stop at the mention of Country Week. I was very intrigued to see what the committee’s intent or questioning was around Country Week. Country Week is a fantastic initiative that happens right across WA in which the regional kids go to the city to play off. They return to the region full of pride and with many stories. I am very proud to say that the goldfields teams always come back with a bag full of medals.

Hon Peter Foster: The same with the Pilbara.

Hon KYLE McGINN: The Pilbara is not too bad, but the goldfields teams are pretty fantastic. The Kimberley teams do well and so too do the North West Central teams. It is really good to see the young kids going to the city and meeting up with other kids from regional Western Australia. They get to hang out with their team mates, they get away from home and they get a taste of what is happening in the city. They also get to compete at a higher level and the opportunity to be spotted and scouted, which probably does not happen most of the year for regional kids who play their sport 650 kilometres to 1 000 kilometres away from Perth. I am very interested in Country Week and I hope that the committee got some positive feedback out of that line of questioning. I look forward to seeing Country Week continuing to be on our calendar and being supported by, again, the parents and volunteers. A lot of these sporting programs require hours of volunteering and also fundraising. The Bunnings sausage sizzles held on Saturdays are often run by a school or a sporting club that is selling hot dogs to raise funds for their teams to get to Country Week. Terence, a young fellow from Kalgoorlie–Boulder, has just been selected for the under-18 Australian darts team. He had to raise \$1 700 within a couple of weeks to get across to that, but the community came in and did a fantastic job.

It would be remiss of me not to mention the community sporting and recreation facilities funding. I often get a lot of feedback from sporting organisations about this and it is all positive. When a sporting club comes to talk to me, I tell them to go have a look and put in an application for it. This has been a very successful program right across WA, and I cannot stress enough how many clubs love that fund and how many other clubs hear about that fund after another round has been released and they come straight in and ask what they can do to access that funding.

The government is well and truly delivering on the first dot point on what its goals are —

Investing in WA’s future: tackling climate action, supporting the arts, culture and sporting sectors to promote vibrant communities.

I look forward to talking about this report again once we have run out of speakers.

Hon PIERRE YANG: Thank you, deputy chair, for the opportunity to say a few words on the consideration of the eighty-seventh report of the Standing Committee on Estimates and Financial Operations, *Consideration of the 2022–23 budget estimates*. We have heard from Hon Nick Goiran, Hon Klara Andric, Hon Steve Martin and Hon Kyle McGinn, who have made contributions on this report. I want to echo the sentiment of Hon Klara Andric’s contribution about the four governmental goals of the 2022–23 budget. I will quickly talk about the second dot point, which states —

Safe, strong and fair communities: supporting our local and regional communities to thrive.

This is part of the overall governmental goals of the state government in the 2022–23 budget.

The government has demonstrated a strong desire to serve the people of Western Australia with fiscal discipline to stiffen our resolve to keep WA safe and strong. That goal has been achieved over the past six years of the McGowan and now Cook Labor governments, especially when we talk about emerging out of COVID. We had the best health response in managing that once-in-a-lifetime or once-in-a-century occurrence—generally, that is longer than a person’s lifetime. This was a once-in-a-century pandemic, and we emerged out of it with stronger health and economic outcomes.

Over the past six years, we have demonstrated that the state government has worked tirelessly to diversify the economy. Western Australia has benefited over the past 60 or 70 years from the gift of natural resources. The mining and energy sectors have a huge number of different industries within them. One thing that has popped up over the past year is lithium, which has taken over liquefied natural gas as the second-largest export for Western Australia, only after iron ore. That is a testament of the government’s 2019 future battery strategy, which was aimed at supporting other industries in Western Australia to have a diversified outlook.

This report last came up for debate a few months ago on 15 February 2023. Hon Peter Collier was the first speaker to talk on this report. In an exchange with Hon Sue Ellery he made a very interesting point. I want to relate my experience as the Parliamentary Secretary to the Minister for Water and my attendance at the budget estimates hearing in June this year.

During the exchange back in February, Hon Peter Collier, in his contribution, talked about the committee's process. He states —

The chair was responsible for the conduct of hearings and provided guidance on procedural matters as well. No questions were ruled out of order and that was because the chair does an exceptional job.

Hon Sue Ellery then jumped in and said —

We are listening; we can hear what you are saying about yourself.

Hon Peter Collier replied, "That was actually funny!" He quickly moved on and talked about Hon Samantha Rowe, the deputy chair, and her occasions of chairing the committee.

I want to commend Hon Peter Collier. As the Parliamentary Secretary to the Minister for Water, I was involved in the budget process when the Department of Water and Environmental Regulation was called to give evidence. Hon Darren West, as the Parliamentary Secretary to the Minister for Environment, and I were in the same hearing, and I can testify that Hon Peter Collier did a fantastic job as the chair on that occasion. This is a bit of a trend! He did a good job in the hearings for the 2022–23 budget and he did a good job in the 2023–24 budget cycle.

Hon Peter Collier: I have my moments!

Hon PIERRE YANG: Yes!

The report was tabled back in October 2022, some five or six months after the last 2022–23 budget was handed down. It is worthwhile reminding ourselves that when the 2022–23 budget was announced by the state government, we were merely a few months out of the COVID situation. Western Australia was in a state of uncertainty given that we had a number of waves of the Omicron variant of COVID in our community. It is a good outcome, some 18 months later as we stand now, that we can say that Western Australia did the right thing in following the health advice, and the state government did its part to make sure that the safety and wellbeing of Western Australians was protected during that period of uncertainty.

As we have seen around the world, uncertain economic times lie ahead of us. We have seen an enormous increase in inflation, but some good news came out yesterday in that inflation went down some 2.49 per cent. Nevertheless, there are still challenges that we as a state should be mindful of. That is why I was particularly pleased when the state government announced the cost-of-living measures such as the \$400 electricity assistance, which will be paid in two parts of \$200 in the July billing cycle and another \$200 later this year. I think that is a good measure for the government to take. However, let us not forget that for the state government to be able to do that, the 2022–23 budget assisted in many ways. A windfall income cannot be had in just one year and then be spent. A government needs to demonstrate and prove that it can manage the economy, like the way that this government has done over the past six years. For that, I think the state government deserves credit for managing the state's economy. I would like to commend the state government for that. Deputy chair, I would like to seek another opportunity to speak further at another date.

Hon NICK GOIRAN: We are on the eighty-seventh report entitled *Consideration of the 2022-23 budget estimates*. I indicated earlier this afternoon that I encourage members to specifically take a look at page 24 of the report. I asked members to do that because this is the chapter of the report in which the Standing Committee on Estimates and Financial Operations made some observations about the hearings that took place last year. As I indicated earlier this afternoon, one of the observations that the committee made was in respect of the late delivery of answers to questions prior to hearings.

I now want to turn to another observation that was made by the committee. It is apparent that the committee was concerned by the occasional ministerial interference, so much so that the committee made recommendation 4, which states —

Attending Ministers and Parliamentary Secretaries re-familiarise themselves with the Committee's procedure policy for conducting budget estimates hearings.

It is unfortunate that, from time to time, we have ministers and parliamentary secretaries who are not across procedural policy. That includes that members of the committee are able to ask questions of public servants who attend. They are witnesses at the hearings. It is not acceptable for a minister to obstruct the processes of the committee. That is why the committee has recommended that ministers and parliamentary secretaries re-familiarise themselves with the committee's procedure policy for conducting budget estimates hearings.

In addition to that, I note that of the various topics covered in the budget estimates hearings last year, one of them was the nondisclosure of costs by the government. Those costs were the significant legal costs incurred by taxpayers of Western Australia because there was a dispute in the Supreme Court between a magistrate of the Children's Court, Magistrate Crawford, and the President of the Children's Court, Hylton Quail. There was an unedifying legal spectacle when, in essence, we had a magistrate suing her purported boss, the President of the Children's Court, at the expense of taxpayers—certainly in respect of the legal costs of President Quail. I think it is important to mention on the record that to the best of my understanding, and to the extent that questions have been asked and answered

in this place, Magistrate Crawford has not sought reimbursement from the taxpayer for her pursuit of this matter. President Quail certainly did. It was appropriate for the taxpayers of Western Australia to understand exactly how much those costs were. However, this government has had the propensity to keep information secret from the taxpayers of Western Australia.

In this particular instance, one of my lines of inquiry was whether the costs had ultimately been taxed. What is meant by taxing those costs is that there is a formal legal mechanism in which a person who is responsible for paying a lawyer's bill—that is, the legal cost—can have them taxed. The taxation of costs is a formal process by the courts in which they ascertain whether the legal costs have been reasonable or not. My question to government was: have we checked that the costs incurred by the taxpayers of Western Australia were indeed reasonable? This does not just apply in respect of the unedifying legal spectacle between Magistrate Crawford and President Quail. I might note in passing that Magistrate Crawford now has a matter in the High Court against the state of Western Australia. I believe that the matter has been remitted to the Federal Court and that a hearing is set to take place in October, if I am not mistaken. In any event, it can be seen that this expensive saga continues on. I will be very interested to see what the final resolution of this matter is and what the final cost to the taxpayers will be.

However, that is not the only example. Of course, we know that former Premier Mr McGowan was at great pains to hide the costs of his legal spat with a billionaire. It is a matter of public record that the former Premier was found by the Federal Court to have defamed that billionaire. It is also a matter of public record that that billionaire was found to have defamed Mr McGowan. Who paid for all of that at the end of the day? The taxpayers of Western Australia. I have been pursuing this for quite some time, not only in these budget estimate hearings but subsequent to them. I note that in a sneaky media release distributed before Christmas, we were told that WA's net costs to date associated with defending the defamation action brought by Mr Palmer and the cross-claim were calculated at \$2 021 665. The point being is that is more than \$2 million.

In this very sneaky fashion by the at-the-time McGowan government, it talked about defending the defamation action brought by Mr Palmer. Yes—defending the action that they lost! Mr McGowan defamed Mr Palmer, and had he not defamed him, there would be nothing to defend! How much did the indiscretion and lack of statesmanship of the former Premier cost the taxpayers of Western Australia? In a very sneaky fashion, they tried to amalgamate all the costs together with what is referred to as the cross-claim. The reason that they did that is because they are quite proud, in a sense, of the cross-claim because it had partial success. However, as any astute lawyer will know, when doing the taxation of costs, the lawyer has to identify by line item the distinguishing costs of their defence and cross claim. They do not get to say before the court “Well, it is all just one pot of soup and here it is” The court would not tolerate that. It would want to understand each of the ingredients in that pot of soup. Would it be too much for us to ask of the government to provide such itemisation? Apparently so. To this day, the government still has not released an itemisation of what those costs have been, yet it was quite happy before Christmas to sneakily advise people that the cost had been \$2 million. Yes, okay, the cost had been \$2 million, but how much of that was avoidable? How much of that was unnecessary? How much of that \$2 million can be attributed directly to the defamatory remarks of Mr McGowan? How much have the people of Western Australia had to pay simply because Mr McGowan could not keep his mouth closed? That is a fair and reasonable question for a taxpayer of Western Australia to ask, yet this government chooses to keep the answer secret. We will continue to pursue this matter until it is revealed. Perhaps it will be another element of the terms of reference of the inquiry to which Hon Tjorn Sibma referred a little earlier. It is not Mr McGowan's money and it is not the Cook government's and ministers' money, it is the money of the taxpayers of Western Australia.

I would be happy to seek the call again, Mr Deputy Chair.

The DEPUTY CHAIR (Hon Dr Brian Walker): I give the call again to Hon Nick Goiran.

Hon NICK GOIRAN: Thank you, Mr Deputy Chair. I really hope that at some point somebody will come clean about these costs as ordered by the Federal Court. Indeed, what is the current status of that? I know that a number of ongoing negotiations were taking place to finalise the various cost matters. As bad as the behaviour was of Mr McGowan, of course his opponent, the billionaire with very deep pockets, was also badly behaving at the time. His bad behaviour has also contributed to the cost to Western Australians. A number of costs orders were made at the time, but we have not received—not that I can recall this year—a statement by a minister or parliamentary secretary updating the house on what those costs are. Where are those negotiations at? Is it continuing to cost the taxpayers of Western Australia money, much like the Crawford v Quail saga? Is the ongoing saga that is McGowan v Palmer continuing to cost the Western Australian taxpayers money? We ought to be told this information.

In the meantime, members might be interested to know that the eighty-seventh report outlines 23 instances in which information was not provided to the committee. Members will be well aware that section 82 of the Financial Management Act 2006 provides that when a minister decides that it is reasonable and appropriate not to provide certain information to Parliament, the minister is required to notify each house of Parliament and the Auditor General of this decision. As I said, there were 23 instances when information was not provided.

Page 20 of the report lists the 23 instances that impacted on the following ministers at the time: the Minister for Agriculture and Food, the Minister for Emergency Services, the Attorney General, the Treasurer, the Minister for

Forestry, the Minister for Housing, the Minister for Child Protection, the Minister for Health, the Premier and the Minister for Road Safety. All of those individual ministers, certainly at the time of the budget estimates hearings for 2022–23, deliberately chose to not provide information to Parliament. They are entitled to deliberately not provide information to Parliament, but the consequence for that deliberate decision is that they must, as a matter of law, provide a section 82 notice. It is for those reasons the committee recommended —

Relevant Ministers listed in Table 6 consider issuing a notice under section 82 of the *Financial Management Act 2006* for those occasions of non-provision of information due to claims of Cabinet confidentiality, commercial confidentiality, agency resourcing issues and preparation for Parliament.

Has it happened? Have those ministers complied with their obligation under the law as outlined by the committee? What has the Minister for Agriculture and Food done? What has the Minister for Emergency Services done? What has the Attorney General done? What about the Treasurer; the Minister for Forestry; the Minister for Housing; the Minister for Child Protection; the Minister for Health; the Premier at the time, Mr McGowan; the Minister for Health at the time, Mr Cook; the Minister for Emergency Services and the Minister for Road Safety? What have they done? Have they continued to thumb their nose at the law of Western Australia and have blatant disregard for this?

It is interesting that it was left to the then Premier, Mr McGowan, on 19 December last year to respond to this report. In the letter that he sent to the chairman of the committee on this specific recommendation he says that ministers will be reminded that when applicable, a notice in line with section 82 of the *Financial Management Act 2006* is required to be tabled. That is what Mr McGowan said in December last year. He said that it is required to be tabled. Has this happened? Has it happened in any of the 23 instances outlined in table 6, which begins on page 17 of this report and continues to page 20? We simply do not know that, yet again there would be an opportunity for a minister at the beginning of the day in statements by ministers and parliamentary secretaries to come clean and indicate what has happened with this matter. However, we get the contemptuous attitude towards these recommendations of the committee and are simply told that these things will be noted and that ministers will be reminded, but there is little point in reminding ministers of their obligations to follow the law of the land if nobody then follows it up and if there is no enforceability on these matters.

I also want to draw to members' attention that the budget hearings saw ministers not provide information to Parliament and ministers provide late delivery of answers to questions prior to hearings, particularly the Department of Health. Imagine trying to start a hearing and at the start of the hearing was the first time receiving the answers prior to the hearing. It might suit the public servants and the Minister for Health, but it certainly does not provide for a productive, efficient and effective public hearing when members of Parliament scrutinise the budget that has been proposed by executive government. It would not be tolerated in any other circumstance. Imagine the Department of Health appearing in the state Coroner's Court disclosing information and evidence on the day of the hearing. What kind of response would the Department of Health expect to receive from the presiding coroner on that day? It would be a reprimand of the highest order, possibly causing the delay of the hearing. However, there seems to be a different attitude taken by the Department of Health when it comes to Parliament—that the hearings of Parliament are somehow lesser things or unimportant things. That flies in the face of the important principle of responsible government in which the executive is held to account by the Parliament of Western Australia.

Consideration of report postponed, pursuant to standing orders.

Progress reported and leave granted to sit again, pursuant to standing orders.

ABORTION LEGISLATION REFORM BILL 2023

Second Reading

Resumed from 29 August.

HON MARTIN ALDRIDGE (Agricultural) [4.10 pm]: I rise to contribute to the Abortion Legislation Reform Bill 2023. This is the second day of the second reading debate on the bill and there have been many members who have spoken. I have listened to every one of the contributions, either in the chamber or elsewhere, which I will come to a little bit later. I understand and appreciate that it is not a topic or issue that is often discussed openly. People often have difficulty and a diversity of views around the issue, as I am sure members can attest to, given the significant amount of correspondence that I am sure their inboxes have received, because mine has as well.

The reality is that there are 8 000 women each year in Western Australia alone who access abortion services. My approach to the bill will be no different to the approach I took in considering the Voluntary Assisted Dying Bill 2019. I do not have a philosophical or ideological predisposition on this issue and, similarly, I do not have any lived experience in relation to this issue. I recognise the many contributions that have been made so far, which I am sure would not have been easy for those members who do have lived experience with abortion. In approaching this sensitive reform, I will try to place myself, to the extent that I can, in the shoes and body of a person who might be seeking access to this health care and to listen to the experience of women in our community. Like my approach to the VAD debate, I will approach this from an access to health perspective. I will be cognisant of regional and remote impacts from the bill itself, and from the growing list of potential amendments that have been foreshadowed.

I do not share the view of other members or government ministers that no bill can be improved, that the bills that are presented to Parliament are perfect and therefore should be supported. I will consider the merits of alternative proposals as they are advanced by other members throughout the course of the debate. I am thankful for the briefings I have received, including the initial departmental briefing. The meeting arranged by the Minister for Health was particularly insightful. It was a meeting of experienced clinicians who spoke to an audience of cross-party MPs, which I thought was particularly useful in understanding both the application of the current law and what benefits may result from the proposed changes. As I said, there has been a significant amount of correspondence received—I am sure I am not alone in that respect—and a diversity of views on the issue.

It is important to reiterate, as most speakers have, that abortion has been lawful in Western Australia for 25 years. This is the first reform looking to change the system of regulation of abortion. This is not, from my perspective, a debate about whether an individual supports abortion or not. I think that was settled quite some years ago. Certainly, it is reflected in every other jurisdiction in Australia. I am troubled by some contributions that have, I think, suggested that there is no role for the government to play in this space. My view is to the contrary: government will retain this role for quite some time, and quite appropriately so, and access to services such as abortion will continue to be highly regulated. I do not think there is any signal that that is not the case. Even with the passage of this bill, abortion will continue to be significantly regulated by state law. The approach I will be taking will be from, as I said earlier, one of accessibility, particularly from a remote and regional context, and an approach that is compassionate. I am a father of a daughter whom I love without qualification, and I hope that if the circumstances arose she would be treated compassionately when accessing health care.

That sets out my perspective at a preliminary level about my approach to this bill. I also have a duty, as a legislator—as we all do—to consider arguments that will be put forward through the course of this debate on their merits. Apart from making a decision on the second reading of the bill, I am yet to fully comprehend the arguments for and against the propositions on the supplementary notice paper. In a debate in which members will have a conscience vote, or a free vote, depending on how we like to frame those things, I suspect that all of us approach that duty in a similar way in understanding and appreciating the arguments that will be presented. The second reading speech and contributions have reflected on the comprehensive consultation that occurred when the government put out a discussion paper in late 2022. It was not an extensive consultation period. I think it was four weeks in the lead-up to Christmas, if my memory serves me correctly. Members have reflected on the consultation report. It solicited some 17 500 responses, 80 per cent from women and more than 90 per cent from Western Australia residents. Notwithstanding my initial thoughts about the constraints imposed by the brevity of the consultation period, it certainly solicited quite a significant response, predominantly from the Western Australian community.

One thing that is repeatedly said about the contention around late-term abortions is that less than one per cent of total abortions annually are considered to be late-term abortions or abortions post-20 weeks' gestation. Between the briefing and engaging with clinicians, we were told a number of things. I was told that the ministerial panel process has a low approval rate, and a conservative approach to late-term abortions. Something that concerned me, that I raised during the briefing, was to get a better understanding of the unmet demand for late-term abortions. If it is accepted on its face that the panel has a very low approval rate—for whatever reason that is—less than one per cent of the total annual abortions are considered late-term abortions, although I note there will be a change to the gestation limits. I sought access to the number of applications made to the panel. I think I requested that information for the last financial year, to understand the number of applications that resulted in the 80 or so approvals. Surprisingly, I was told via additional information provided post-briefing that when the medical practitioners on the panel do not approve the abortion to proceed, this is noted on the individual person's medical record. For this reason, information of this nature cannot be provided to third parties. I reiterate that I am not interested in accessing the medical records of women who seek but ultimately fail to receive approval for a late-term abortion. I am trying to understand the extent to which there is a need for late-term abortions under the current law and the extent to which they are approved. I am talking about very high-level, generalised data that would identify nothing more than the number of applications by Western Australian women that the panel is not approving. I am not even asking for the reasons. I am just asking for the raw number. There would be no circumstances in which an individual's personal medical records could or would be compromised by the provision of that information. I am sure that information would be available to the Parliament of Western Australia.

Another area I initially had concerns about, perhaps simply due to my own lack of personal understanding, is the removal of parental consent for mature minors to have an abortion. Currently, as I understand it, a person under 16 cannot access abortion in Western Australia without parental consent or unless they make an application to the Children's Court. I had some difficulty initially with this, but to some extent, the information and conversation solicited through the course of the briefing, particularly from the clinicians, helped to allay my concerns and educate me about this issue. I initially approached this from my own lived experience, which I appreciate is not the lived experience of everybody. There are certainly circumstances when women, and indeed girls, may not be in a position to safely raise issues when seeking parental consent. Another member at the briefing asked the clinicians what does this look like in their experience, and it was suggested that it was likely that a 14 or 15-year-old would be considered a mature minor and able to provide informed consent, but it was increasingly unlikely that somebody

aged 13 years and under would be in that position. I understand the bill will continue to provide for the process for a minor not considered to be a mature minor to apply to the Supreme Court or Family Court. It is interesting that the current process is an application made to the Children’s Court. I think what is proposed—from the second reading speech, at least—is that an application could be made to the Supreme Court or Family Court. I am trying to understand why the jurisdiction might change, but the natural question that will follow is the timeliness of a person in this circumstance accessing a decision of the Supreme Court, for example, or the Family Court. I signal that is something I would like to better understand. I think it will probably be best done in Committee of the Whole, when we contemplate the relevant provisions.

Another area that I want to explore further when considering this bill is the expansion of the application of abortion services to other health practitioners. Currently, our legal framework is very much a medical doctor–led process. When these reforms were introduced, it was anticipated that there would be some expansion of approvals at a federal level from the Therapeutic Goods Administration for medical abortions. On the day of my briefing, or maybe even the day before, the TGA made a decision about authorising other registered health practitioners to participate in the delivery of services.

I draw members’ attention to a news article posted on the TGA’s website on 11 July 2023. The news article is titled “Amendments to restrictions for prescribing of MS-2 Step (Mifepristone and Misoprostol)”.

Debate interrupted, pursuant to standing orders.

[Continued on page 4159.]

QUESTIONS WITHOUT NOTICE

GRIFFIN COAL — KPMG AND AD ASTRA CORPORATE ADVISORY

934. Hon Dr STEVE THOMAS to the minister representing the Minister for State and Industry Development, Jobs and Trade:

I refer to the Minister for State and Industry Development, Jobs and Trade’s statement to the lower house on 9 May 2023 announcing the engagement of Ad Astra Corporate to assist in funding negotiations with the insolvent Griffin Coal, in tandem with the Deputy Premier’s statement of 8 August 2023 announcing the appointment of KPMG to provide advice on funding and mine operations with the insolvent Griffin Coal.

- (1) What are the specific scope and detailed advisory roles and areas of negotiation and delegated authority KPMG is permitted to engage with the managers and administrators of Griffin Coal?
- (2) What are the specific scope and detailed advisory roles and areas of negotiation and delegated authority Ad Astra is permitted to engage with the managers of Griffin Coal?
- (3) What department, agency or authority will KPMG report to regarding the scope of its contractual engagement?
- (4) What department, agency, authority or entity will Ad Astra report to regarding the scope of its contractual engagement?
- (5) What common reporting interface exists with the appointments of Ad Astra Corporate Advisory and KPMG to negotiate with Griffin Coal?

Hon STEPHEN DAWSON replied:

I thank the Leader of the Opposition for some notice of the question. I remember this question from last week but I do not have it in my folder, so if it comes I will provide it at the end of question time.

GRIFFIN COAL — KPMG

935. Hon Dr STEVE THOMAS to the minister representing the Minister for State and Industry Development, Jobs and Trade:

I thank the minister. The minister might have this one, but it might be in the same category. It was asked on the same date.

I refer to the Deputy Premier’s statement to the lower house on 8 August 2023 on behalf of the Premier pertaining to the extraordinary bailout of the insolvent Griffin Coal.

- (1) On what date was KPMG appointed by the state government?
- (2) What are the terms and time frame of the contractual engagement, and what is the scope and delegated authority it wields in its negotiations with Griffin?
- (3) What is the financial value of its contractual engagement with the state, and what key performance indicators are associated with the contract?
- (4) Will the minister table the contract between KPMG and the state government in the house; and, if not, why not?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. This answer is current as at 16 August 2023.

- (1) It was 28 June 2023.
- (2)–(4) KPMG has been engaged for a 12-month period to provide advice on mining operations and funding matters at Griffin Coal. The value of the contract is \$240 000. Information in relation to the contract is published by Tenders WA, recognising that aspects of the contract are commercial-in-confidence.

JURY TRIAL COURTROOMS — FEASIBILITY STUDY

936. Hon TJORN SIBMA to the parliamentary secretary representing the Attorney General:

Noting continued and worsening delays in the administration of justice in Western Australia, I ask the following.

- (1) Has the state government investigated any options to assist in expediting time to trial for criminal cases within present accommodation constraints while work continues on the Department of Justice's feasibility study into the construction of new criminal trial courtrooms?
- (2) If yes to (1), what are these options?

Hon MATTHEW SWINBOURN replied:

I thank the member for some notice of the question. The following answer has been provided by the Attorney General.

- (1)–(2) The government does not accept the premise of the opening statement to the member's questions. However, in relation to time to trial, as per the answer to the member's questions of 17 August 2023—see question without notice 884—the government is currently undertaking a feasibility study into the operational requirements across numerous sites in the Perth central business district and how these facilities are currently used. In addition, since 2018, the Cook Labor government has supported an additional 7.5 judicial officers in the District Court, and, specifically, since 2021, the newly created justice pipeline model contributed 3.5 of the 7.5 judicial officers. Other opportunities to reduce the time to trial that fall within the control of the District Court include, but are not limited to, case management of matters by the judiciary, the court and the legal profession working together on complex issues impacting the availability of counsel and other key trial participants, and an over-listing practice.

SCHOOL CHAPLAINCY PROGRAM

937. Hon DONNA FARAGHER to the Leader of the House representing the Minister for Education:

I refer to the grant agreement between the Department of Education and the Churches' Commission on Education Incorporated, trading as YouthCARE, for the delivery of the school principals' chaplaincy program.

- (1) Will the minister advise the commencement date of the grant agreement and when it expires?
- (2) How much funding is provided by the department to YouthCARE for the delivery of the school principals' chaplaincy program?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of this question.

- (1) The agreement commenced on 11 October 2021 and expires on 31 December 2023.
- (2) The funding is \$784 298.41, including GST

PRISONS — STAFF DRUG TESTING

938. Hon PETER COLLIER to the minister representing the Minister for Corrective Services:

- (1) Do all staff employed in Western Australian prisons undergo drug testing?
- (2) If yes to (1), how often; and, if no to (1), why not?
- (3) Do all visitors to Western Australian prisons undergo drug testing?
- (4) If no to (3), why not?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of this question. The following information has been provided to me by the Minister for Corrective Services.

The Department of Justice advise —

- (1)–(2) Drug testing of staff employed in correctional facilities is undertaken pursuant to the Prisons (Prison Officers Drug and Alcohol Testing) Regulations 2016 and the Young Offenders (Custodial Officers Drug and Alcohol Testing) Regulations 2016. Sworn officers are subject to compulsory drug and alcohol testing

that is undertaken by the people, culture and standards division. Unsworn staff are not subject to compulsory testing. The people, culture and standards division has a dedicated staff drug and alcohol testing team that conducts random, targeted and mandated drug testing at all corrections facilities on an ongoing basis.

- (3)–(4) Visitors are not subject to drug testing, though they may be subjected to searching and screening in accordance with legislation and departmental policies and procedures.

DIRECT FLIGHTS — INDIA–WESTERN AUSTRALIA

939. Hon NEIL THOMSON to the minister representing the Minister for Tourism:

I refer to the minister's comments at a recent Indian independence day celebration at Parliament House where direct flights between India and Perth were reported as being the highest priority of the minister.

- (1) When can the Indian community expect to benefit from direct flights between India and Western Australia?
- (2) What liaison has the minister had with Madeleine King, MP, to advance opportunities with international airlines regarding the direct route from India to WA?
- (3) Will the minister advocate for the Regional Development Australia Kimberley *Tourism industry* report recommendation that the Australian government remove cabotage restrictions for international and domestic routes in and out of the Kimberley and consider a similar concept for flights into and out of Perth?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

- (1)–(2) Discussions are ongoing with a number of airlines on a direct service between Perth and India.
- (3) Advice is currently being prepared on the impact of modifying current restrictions.

SHIRE OF HARVEY — GUIDED DEVELOPMENT SCHEME

940. Hon BEN DAWKINS to the minister representing the Minister for Planning:

I refer to my letter to the minister of 23 August 2023 alleging corruption in the Western Australian Planning Commission and the Shire of Harvey. This is the last time I will seek leave to table a document; I seek leave to table a document. Sorry—it will be the second last one!

I refer also to the decision of Naylor and others v Shire of Harvey and the finding by Member Willey that there appears to be a legitimate dispute between the residents of Lakewood Shores on the terms of the town planning scheme 12 and the ownership and ongoing management of the community open space. For the last time, I seek leave to table that document.

Several members interjected.

Leave granted. [See paper 2470.]

Hon BEN DAWKINS: It was my second last time! I have been advised against it.

- (1) Other than relying on a two-year-old response from a previous minister to a lawyer, what is the minister's process for investigating fresh allegations of institutionalised corruption in his portfolio, made in Parliament by a member of Parliament?
- (2) What is the minister's process for investigating fresh concerns like those raised by judicial officers such as Member Willey?

Hon JACKIE JARVIS:

I thank the member for some notice of this question. The following response has been provided by the Minister for Planning.

- (1)–(2) The minister rejects the premise of the member's question. As the member is aware, there are processes available to make formal complaints for such allegations. The Department of Planning, Lands and Heritage, on behalf of the Western Australian Planning Commission, has a clear complaints process available that the member can access, while the member may also pursue a complaint with the Ombudsman of Western Australia.

HOMELESSNESS SERVICES — PWC MODELLING

941. Hon Dr BRAD PETTITT to the minister representing the Minister for Homelessness:

I refer to cost modelling of contemporary homelessness service models undertaken by PricewaterhouseCoopers for the Department of Communities to determine the level of funding needed to sustain current service providers under existing service agreements.

- (1) Does the funding analysis undertaken by PwC show a need to increase funding to sustain current levels of service?

- (2) Have the findings of this funding analysis been communicated with the sector?
- (3) Will the minister please table the findings?

Hon JACKIE JARVIS replied:

I thank the honourable member for some notice of this question. The following response has been provided by the Minister for Homelessness.

- (1)–(3) PwC was engaged to develop a funding and cost analysis of homelessness services for the Department of Communities in preparation for commissioning and based on existing contracts. Any key findings will be communicated to the sector as appropriate.

CONSUMER PROTECTION — RENTAL TENANCY COMPLAINTS

942. Hon WILSON TUCKER to the Minister for Finance:

I thank the minister for her answer to my question asked yesterday regarding division 2A of the Residential Tenancies Act 1987. I note that the Residential Tenancies Legislation Amendment (Family Violence) Act 2019, other than part 1, commenced on 15 April 2019. Has a statutory review of the provisions of the amendment act been completed; and, if so, where can the review be found?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

The statutory review is being finalised. The report on the review will be tabled in Parliament as soon as practicable.

MEDICAL CANNABIS — AGED CARE

943. Hon Dr BRIAN WALKER to the Leader of the House representing the Minister for Health:

I refer the minister to the fact sheet published by the New South Wales government on the use of cannabis medicines in residential aged-care facilities.

- (1) Has the WA government produced a similar guideline for our local aged-care sector; and, if not, why not?
- (2) Does the minister have any figures to indicate the prevalence of medicinal cannabis use amongst the elderly, specifically those in residential care here in WA?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) No. Aged-care sector facilities in Western Australia are expected to follow regulations, requirements and standards on the storage and use of prescription medicines, which includes medicinal cannabis and applies to all sectors.
- (2) No.

HEMPCRETE — CARBON SEQUESTRATION

944. Hon SOPHIA MOERMOND to the parliamentary secretary representing the Minister for Environment:

I refer to the independent review of Australian carbon credit units finalised in late 2022.

- (1) Does the WA government have a whole-of-government strategy for carbon sequestration across sectors?
- (2) As part of its formal or de facto strategy for carbon sequestration, does the government intend that buildings should play a role through the use of building materials that absorb carbon, such as hempcrete, in construction carried out by the public sector—for example, social housing—or the private sector?

Hon DARREN WEST replied:

I thank the member for some notice of the question. On behalf of the Minister for Environment, I provide the following answer.

- (1) The *Western Australian climate policy*, released in November 2020, recognises the state's significant carbon sequestration potential, with storing carbon and caring for our landscapes a core theme of the policy. Key initiatives implemented under this theme include the carbon farming and land restoration program, the Carbon for Conservation initiative and the native vegetation rehabilitation scheme. These actions are encouraging agricultural producers to reduce on-farm emissions and supporting the generation of Australian carbon credit units to allow offsetting of emissions from hard to abate industries.
- (2) The government is currently developing the sectoral emissions reduction strategies to provide robust and credible emissions reduction pathways for Western Australia, with tangible actions for reducing emissions

consistent with the state government's target of net zero emissions by 2050. As part of this, the government is considering a range of approaches to reduce emissions and enhance carbon sequestration. The state government has previously supported innovative building materials to lower emissions, with \$100 000 awarded to Hemp Squared through the regional economic development grants program by the former Minister for Regional Development, Hon Alannah MacTiernan, MLC.

FIREARMS — BUYBACK PROGRAM

945. Hon MARTIN ALDRIDGE to the minister representing the Minister for Police:

I refer to the minister's media statements dated 14 February 2023 and 7 July 2023 regarding the state government's buyback of firearms.

- (1) Noting that 248 licensed firearms were identified as requiring disposal as of February, how did the Western Australia Police Force determine that an additional 32 firearms required disposal?
- (2) Given that WA police was not able to correctly identify the total number of firearms to be added to the prohibited firearms list, how can law-abiding gun owners have confidence in WA police's ability to regulate firearms?
- (3) Is WA police now confident that it has identified all types of firearms and ammunition required for disposal under the state's prohibited firearms list?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following information has been provided to me by the Minister for Police.

- (1)–(3) The Western Australia Police Force advises that the agency accurately identified the total number of firearms, with the additional firearms either self-declared by firearms owners or manufacturers' stock.

SCHOOLS — CHILDREN WITH HARMFUL SEXUAL BEHAVIOURS

946. Hon NICK GOIRAN to the Leader of the House representing the Minister for Education:

I refer to the former minister's answer to question without notice 454 that, as at 10 May 2023, four alleged or convicted offenders were attending the same public school as their victims.

- (1) As at the start of term 3, are any of these four offenders still at the same school as their victims?
- (2) If yes to (1), for how many terms has this been the case?
- (3) If no to (1), is this because one or more of the student victims has moved schools away from their attacker?
- (4) What is the current total number of alleged or convicted offenders who are attending the same public school as their victims?
- (5) For the calendar year to date, how many police notifications has the department received under the protocol to manage safety arrangements for school students?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question. I note that the answer is correct as at 8 August.

- (1) Yes.
- (2) For student 1, it was 11 terms; and for student 2, it was three terms.
- (3) Not applicable.
- (4) The total number is four.
- (5) Thirteen notifications have been received.

FIONA STANLEY HOSPITAL — MEDI-HOTEL

947. Hon STEVE MARTIN to the Leader of the House representing the Minister for Health:

I refer to the Murdoch medi-hotel services procurement contract and the proposed elevated fully enclosed bridge link between Fiona Stanley Hospital and the medi-hotel.

- (1) How many solutions were considered in the design of the bridge?
- (2) What was the planned and current capital cost of the bridge?
- (3) Who is responsible for funding, long-term ownership, ongoing maintenance, cleaning and security of the bridge?
- (4) Why was the bridge not included in the original scope of works for the medi-hotel project?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) The medi-hotel, including the bridge, is a privately designed and constructed facility. WA Health is unaware of the number of design solutions considered.
- (2) The state government has contributed \$5.447 million towards the cost of the bridge.
- (3) The bridge will be owned by the state government. The private contractor, who will be running the Murdoch medi-hotel, will be responsible for the ongoing management of the bridge.
- (4) The need for a bridge was determined as part of the discovery phase of the design and construction of the medi-hotel as part of the broader Murdoch health and knowledge precinct.

GRIFFIN COAL

948. Hon Dr STEVE THOMAS to the minister representing the Minister for State and Industry Development, Jobs and Trade:

I refer to my questions without notice 418, 540 and 611 of 30 March, 17 May and 14 June 2023 regarding attendees to the negotiation of the extension of the Griffin Coal state agreement referencing no minutes, recordings, notations, documentation or follow-up to the ministerial meetings.

- (1) Were any documents exchanged, formally or informally, between any parties in attendance at the meetings; and, if so, what documents were exchanged and between whom?
- (2) Were any verbal or written undertakings proposed by any party in attendance; and, if so, what were the verbal or written undertakings or commitments proposed, and who or whom were party to the undertakings or commitments?
- (3) Since 23 March 2023, has the minister or any ministerial staffer, departmental staff or government representative met with or communicated in any format with ICICI Bank representatives; and, if so, on what dates and in what format?

Hon STEPHEN DAWSON replied:

I thank the Leader of the Opposition for some notice of the question.

- (1)–(2) No.
- (3) Ad Astra Corporate Advisory, which has been appointed by the government to assist in commercial negotiations, has had communications with ICICI on a number of occasions as part of its role.

RESOURCES COMMUNITY INFRASTRUCTURE INITIATIVE

949. Hon TJORN SIBMA to the Leader of the House representing the Premier:

I refer to the expressions of interest period for the resources community infrastructure initiative.

- (1) Has the expression of interest period closed or are expressions still being taken?
- (2) How many companies have expressed an interest?
- (3) Have expressions of interest been received for each of the projects identified in the initial pipeline of projects?
- (4) If no to (3), which project or projects have not elicited interest?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) The expression of interest period has closed.
- (2)–(4) To maintain the probity of the EOI process, information on the number of companies that have expressed interest and for which projects is confidential until a decision on the allocation of contributions is made.

KINDILINK

950. Hon DONNA FARAGHER to the minister representing the Minister for Early Childhood Education:

I refer to the KindiLink program.

Please provide the total funding allocated to the KindiLink program in the following years —

- (a) 2021;
- (b) 2022; and
- (c) 2023.

Hon JACKIE JARVIS replied:

I thank the honourable member for some notice of the question. The following response has been provided by the Minister for Early Childhood Education. The Department of Education advises as follows.

- (a) For 2021, it was \$4 053 061;
- (b) for 2022, it was \$3 826 436; and
- (c) for 2023, it was \$3 880 910.

Please note that the 2021 figure includes central office salaries and corporate on-costs.

MITCHELL FREEWAY — UPGRADES

951. Hon NEIL THOMSON to the minister representing the Minister for Transport:

I refer to disruption on Mitchell Freeway due to the slow rollout of overdue upgrades.

- (1) When will the current round of upgrades be completed?
- (2) Have the upgrades been delivered on budget?
- (3) If no to (2), what cost overruns, in dollars, have occurred?
- (4) Has the government modelled travel time delays as a result of the upgrades?
- (5) If yes to (4), is that modelling available to be tabled?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

- (1)–(5) The state Labor government’s upgrades to Mitchell Freeway are helping to reduce travel times and connecting people along the northern corridor. The Mitchell Freeway extension from Hester Avenue to Romeo Road was completed in July 2023. The Mitchell Freeway northbound widening project from Hutton Street to Cedric Street was completed in January 2021. Construction on the smart freeway Mitchell Freeway southbound project is well underway and expected for completion in mid-2024. Allocations for these upgrades are contained within the state budget.

MAIN ROADS AMENDMENT BILL 2023

952. Hon BEN DAWKINS to the minister representing the Minister for Lands:

I refer the minister to the email from my office on 16 August 2023 at 11.43 am to Landgate and to the Minister for Transport’s answer to question without notice 836.

- (1) Has the minister, the Department of Planning, Lands and Heritage or Landgate had any correspondence with or provided any advice to the Department of Transport or the Minister for Transport relating to the Main Roads Amendment Bill 2023?
- (2) Are separate certificates of title issued for highways and main roads?
- (3) If yes to (2), do they operate like other certificates of crown land title allowing interests to be registered against the title?

Hon JACKIE JARVIS replied:

I thank the honourable member for some notice of the question. The following response has been provided by the Minister for Lands.

- (1) The Department of Planning, Lands and Heritage and Landgate were both consulted on the Main Roads Amendment Bill 2023.
- (2) Certificates of title are not issued for highways or main roads.
- (3) Not applicable.

CYCLING

953. Hon Dr BRAD PETTITT to the minister representing the Minister for Transport:

What has the Department of Transport, including Main Roads Western Australia, spent on —

- (a) cycling infrastructure; and
- (b) initiatives to change and improve behaviour towards cycling in each financial year since 2013?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

I note that the honourable member is asking for information from the last 10 years. This information cannot be provided in the time available, so I ask that the member place this question on notice.

RESIDENTIAL TENANCIES — NO-FAULT EVICTIONS

954. Hon WILSON TUCKER to the Minister for Commerce:

I refer to comments made by the Deputy Premier and reported in *The West Australian* on Wednesday, 16 August, regarding the government's decision not to prohibit no-fault evictions. The Deputy Premier is quoted as saying —

“We have seen a tendency by some landlords to put their homes into Airbnb's and other short-term rentals and having those homes removed from the long-term rental market.

- (1) Does the government have an accurate record of the number of short-term properties in Western Australia?
- (2) Does the government have data to indicate a market trend of divestment in long-stay rentals and investment in short-stay rentals?
- (3) If yes to (2), can the Leader of the House please table that data?
- (4) If no to (2), on what basis did the Deputy Premier make her comments?

Hon SUE ELLERY replied:

Honourable member, as Minister for Commerce, these matters rest in my portfolio. The Deputy Premier does not have an agency that could provide her with these answers as they fall within my portfolio.

I thank the member for some notice of the question.

- (1)–(4) As announced in 2021 via a media statement from the then Minister for Planning, the state government is currently working to establish a statewide registration scheme for short-term rental accommodation. The register will allow for data to be tracked, including the number of short-term rental accommodation properties in Western Australia. A number of publicly available databases track the number of short-term rental properties in Western Australia, including AirDNA and Inside Airbnb.

CANNABIS — SUNFLOWER PLANTS — ROADSIDE TEST

955. Hon Dr BRIAN WALKER to the minister representing the Minister for Police:

I refer the minister to a recent study, highlighted in the May edition of *Nature* magazine, that has shown that a fast-growing sunflower plant used as a traditional herbal medicine in South Africa produces some of the same compounds found in the cannabis plant.

- (1) Would the roadside tests commonly undertaken by Western Australia police be able to differentiate between the compounds now shown to be present in *Helichrysum umbraculigerum* and those detected when a user has consumed cannabis?
- (2) If no to (1), given the size of the South African community in Western Australia, will the minister now be forced to give sunflowers a category of their own in the schedules that underpin the Misuse of Drugs Act rather than admit to the potential for false positives?

Hon STEPHEN DAWSON replied:

It is not even Thursday! I thank the honourable member for some notice of the question. The following information has been provided to me by the Minister for Police.

The Western Australia Police Force advises that it is not possible to provide an answer within the required time frame. It is requested that the honourable member place the question on notice.

CORRECTIVE SERVICES — LOW-RISK AND NONVIOLENT OFFENDER INCARCERATION

956. Hon SOPHIA MOERMOND to the minister representing the Minister for Police:

I refer to recent research by the Institute of Public Affairs that found that Western Australia's incarceration rate is the highest of all states and almost 50 per cent higher than the national average; that Western Australian prisons are above 100 per cent utilisation; and that reducing the incarceration rate of low-risk, nonviolent offenders would avoid the need to build new jails, thus saving a minimum of \$350 million a year for taxpayers.

- (1) Does the government have a plan to reduce the incarceration of low-risk, nonviolent offenders?
- (2) As part of a strategy to reduce incarceration, does the government have a plan to introduce any form of decriminalisation of drug use?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following answer has been provided to me by the Minister for Corrective Services.

The preamble provided by the honourable member is factually incorrect. The Western Australian prison population is below capacity.

- (1) The Cook Labor government invests significantly in diversion programs, family intervention, rehabilitation and other measures to reduce offending behaviour in the community.
- (2) No.

DEPARTMENT OF FIRE AND EMERGENCY SERVICES — TECHNICIAN POSITIONS

957. Hon MARTIN ALDRIDGE to the Minister for Emergency Services:

I refer to staff shortages of technicians within the Department of Fire and Emergency Services.

- (1) For each of these positions, how many remain vacant by FTE —
 - (a) mechanical technician;
 - (b) radio technician; and
 - (c) auto electrician?
- (2) Is the attraction and retention incentive payment still in place for the above-mentioned technicians; and, if so, what is the value and when does it expire?
- (3) Is DFES continuing to rely on interstate technicians to boost capacity locally; and, if not, when did such an arrangement cease?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

- (1)–(3) The Department of Fire and Emergency Services continues to recruit technicians and the number can change from week to week. The attraction and retention incentive—ARI—has ceased; however, a work value review was completed in November 2022 and resulted in a pay increase of 15 per cent to all classifications. DFES is looking at other options to boost capacity locally.

VIOLENT SEX OFFENDERS — PAROLE

958. Hon NICK GOIRAN to the minister representing the Minister for Police:

I refer to the minister's answer on 16 August 2023 to my question without notice 842 asked the previous day that revealed that as at 16 August 2023, 58 return to prison warrants were outstanding with the rapid apprehension squad with the oldest having been outstanding for 36 years and the youngest for two days.

- (1) How many return to prison warrants are currently outstanding?
- (2) Have any of the subjects of the warrants been convicted of a sexual offence?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question. The following information has been provided to me by the Minister for Police.

A response to this question cannot be provided within the required time frame. An answer will be provided to the honourable member on Thursday, 31 August—so tomorrow.

HOME INDEMNITY INSURANCE SCHEME

959. Hon STEVE MARTIN to the Minister for Commerce:

I refer to the home indemnity insurance scheme that the government has fully underwritten since 2013–14.

- (1) What is the balance of the fund used to payout housing indemnity insurance as at —
 - (a) 30 August 2023; and
 - (b) 30 June 2023?
- (2) How many residential home builders building homes in Western Australia have gone into liquidation in —
 - (a) 2022–23; and
 - (b) 2023–24 to date?
- (3) How many applications for HII were received in —
 - (a) 2022–23; and
 - (b) 2023–24 to date?
- (4) How many applications for HII were not approved in —
 - (a) 2022–23; and
 - (b) 2023–24 to date?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) (a) The balance is \$59.1 million.
- (b) The balance is \$59.9 million.

- (2) (a) Twenty-three have gone into liquidation.
 (b) Four have gone into liquidation.
- (3) (a) Builders lodged 21 645 applications for certificates of insurance.
 (b) Builders lodged 2 247 applications for certificates of insurance.
- (4) This information is not recorded. Certificates of insurance are not subject to individual approvals or refusals. Builders apply for insurance on behalf of their clients, and the determination of how many certificates are issued to each builder is based on assessments of the builder undertaken by the insurer, QBE.

SYNERGY AND HORIZON POWER — DISCONNECTIONS

960. Hon Dr STEVE THOMAS to the parliamentary secretary representing the Minister for Energy:

I refer to the Synergy and Horizon Power disconnections.

- (1) How many residential disconnection notices have been issued for each month from 1 March to 31 May 2023?
 (2) How many residential disconnections have occurred for each month from 1 March to 31 May 2023?
 (3) What was the number of applications received and hardship utility grant scheme payments made in each month from 1 March to 31 May 2023?

Hon MATTHEW SWINBOURN replied:

I thank the member for some notice of the question.

(1)–(3) The following answer has been provided to me by the Minister for Energy. It is largely in tabular form.

I seek leave to have the response incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

(1)–(2) HORIZON POWER AND SYNERGY – RESIDENTIAL ELECTRICITY CUSTOMERS

	Disconnection notices issued	Disconnections completed	Re-energisations
Mar 23	2,774	1,371	2,774
Apr 23	2,321	634	2,126
May 23	3,120	1656	3,001

- (3) The Hardship Utility Grant Scheme (HUGS) is administered by the Department of Communities. The question regarding applications received should be directed to that agency.

The number and value of HUGS applications approved for Synergy and Horizon Power customers is provided below.

	Number of HUGS applications approved - Synergy	Value of HUGS grants paid – Synergy	Number of HUGS applications approved - Horizon Power	Value of HUGS grants paid - Horizon Power
March 2023	796	\$458,716	14	\$12,054
April 2023	607	\$352,980	19	\$16,275
May 2023	829	\$466,084	21	\$18,653

ENDURING POWERS OF ATTORNEY

961. Hon TJORN SIBMA to the parliamentary secretary representing the Attorney General:

I refer to the use and misuse of enduring powers of attorney documents within Western Australia.

- (1) Did the government investigate the viability and time frame for the creation of a Western Australian central register of enduring powers of attorney, with a view to integrating it with any national model that may be agreed to in the future, which was recommendation 25 of the September 2018 *'I never thought it would happen to me': When trust is broken: Final report of the Select Committee into Elder Abuse?*
 (2) If yes to (1), can the Attorney General please table evidence of this investigation?
 (3) What was the estimated cost of establishing a state-based system?

Hon MATTHEW SWINBOURN replied:

I thank the member for some notice of the question. The following answer has been provided to me by the Attorney General.

- (1)–(3) The Standing Council of Attorneys-General, or SCAG, is still deliberating on the development of a national register. The Department of Justice is currently working on scoping options for a state-based register for cabinet's consideration in the event a national register of enduring powers of attorney is not developed.

EDUCATION — ATTENDANCE OFFICERS

962. Hon DONNA FARAGHER to the Leader of the House representing the Minister for Education:

I refer to attendance officers employed by the Department of Education.

- (1) How many attendance officers, by headcount and FTE, are currently employed by the department?
- (2) For each officer referred to in (1), can the minister please provide a breakdown of which education region the attendance officer is employed?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question. The answer provided by the minister is: the department has advised that due to the level of analysis required to provide a response, the minister requests that the member put the question on notice.

KIMBERLEY FLOODS — FITZROY RIVER BRIDGE

963. Hon NEIL THOMSON to the minister representing the Minister for Transport:

I note the dire situation facing businesses in the East Kimberley.

- (1) Can the minister guarantee that heavy transport will continue to operate across the Fitzroy River throughout the coming wet season?
- (2) Is it true that the sealed low-level crossing will be removed before the onset of the wet season in order to protect the bridge from any debris that might be washed from the low-level crossing if it were to remain in place?
- (3) If yes to (2), why was the low-level crossing built upstream in the first place?

Hon STEPHEN DAWSON replied:

I thank the honourable member for some notice of the question.

- (1)–(3) Main Roads Western Australia continues to work with industry on options to maintain connectivity during the coming wet season.

WOODSIDE ENERGY — PREMIER

964. Hon Dr BRAD PETTITT to the Leader of the House representing the Premier:

I refer to the answer to question without notice 913 asked yesterday, Tuesday, 29 August.

- (1) Will the Premier provide the names of the Woodside Energy representatives present for the meetings held on —
 - (a) 21 June 2023;
 - (b) 18 July 2023;
 - (c) 24 July 2023;
 - (d) 15 August 2023; and
 - (e) 22 August 2023?
- (2) What was the subject matter, and will the Premier table the minutes for each of the meetings referred to in (1)?
- (3) If no to (2), why not?

Hon SUE ELLERY replied:

I thank the honourable member for some notice of the question.

- (1) No. It would not be appropriate to name individuals from a private company on the public record without the knowledge or consent of those individuals. All private individuals have a right to privacy.
- (2) As the Premier and Minister for State and Industry Development, Jobs and Trade, it is essential to meet with resources companies operating in Western Australia. The meetings were general in nature and related to the company's projects. No minutes of these meetings exist.
- (3) See the answer to (1).

HOSPITALS — BLACK MOULD

Question without Notice 930 — Answer

HON SUE ELLERY (South Metropolitan — Leader of the House) [5.03 pm]: I would like to provide an answer to Hon Sophia Moermond's question without notice 930 asked yesterday, Tuesday, 29 August, which I seek leave to have incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

- (1) Within the Department of Health, the process is dictated by the individual Health Service Provider.
Under the terms and conditions of their licence, private hospitals are required to report critical incidents to the regulator, the Licensing and Accreditation Regulatory Unit at the Department of Health, within 48 hours. The definition of a critical incident would include detecting mould in air handling units servicing clinical areas where there are vulnerable patients.
- (2) The mould detected in the sampling at Peel Health Campus was not black mould – it was the same variety of mould found in the general environment.
- (3) Not applicable.

GRIFFIN COAL — KPMG AND AD ASTRA CORPORATE ADVISORY

Question without Notice 934 — Answer

HON STEPHEN DAWSON (Mining and Pastoral — Minister for Emergency Services) [5.04 pm]: I now have an answer to Hon Dr Steve Thomas's question that he asked earlier today, which I seek leave to have incorporated into *Hansard*.

[Leave granted for the following material to be incorporated.]

- (1) Government has engaged KPMG to provide advice to Government on mining operations and funding matters at Griffin Coal.
- (2) Government has appointed Ad Astra Corporate Advisory to assist the Government with the discussions with commercial parties, with a view to facilitating a commercial agreement between Griffin and its customers, based on paying a price for coal that supports the stable operation of the mine.
- (3) Department of the Premier and Cabinet.
- (4) Department of Treasury.
- (5) The Department of the Premier and Cabinet, the Department of Jobs, Tourism, Science and Innovation, the Department of Mines, Industry Regulation and Safety, Treasury, and State Solicitors Office are working together to oversee matters in relation to Griffin Coal including the work of Ad Astra and KPMG.

ABORTION LEGISLATION REFORM BILL 2023

Second Reading

Resumed from an earlier stage of the sitting.

HON MARTIN ALDRIDGE (Agricultural) [5.04 pm]: Before we were interrupted by question time, I was making some reference to the provisions in the bill that will, for the first time, expand access to the provision of abortion services beyond medical doctors in Western Australia. I understand that the motivation for this was the anticipation of a decision by the Therapeutic Goods Administration that occurred subsequent to the introduction of the bill into the Legislative Assembly.

On 11 July 2023, the TGA said —

The Therapeutic Goods Administration ... has approved an application from MS Health to amend restrictions on the prescribing of MS-2 Step ... MS-2 Step is indicated in females of childbearing age for the medical termination of an intrauterine pregnancy, up to 63 days of gestation.

A number of changes to prescribing requirements have been made. Previously, MS-2 Step was only able to be prescribed by a medical practitioner (a doctor) who had been certified to prescribe the medicine, and then dispensed by a pharmacist who was a registered dispenser. The TGA's decision means that MS-2 Step can now be prescribed by any healthcare practitioner with appropriate qualifications and training, without the need for certification—this may include nurse practitioners. Further, restrictions on dispensing that limited access to registered pharmacists have also been lifted.

Noting these revised restrictions, a new warning/instruction has been included in the Product Information, which provides information about circumstances where a person should be referred to a medical practitioner.

The TGA's decision will assist in addressing important access issues for patients who require this medication.

The decision to approve these amendments was informed by expert advice from the Advisory Committee on Medicines, an independent committee with expertise in scientific, medical and clinical fields and including consumer representation.

I raise this issue to signal to the minister that I wish to explore this area when we get to the committee stage. From the response of the panel of clinicians that briefed members, they perceive this to be a positive thing, particularly in regional and remote communities where there may not be access to a general practitioner or another form of medical doctor. The point was made by one of the clinicians that there was often a far better relationship between a patient and nurse practitioner when they are available in some communities than perhaps one with a doctor who might visit from time to time or, indeed, it may not even be the same doctor who is regularly visiting a community in remote parts of Western Australia.

From my perspective, I want to understand how this bill might evolve. I understand that the bill has a regulation-making power, and it is the government's intent to allow midwives, nurse practitioners—not all of them—and registered healthcare practitioners who have certain training to participate in the provision of medical abortions. Therefore, I want to understand their current scope of practice, their ability to order and receive things such as ultrasounds and scans, and their ability to prescribe medicines and how that might operate within a Western Australian context and whether other reforms are needed to help facilitate that process.

I come back to the issue I raised before, which I think is well understood, that informed consent is a core part of a doctor's training and informs many of their day-to-day activities and the decisions that they make. I want to have some confidence that if we are expanding access to the delivery of medical abortion services, the registered health practitioners—whatever class of health practitioner they may be—also similarly possess the necessary skills of competence and informed consent.

There are a couple of other areas that I am going to touch on briefly. As I said, I think there will be a greater opportunity for discussion in the committee stage of this bill. One area is decriminalisation. When the government first signalled that this legislation would be something that it would progress in this term of Parliament, one of the headlines was about Western Australia being, in some instances, out of step with the decriminalisation of abortion services in other jurisdictions. When we look at the discussion paper released by the Department of Health in November 2022, we see that there is an appendix entitled "Appendix A: Australian abortion legislation summary".

I obviously assume that this is factually correct as of November 2022. When looking through the various jurisdictions in Australia, we see that the offence provisions in respect of abortion are exclusively found in the Criminal Codes, with the exception of one jurisdiction, the Australian Capital Territory, in which it is found in the Health Act 1993. I think it is important for clarity that we realise that that has been lost in translation. I think it was perceived—perhaps just by me—that the reporting was that Western Australia was lagging behind the nation regarding decriminalisation and the removal of offence provisions from our Criminal Code when, in fact, that is the norm rather than the exception.

I will now discuss the issue of the offence provisions. It is technically not true that we are decriminalising abortion. Members will be aware of the current situation set out in the discussion paper. It states —

Under section 199 of the Criminal Code, abortion is lawful in WA, as long as it is performed by a medical practitioner in good faith and with reasonable care and skill, and the performance of the abortion is justified under section 334 of the Health (Miscellaneous Provisions) Act 1911 (the Act).

A person who unlawfully performs an abortion is guilty of an offence (Penalty: \$50,000). If a person who is not a medical practitioner performs an abortion that person is guilty of a crime and is liable to imprisonment for 5 years. Although there is currently no definition of 'abortion' in the statute book, this Discussion Paper will define abortion as "the performance of a procedure or administration of a substance that is intended to terminate a pregnancy."

I want to say a couple of things about that. Firstly, I will quote from the second reading speech available to members in the chamber. However, I have checked to ensure that it is consistent with the second reading speech that was delivered and recorded by Hansard. It is consistent—I will come back to that issue in a minute. On page 9, it states —

The bill will introduce proposed section 202MM into the Public Health Act to create an offence for an unqualified person to perform an abortion, with the penalty being seven years' imprisonment. The bill further makes clear at proposed section 202MN that it is not an offence for a person to perform an abortion on themselves.

I just wanted to check that this is accurate. I think it is important that it is accurate and we know whether a correction is required. Proposed section 202MM is a provision concerning consent to the performance of abortion on children who are not mature minors. I think the relevant proposed section is actually 202MN, which states that an unqualified person must not perform an abortion. It relates to proposed section 202MO, "Person does not commit offence of abortion on themselves". To that extent, I think the second reading speech is inaccurate. I ask that the minister might reflect on that and ensure that if a correction is required, one is made.

The point that I make here is one that I have made before. It is my preference—not that it would have resolved the situation in this circumstance—that the second reading speech available to members, particularly in the chamber, is the one that is delivered by the minister or parliamentary secretary, rather than one that is drafted and given to them to read and in which their delivery differs. It is not the first occasion when there have been differences. As I said, it would not have resolved the situation, which I think is a technical and administrative error, in the second reading speech that should be corrected.

I draw the attention of members to proposed section 202MN, which states that an unqualified person must not perform an abortion. The proposed section states —

- (1) An unqualified person who performs an abortion on another person commits a crime.

Penalty for this subsection: imprisonment for 7 years.

That is inconsistent with the view that we are decriminalising abortion. It will clearly remain a crime. Indeed, the penalty for this crime is actually increasing from the current five years' imprisonment in the Criminal Code to seven years. I think that is important because consistent with my earlier view, this will remain a highly regulated service when accessed and it will indeed remain a crime. I think perhaps the nuance in this conversation is the concern from medical practitioners who are engaged in the delivery of abortion services. At the moment, the current Criminal Code provision makes reference to the performance of the abortion being justified under section 334 of the Health (Miscellaneous Provisions) Act 1911. Section 334 of that act requires, as pointed out in the discussion paper, that a number of things occur in order to prevent that Criminal Code provision from being enlivened. I think that there is concern amongst medical practitioners, which I think would be addressed by this provision, that will alter that. I think we will alter section 334 of the Health (Miscellaneous Provisions) Act 1911 and section 199 of the Criminal Code through this bill. That will address those concerns; however, it will remain a criminal offence for unqualified persons to perform an abortion in accordance with the bill that is before us.

The other thing that I want to touch on is the changes to the gestation limits. Again, there is a handy summary of the jurisdictional comparisons in the discussion paper. As members can imagine, this is not consistent across Australia. It is fair to say that the position the government has landed on is that it will neither lead nor lag. Victoria is at 24 weeks and Tasmania is at 16 weeks, from memory. I am sure there will be some significant consideration of this issue.

We heard from the clinician panel and in other second reading contributions about the lack of access to services in regional Western Australia. Similar to how we debated voluntary assisted dying, it would be good to not just talk about legislating because of a lack of services, but also have a conversation about how we improve services for women in regional and remote communities. One service that has been identified is access to ultrasound, which I understand is critical in the early stages of pregnancy to date and confirm the age of a fetus. Obviously, later on, it is critical for confirming whether any medical conditions have an impact on the fetus and its development.

With those few things said, I will probably leave many other aspects of my contribution to the committee stage. I think there will be considerable examination of the clauses and the alternative proposals that are on the supplementary notice paper. I have an open mind to hear the arguments for and against those things. It will be interesting, because I understand that this will be a conscience vote for all parties. There will not be a government position, and there will not be an opposition position, but I assume that there will be a —

Hon Sue Ellery: There is a government position, but there is a conscience vote. I am putting the government's position.

Hon MARTIN ALDRIDGE: Okay. There will be a government position, but we are not sure whether —

Hon Sue Ellery: Everyone can vote as they choose, but I will be putting the government's position.

Hon MARTIN ALDRIDGE: Does the Leader of the House have to support the government's position?

Hon Sue Ellery: I have a choice, and I am choosing to support it.

Hon MARTIN ALDRIDGE: Okay. I suspect the committee stage will be extensive. I think that will be the appropriate time to examine some of the other matters I was going to address. At this point, I indicate that I support the second reading of the bill.

HON NEIL THOMSON (Mining and Pastoral) [5.22 pm]: Firstly, I would like to acknowledge all the speakers who have spoken so far, specifically those who have shared deep personal experiences of abortion. I think it takes a certain level of courage to do so, and I want to acknowledge those people for their generous sharing.

It is important to speak in this place, given it will be a conscience vote across the chamber. As a member of this place, I take this to be an important responsibility. I think it is important for our constituents to better understand the diversity in this place and to see the authenticity of the people who represent them. In some small way, I hope I can share that today. Saying that, I am certainly not an expert in this area. I have been listening intently to the speakers and those who have made contributions, and I respectfully thank every single one of the speakers who has presented today.

I will make a couple of mentions. Hon Wilson Tucker made the comment about how important the matter is— I am paraphrasing to some extent—and how he was somewhat surprised by the contributions not being particularly long. I am not suggesting that we should make long contributions, but I think it is important for all of us to make a contribution. That is part of the challenge for all of us, given it is a deeply personal matter for a lot of people. It is also a matter that sometimes gets a little bit activated in the media in ways that I do not think are particularly helpful. Sometimes that means that people have a bit of reticence about putting their points of view. I think it is important that members of Parliament share their authenticity and present their positions.

I will start and share my personal philosophical position, for what it is worth, and then I will make a distinction between that and my view as an elected representative who is here to present a view on behalf of my constituents. It is something that I have thought long and hard about. At one level, people might broadly say that I could be labelled—if people want to label it—as a pro-life person and as someone who supports that idea. That is just a label

and is the way I maybe think about myself. Others might not want to think of me in that way after I present my views on this matter because they might think that I am not sufficiently that way inclined. Sometimes, I think it is easy for people to oversimplify a view, specifically in the febrile environment we currently face that is fuelled by social media and the clickbait of media headlines, which tend to simplify people's positions. I find this is a somewhat disappointing aspect of the trend in society. These are very important ethical issues, and I think people are mature and sensible enough to make a distinction between a personal view and the view of someone who comes into this place and puts on the cloak of being a legislator. That is the view of someone who is there to represent the broader community and make decisions on their behalf, taking on board the views of the community in the broadest sense. I think that is important; we all have to do that when we come here. Some of us are independent, and some of us represent parties. Philosophical views permeate through our respective parties and through our society, and they change over time. I think it is important to acknowledge that we have seen a shift in views over time.

I was interested in understanding where people sit. I do not think enough research has been done on people's views on this, except to say in the broad sense that people support a woman's right to choose. The view I adopt as a legislator is that I strongly support a woman's right to choose to have an abortion. However, I suggest there is an area of caution and consideration, particularly in the later stages of gestation. I think that is probably borne out by the limited research I could find about the attitudes of people in the community. I could find some research out there. In 2021, Ipsos said that more than half of Australians support abortion access whenever a woman decides that she wants one, and 20 per cent of Australians support abortion in certain circumstances, such as when a woman has been raped. Only eight per cent of Australians indicated that abortion should never be permitted unless the life of the mother was in danger, and a further three per cent suggested not permitting abortion under any circumstances. We can see that there is broad support for safe abortion services across our society. I could not find any nuanced survey data about how people's views shifted on the issue that seems to be the focus of attention of our debate, which is the timing of when there might be further consideration of interventions. That certainly was reflected in the reforms that were put through in 1998. There is a need for some caution about later-stage abortions. In good faith, the 1998 legislators tried to put in a process that probably reflected the considerations at the time.

The only research I have was broken up in a bit more segmented way. I would certainly be pleased to hear any other views that might have come from broad-based surveys across the community and not just from surveys for which people are providing information. I am talking about a randomised survey across the community. The research I have was from Pew Research Center, which is in the USA. We know that the problem with that is that in the US, there seems to be a much more activated consideration of abortion and far more polarised views. I think it is probably useful to some extent to provide some indication of where people are as a general community and put aside the politics of it. Pew Research Center statistics from the US in 2022 show a much higher number of abortions than in Australia. They were legal in most cases, with some exceptions. Sixty-three per cent of people said it should be legal in some cases, with some restrictions. Ninety per cent of people said it should be legal in all cases, with no exceptions. There was a further study on the length of time, but 56 per cent said that how long a woman has been pregnant should not be a matter and, in some cases, should be illegal. Thirty-one per cent disagreed with that statement and said that how long a woman has been pregnant is a matter that should be considered with regard to whether it is illegal or legal.

I say that with some caution in terms of the US situation; as I said, it was broken down, but it does show that there is, in the broader US community, a bit of a trend towards more caution as the term expands, and I think that is an issue that has been reflected in some of the comments. That is, again, certainly my intuition. We try to separate views in terms of what people and their immediate family believe; they and the people around them might hold those views, but what is the broader view in the community? I came to that conclusion as I was speaking to people, including people within my own party, the Liberal Party. I know there has been some discussion at various levels within the party over some time on this issue, with a number of very informed and considered people, despite what some people might reflect upon in relation to that matter. Insofar as that is concerned, I think it is fair to say that over time, as the gestation period extends, there is a feeling or general trend towards more caution, and certainly the rights of the unborn child begin to emerge as becoming more important over time. That is actually reflected in the Abortion Legislation Reform Bill 2023 to a certain extent. It then becomes a judgement of whether it adequately reflects the community, and I think that is the question that is before us today.

That is where I sit. I will also refer to comments made by Hon Bill Johnston in the other place. I am not saying that I agree with all of them, but I thought the intent of some of his comments were probably aligned with what I feel about this matter. It is certainly a reflection of the process of trying to maybe unpack personal views and where we should be in the state of Western Australia. He put it on the line that it was his personal view and stated —

Personally, I think 20 weeks is the appropriate gestational point to move from abortion on demand to abortion only for medical reasons.

That was his view. We have had some discussion in this place about that. Hon Dr Brian Walker is a medical practitioner and mentioned some of his views about that. There were some comments from Hon Nick Goiran on this matter and some advice that he sought. I think it is an issue of whether 23 or 24 weeks, depending on how we

look at it, becomes a point of consideration and whether the appropriate constraints and restrictions—if we can call that for what it is within the context of compassion, sensitivity and confidentiality—should be considered. How do we start to balance the rights of the unborn with the need for comfort and care? I think that is important. I will restate some of the comments made by Hon Bill Johnston, because I think they are valuable. He stated —

This is because at 20 weeks, the fetus has significant capacity. As an example, I will quote from research reported in a publication from the Massachusetts Institute of Technology on 25 May 2022. It states —

Inside the womb, fetuses can begin to hear some sounds around 20 weeks of gestation.

In research published in PLOS One on 8 June 2015, two researchers stated —

Although there is data on the spontaneous behavioural repertoire of the fetus, studies on their behavioural responses to external stimulation are scarce.

The study reported responses from 23 fetuses—10 from the second trimester and 13 from the third trimester—using 3D real-time sonography. The conclusion of that research paper stated, in part —

In summary, the results from this study suggest that fetuses selectively respond to external stimulation earlier than previously reported, fetuses actively regulated their behaviours as a response to the external stimulation ...

I urge that the situation of the fetus in late-term abortions should be a focus of the legislation.

As I said, I have a feeling of connection with the points made there; I do not think anyone in this room would not. If we honestly think about it, it is then a question of how we balance those rights with the need to manage the issues around the consideration of the woman who is pregnant and the issues they are contemplating at that point. What does that mean for our legislative process and the consideration that might be given to a whole range of matters that we will no doubt debate in more detail?

I wanted to put that on the record. I restate that there is some unease that needs to be considered in a considered debate once we go down the track on the gestation period. I reflect on the values of the Liberal Party, of which I am a member. I know that my constituents hold a whole range of views. I have certainly been in debates in the context of the representative organisation that I am part of, and I think that is important. I know there is a range of views amongst some of my constituents that would be firmly in the space of supporting the bill as it is, and there are also those who might like to see further restrictions put in place or something more like what we already have under the current legislation. There are obviously also those who would like to see some modification of the legislation, but not to the extent being proposed. There is also the whole issue, as part of our debate, about unpacking those issues.

I want to reflect on a couple of the values of the Liberal Party. I am proud of the fact that I am part of, and have been elected as a member of, a party that is a values-based organisation. I hope people see the authenticity I try to bring to this place. I do not think I am particularly special on that front, because I think that is something we are all doing today. All 36 members are trying very hard in that regard, so I am not putting myself on any more of a pedestal than anyone else in this place in relation to that, particularly those people who have experienced abortion firsthand and had to deal with that difficult choice. If there should be anyone on a pedestal, it is those people who have actually had to deal with these things at a firsthand level.

One of the values of the Liberal Party is that we believe in the basic freedoms of thought, worship, speech, association and choice. I think that is important, because we have a diverse range of views in the Liberal Party, as other parties here also probably do. We respect the concept of choice. I know everyone has a different view on what that might mean, but I reflect that in some circumstances some women might find themselves in a position in which they do not feel they have a choice. It is important, in whatever we do for the community, and in the broad sense of being compassionate, that we should, to the greatest extent possible, ensure that people have a choice when they believe they have an unwanted pregnancy, and that they feel they have a choice. I know that some women would say that there was never a choice but to terminate. I will not have anything other than the greatest respect and admiration for people who make hard choices in life. I am just here to present that.

The other Liberal value that I think is important is that we believe in a just and humane society in which those who cannot provide for themselves can live with dignity. That goes to the heart of a range of issues in relation to supporting those who do not have dignity. My view is that that would include those in the womb, particularly when they are fully formed and nearing the end of their gestation period. I think there is a need for us to deal with that hard issue and how their dignity can be considered. I hope that is reflected in whatever laws we decide on collectively in this place in the coming days, because it is important. It is a balancing process. We must be humane as a society. We must be dignified. The treatment of women and all individuals in our community must be dignified and humane. We should cherish and hold dear the value of human life.

I do not really want to say much more. I think a number of issues will get teased out. I commend Hon Martin Aldridge for his erudite comments about some of the aspects that he raised. I have listened to the speeches and comments that have been made—for example, about what this might mean for the Criminal Code. It is important that we

demystify everything in this place and be honest and clear. I understand that we are in a political process so there will be a certain level of politicisation. I was a little disappointed with some of the commentary in the media today that highlighted some of the comments. I understand that people have different views and I hope that we continue to be respectful of that. I think the debate has been respectful in the main to this point. We are trying to be authentic human beings in this process. In the words of Hon Wilson Tucker, this legislation is important. It is probably the most important piece of legislation that I have had the pleasure of dealing with as someone who was elected by the people of the Mining and Pastoral Region, albeit in the number 6 position. I was elected to represent those who provided support to me, and I continue to represent them to the best of my ability.

I think we should consider the issues raised by the Australian Medical Association. The AMA provides an important sounding board. There is a range of views within the AMA, ranging from those that could be labelled as more strongly towards the pro-life side to those on the choice side, but I know that doctors will always work in the interests of their patients to the greatest extent possible. I am trying to remember the name of the code that doctors abide by. Hon Dr Brian Walker is not here to help me.

Hon Martin Pritchard: The Hippocratic oath.

Hon NEIL THOMSON: That is the one. We have a lot of respect for the medical profession. There was a diversity of commentary from the AMA on this matter. We need to have consideration for Western Australian practitioners; that is an important issue that we should support.

It is likely that I will support many, if not all, of the suggested amendments. I will probably form my view at the last minute, depending on how the debate goes. As I said, I am not an expert but I am listening intently to the views that are being presented.

I know that Hon Kate Doust is probably being criticised to some extent. I acknowledge her for her contribution with the petition. We have the benefit of e-petitions in this place. I think they are important. I have been using them myself for a range of issues, obviously in support of people who have a particular issue to present. It is not an insignificant number of signatures on that petition. Some of the concerns that might be raised through that process deserve further consideration as we come to the final point.

I will end my comments. I reiterate my heartfelt feeling of respect and consideration for those who have spoken from all different perspectives today, and particularly for the women who struggle with that particular choice. The comment was made that in the order of 8 000 abortions occur. If there is anything that I could do in any way as a human being to help a person make that choice, I would do that, because I believe it is our duty to work as a humane and compassionate society going forward.

HON DONNA FARAGHER (East Metropolitan) [5.45 pm]: I have sat in this place —

The ACTING PRESIDENT (Hon Steve Martin): Sorry, member; are you the lead speaker?

Hon DONNA FARAGHER: No.

Hon Stephen Dawson: There is no lead speaker.

Hon DONNA FARAGHER: There are no lead speakers.

The ACTING PRESIDENT: Of course. Thank you.

Hon DONNA FARAGHER: I have sat in this place for a very long time. Although they are few and far between, perhaps thankfully, I, like some other members in this place, have had to make decisions on complex and contentious matters based on my conscience. On each and every occasion I thought very carefully about the decision I made. The difficulty with such matters is that they are rarely, if ever, black and white. There can be many varied and different perspectives on the same issue. There will be very strongly held viewpoints on either side of the argument. For some, it will be a relatively simple decision to make, but for other members who might be somewhere in the middle, they might support some elements of the legislation but might not be 100 per cent comfortable with every aspect.

I now come to the bill before us. I acknowledge that there are very firmly held views both for and against abortion. It is a polarising and an incredibly sensitive matter that deserves to be debated in a respectful way, irrespective of someone's views. I agree that, thus far, the debate in this house and, from the comments I have read, in the other place has been undertaken in that way. But this bill is actually not about whether abortion should be legal. That debate has been had. It was had many years ago, well before I arrived in this place. There were hours and hours of debate in this place and the other place and, ultimately, a decision was reached. It was not universally accepted, mind you, but a decision was made. Having said that, this bill proposes a number of changes. As the Leader of the House said in her second reading speech, the bill will introduce a new framework relating to abortion. According to the Leader of the House, this will better reflect that abortion is a public health matter. I do not intend to go through every detail of this bill during my contribution to the second reading debate. As has been mentioned, there is a supplementary notice paper. I expect that we will be in committee for some time, during which we can debate a number of these matters more closely.

I want to raise a couple of matters. The proposed change to the current gestational age limit for additional medical oversight for the termination of a pregnancy from 20 to 23 weeks is, let us be honest, one of the big-ticket items in this legislation. As was identified in the minister's second reading speech and confirmed in briefings and other information that I have, I accept that abortions after 20 weeks, and certainly after 23 weeks, are extremely rare. According to that information I know that they almost always occur in response to the identification of a serious fetal anomaly, or medical implication or condition impacting the mother's health. These complex individual cases require specialist care, attention and advice. According to information on the Australian Institute of Health and Welfare website, congenital anomalies encompass a wide range of atypical bodily structures or functions that are present at or before birth. They are a cause of child death and disability and a major cause of perinatal death, when a baby is stillborn or dies within 28 days of birth. In 2017 and 2018, nearly one-third of perinatal deaths were caused by a congenital anomaly. The commonwealth Department of Health and Aged Care's website also had some references. Its figures relate to 2010 but it is still very relevant. The website states —

In Australia in 2010, congenital anomalies (including chromosomal and structural anomalies) was the leading cause of perinatal death in single pregnancies (29%) and accounted for 76.1% of neonatal deaths of babies born at 32–36 weeks gestation and 44.1% of deaths of babies born after 37 weeks gestation.

I take this and other information received into account, as well as the fact that a serious anomaly might be identified only after the second trimester ultrasound, which is generally taken at around 18 to 20 weeks. I listened to Hon Jackie Jarvis' comments about access to and the availability of health care in regional WA, so it can be later than that. Given that an anomaly might not just be identified through an ultrasound, but through other genetic screening and diagnostic testing such as an amniocentesis, I acknowledge that families receiving such news may have a limited window to consider their options before the additional requirements set out in the current legislation come into play. Remember, these will be families receiving incredibly difficult and challenging news about a baby that is dearly wanted, or receiving incredibly difficult and challenging news about a medical condition impacting the mother's health that cannot easily be overcome. There will be a lot to work through, and decisions will be made whether to continue with the pregnancy. There will be grief and sadness. There will be a whole heap of emotions. For my part, I do not think we need to add to that trauma. For those reasons, I am not against the proposed change.

One area I have some concerns with is counselling. As the minister explains in her second reading speech, under the current legislation, a patient must be provided with counselling about the medical risks of termination, continuing a pregnancy to term and the availability of ongoing counselling. I understand the arguments about mandatory counselling. I appreciate that counselling might not be for everyone, and people cannot be forced to take it. However, I do not see any harm in a medical practitioner providing some factual information about available ongoing counselling supports. I hope that is done as a matter of course, but it cannot be guaranteed. Yes, there are many ways to find out about counselling supports, but I do not think it is too much to ask that easily accessible factual information about counselling options be provided by medical practitioners, without judgement, to women and families. I do not think this should be seen as a negative.

The minister's second reading speech stated that providing information about a procedure, or treatment and associated risks, is standard medical practice. I agree with that. However, abortion is a deeply personal and sensitive matter, and can bring with it a whole range of emotions. It may not be in all cases, but as Hon Dr Brian Walker reflected on last night, grief will be felt by many. Therefore, providing some information about counselling, if requested, should also be standard practice. Some women might not have access to someone who they can talk to, or they may feel more comfortable to receive support from someone who is independent, whether that is before or after the abortion, and irrespective of the reasons for or timing of the abortion. Given this bill will also make changes to parental involvement in minors seeking abortion, I believe it is critically important that factual information about counselling options and appropriate wraparound services are known and available, particularly for children—they are children—who may not have, or feel they do not have a trusting and caring adult to turn to. Care, compassion and understanding is critical here. Ensuring that children and adults know where they can turn in order to receive support if they want to is, in my view, really important. No-one should feel that they must grieve or work through these issues in silence. They need to know there is help available and that support can be given without judgement. In Committee of the Whole, I will ask about those supports and what is available, particularly for minors under 16.

There are a number of other issues with this bill, but I will leave my comments there. I end on this point: I accept and respect there are deeply divided views on the issue of abortion. As I said at the beginning of my contribution, for some it will be a relatively simple decision to make about this proposed legislation, but other members might be somewhere in the middle when accepting and supporting some of the reasons for the legislation. I have already outlined one of the reasons in terms of what I support. However, some members might not necessarily be comfortable with every single aspect of the legislation. The votes are yet to come and we will not pre-empt those, but we can kind of count the numbers. It would appear that this bill will be supported at both the second and third reading. I support the second reading, but I will carefully consider all of the amendments on the supplementary notice paper.

HON DARREN WEST (Agricultural — Parliamentary Secretary) [5.58 pm]: I briefly put on the record my support for the Abortion Legislation Reform Bill 2023 in its current form, as passed by the Legislative Assembly,

I proudly do so as a member of the government. I do it for a couple of reasons. There is a conscience vote, of course. As pointed out earlier, my conscience tells me that this difficult choice is best made by those most impacted by contemplating or taking up termination services. I wholeheartedly agree with that. I also believe that as the first elected member from the Agricultural Region in the history-making 2021 election, that is what my electorate wants me to do as well. There is overwhelming support for this bill in the electorate—I think it is fair to say that it is one of the most conservative in the state—and for the need to modernise and reform these laws for the benefit of the women of that electorate, and to support their partners, families, medical practitioners and the like. There is general agreement, though obviously not by everybody, in the electorate, so I support those.

I want to acknowledge those who came before us in 1998. It was great to have Hon Cheryl Davenport in the house yesterday. It takes courage to make change and I believe she certainly used all her courage to push for those significant changes for women in Western Australia. To reform those laws now, 25 years since they were passed, is incumbent upon us. It is time we modernise the legislation and I support that modernisation.

I note the respectful nature of the debate, which is important, because this is one of the most ethical and complex issues we will deal with as members of Parliament. Think of those ethical and complex issues, such as end-of-life choices, marriage equality and others that divide not only communities, but also political parties and individuals. I think it is fair to say there would not be two people in this house who have exactly the same view on this bill. Although there will be those who agree with it and those who do not, there will be varying levels of support for different clauses and parts of the bill. A respectful debate is warranted, and that has been the case so far. We cannot control what happens outside Parliament, but certainly in here we need to be respectful of one another's view, even if we may not agree. That is the case with the public as well. People are respectful of other people's views. They may not always agree with those views.

As I said before, it takes courage to push progressive social change. This government is very proud of its work in the space of voluntary assisted dying. Former Premier Mark McGowan and former Minister for Health Roger Cook led that legislation. We now have the abortion reforms led by now Premier Roger Cook and Minister for Health Amber-Jade Sanderson. I acknowledge all the people involved in this bill who got it to this point. It takes a lot of work to get something to this point.

It is progressive legislation. I was listening to Hon Neil Thomson and, in an unusual course of events, found myself agreeing with what he said. I want to acknowledge, though, that progressive legislation is the domain of Labor governments. That is why it is important that we have Labor governments. All the big social changes—the raft of social changes that Whitlam introduced, from fault-free divorce to ending conscription, the establishment of universal health care in Australia and other major reforms introduced at that time, the reforms in the 80s when Hawke changed Medicare to its current form, through to the abortion reforms in 1998, which I touched on earlier, the marriage equality debate, voluntary assisted dying in Western Australia and now these reforms to abortion—are driven by progressive governments. That is why it is important that we have progressive governments and why I am so proud to be part of a progressive government that moves social change.

Change is the only constant in our lives. Society will always move forward and change. Progressive governments drive that change and have the courage to begin that change. People will always be criticised for change at some point, but those who persevere drive these changes. That is important to remember. There will always be people who oppose change, but as society moves forward it is incumbent on governments to move forward as well. I am very proud to be part of a government that is making these reforms. I am very proud to be part of a progressive Labor government. I think we have done a lot of good things, not only in managing the economy and getting the state back on an even keel, but also by moving forward with the community on these social changes. It is what my electorate wants, it is what my conscience says, and I support the bill.

HON DR BRAD PETTITT (South Metropolitan) [6.04 pm]: I also rise today in support of the Abortion Legislation Reform Bill 2023. I believe that access to quality health care is a human right, and that includes abortion procedures. No individual should be forced to carry a pregnancy to term, whether they are unable to do so safely or they simply do not wish to. In saying that, I acknowledge that this is a difficult debate. I have really appreciated the respectful manner in which both sides of the debate have carried themselves. My journey through this issue is one that has been very much on both sides of the debate. I grew up in a strong church community and this was a very significant issue. Obviously, many members of that church passionately thought that abortion should not occur in most circumstances. As I got older I have also had a limited number of friends who have grappled with this really difficult decision. I know for them that it was a really hard choice, whichever way they went. I acknowledge that this debate is difficult. Reflecting on those decisions of my friends who have contemplated having an abortion, I know that all of them were pleased and glad that they were able to make a choice. That is at the heart of it: enabling people to make a choice, whether they see a pregnancy through to full term or not.

Fast forward to about a year ago now and, as a relatively new member of Parliament, I had the honour of tabling a petition in this place on behalf of Nicole McEwen and the Defend Abortion Action Group Perth. It is worth reflecting on the 2 573 signatures that that petition had, regarding the very issues before us. Interestingly, they called on this place to remove abortion from the Criminal Code; ensure that abortion costs are 100 per cent free;

guarantee medical and surgical abortion for all women, regardless of citizenship, residential status or postcode; remove any requirement for people seeking an abortion to receive mandatory counselling or seek multiple approvals and the like; and adopt legislation that removes barriers to abortion access based on conscientious objection and the like. This change is very pleasing. I acknowledge Minister Amber-Jade Sanderson for obviously listening to not only that very good petition with many signatures, but also the calls of many Western Australians who want to see that change. It is really good, a year on, to see that we are making some of those changes.

I will reflect quickly on some of the changes that I am very keen to support. It would be fair to say that the reason for that petition was that, rightfully, the petitioners saw that WA was burdened with laws that are pretty outdated. As many have spoken about, in 1998 we became one of the first states to remove criminal penalties for pregnant patients seeking abortions and doctors providing those procedures. Twenty-five years on, I think there was a sense that WA had gone from being a trailblazer to having some of the most restrictive abortion laws in the country. There was certainly a need for this amendment bill and I am really pleased that, 25 years on, we are seeing some major changes. Over that time there have been some significant shifts in public attitudes around this issue. I will quickly look at some of the key changes that I am keen to see happen and will support as part of the Abortion Legislation Reform Bill 2023.

Firstly, given that accessing abortions still carries a risk of criminalisation, I am really pleased to see that this amendment bill will address this restriction by amending the Criminal Code and, importantly, align WA with other jurisdictions by decriminalising abortion across the state. That is a really important shift. We have had a lot of discussions in this place around abortions at 20 weeks or later and needing approval of at least two of the six doctors on the ministerial termination panel. That was pretty cumbersome and I think we all agree an unsatisfactory way of dealing with something that is a really stressful point in people's lives. This bill pleasingly addresses this restriction by seeking to, firstly, abolish the ministerial termination panel and, secondly, increase the gestational age to 23 weeks. It is a really sensible and important amendment that I think is worthy of support in this place.

I want to acknowledge at this point the very good briefing that my staff and I got. I want to say thank you for that, because obviously there is a lot in the bill to get one's head around. It was good to have a clear way of understanding the bill and to be able to talk through some of the issues. There were a lot of different understandings of some of the misconceptions in the community, so being able to unpack some of those was really important. I want to thank the staff for providing that to me and my team.

There are a few other points that I think are worth highlighting. Currently, support people cannot assist someone to access an abortion without risk of criminalisation. It would be fair to say that this restriction will be addressed by the amendment to the Criminal Code, which will make it clear that a person who assists does not perform an abortion themselves. This provision has been included to provide an explicit ability for people to assist without fear that they may be considered under the law as having performed an abortion. These are the kinds of sensible changes that I think we all agree need to happen.

I will not go through all the changes, as I note that others would like to speak before the end of the day. I acknowledge that these are all examples of good and worthwhile changes. They are ones that I think we all agree are really important and will go a long way to guaranteeing access to medical and surgical abortions for women and people who can give birth, regardless of citizenship, residential status or postcode. If passed, the Abortion Legislation Reform Bill will remove clinically unnecessary and antiquated barriers to women and people who can give birth accessing abortion.

I am really pleased to stand here and say that we support this bill. I look forward to hearing the amendments and the debate going forward, but this is certainly something that is very worthy of our support in this place.

HON SHELLEY PAYNE (Agricultural) [6.12 pm]: It gives me great pleasure to stand in support of the Abortion Legislation Reform Bill 2023. First of all, I thank our Minister for Health, Amber-Jade Sanderson, for bringing this bill forward and for all the work she has done as Minister for Health; Mental Health. They are big portfolios. There are lots of competing priorities. I really want to thank her for giving this priority and bringing the bill forward and for all the consultation she had done with the sector, the community and those with lived experience. It is great that we now have a female health minister looking at some of the issues that affect women, such as the new women's and babies' hospital. I note the comments from Hon Stephen Pratt earlier in the day about all the things that are happening in the health portfolio.

I also want to commend some members for what they have said throughout this debate, particularly Hon Ayor Makur Chuot for standing up as a Christian and supporting the bill and, in doing so, supporting the idea of personal choice, which I think is very important. A lot of members have acknowledged that this debate is not about abortion, but personal choice is important in this debate. I reflected on some of the comments of Hon Nick Goiran and his idealistic view of a perfect world in which all babies can be taken care of. I just wanted to comment on Hon Ayor Makur Chuot's culture and how lucky she is. I think what she has been able to do is great. We all have situations in our own lives and it is great that we can have personal choice.

I also want to thank Minister Jarvis and Hon Sandra Carr for telling their stories.

I want to quickly reflect on how lucky we are in Western Australia. Hon Dr Brian Walker brought up a few points about the overturning of *Roe v Wade*. Again, I know this is not a debate about whether or not we should have abortion, but I want to reflect on the women who live in the states in America where abortion is illegal and what they must go through when they have to go through with a pregnancy that they do not want and they are not in a situation that they can handle. I remember being horrified when I first learnt about the baby boxes at police stations, hospitals and fire stations where women could anonymously deposit their baby so that someone on the other side could take it and look after it. I reflect on what those mainly young women would have gone through. Right now, we are doing an inquiry into forced adoptions, and members can read all the harrowing stories of the mothers whose babies were taken away and how it has been a lifelong struggle. I just wanted to reflect on how lucky we are to live in a state that supports women's choice.

I also want to talk briefly about medical advancements. Hon Jackie Jarvis touched on this when she talked about having to go through a procedure when drugs were not available. I have young kids now. We have other medical advancements such as the morning-after pill that women can take if they think they might be pregnant and they had not planned for it. The more medical advancements there are that allow for earlier terminations and the more research that can be done into things so that women do not have to wait until 20 weeks to see whether there is a problem with the pregnancy, the more it will make things easier. The changes that we are making with this bill to make it easier for women are the right things to do and I totally support the bill.

I again thank Hon Amber-Jade Sanderson for bringing this bill forward. All the amendments will help, particularly the removal of the requirement to see two medical practitioners and allowing younger children to access abortion without requiring them to have support from their parents. Hon Donna Faragher talked about and supported the extension of the gestational age so that women will have time if they find out that there is an issue and they have a very difficult decision to make. This legislation will allow them time for that.

I thank members on both sides for the contributions they have made throughout the debate. I acknowledge that it has been a respectful debate and that is really great. Again, I appreciate all the work that has been done by the Department of Health in consulting with people in our community who have lived experience and listening to and considering their views. I think that is all I wanted to chat about.

Debate adjourned, pursuant to standing orders.

CORRUPTION, CRIME AND MISCONDUCT AMENDMENT BILL 2023

Receipt and First Reading

Bill received from the Assembly; and, on motion by **Hon Matthew Swinbourn (Parliamentary Secretary)**, read a first time.

Second Reading

HON MATTHEW SWINBOURN (East Metropolitan — Parliamentary Secretary) [6.19 pm]: I move —

That the bill be now read a second time.

The bill will amend the Corruption, Crime and Misconduct Act 2003 to deliver two key reforms: firstly, to provide timely and effective appointment processes for commissioners and acting commissioners; and, secondly, to provide for the new position of deputy commissioner. The CCM act provides for the establishment of the Corruption and Crime Commission as the pre-eminent anti-corruption body in Western Australia, with functions in relation to serious misconduct by public officers, the confiscation of unexplained wealth and criminal benefits, and the investigation of organised crime. This bill represents the first tranche of work in the modernisation of the CCM act and will address the appointment process to ensure stability and accountability in the leadership and management of the CCC. Work on other reforms to the act remains ongoing.

The appointment process for the position of Corruption and Crime Commissioner begins with the requirement for a nominating committee to provide a list of three persons eligible for appointment to the Premier, who then submits a recommended appointee to the Joint Standing Committee on the Corruption and Crime Commission for approval. Under the current process, the appointment can proceed only if it has the support of the majority of the standing committee and bipartisan support. Given the importance of the role of the Corruption and Crime Commissioner, it is appropriate for a degree of parliamentary involvement in the process for appointing the commissioner, and this is a feature common to all Australian states and territories. However, an identified flaw in the WA appointment process is that it is susceptible to inappropriate manipulation as a single member of the standing committee may block the appointment process indefinitely.

The standing committee consists of four members, each of whom has a single deliberative vote. The current requirement in the CCM act for both majority support and bipartisan support to approve a proposed appointment gives undue weight to a particular individual's vote in certain circumstances. When there is only one standing committee member from the opposition, for instance, that single member's refusal to support an appointment would result in an indefinite impasse due to the lack of bipartisan support. Members may recall that the Attorney General

highlighted this flaw in the appointment process during debate on the Corruption, Crime and Misconduct Amendment Bill 2021 in June 2021 when he noted that it had resulted in a lengthy 14-month vacancy in the crucial position of Corruption and Crime Commissioner. It was never the intent of Parliament for any one member of the standing committee to unilaterally wield the power of veto. This bill will remedy that problem. Clause 6 of the bill will insert new section 9C into the CCM act to confer on the standing committee a power of veto instead of the flawed requirement for positive bipartisan and majority approval by the standing committee.

Under new section 9C, the Premier will be required to refer to the standing committee a proposal to appoint a person to the position of commissioner. The standing committee will then have 14 days after the day the referral was made to respond, and a further 30 days if it notifies the Premier within the first 14-day period that it requires more time to consider the matter and determine whether to exercise the power of veto. Unlike the problematic current approach, section 9C will provide that the proposed appointment will progress unless the standing committee resolves to veto the appointment. Under the standing orders, a resolution by the standing committee requires a quorum of three committee members. As such, a single individual member would not be able to disrupt the appointment process on their own by simply declining to provide support. This new approach will reinforce the concept that the power of veto lies with the standing committee and not just any one member acting on their own.

The key benefit of the new section 9C approach is that it will address the identified problem in the current appointment process while supporting the standing committee's important function of scrutiny and its ability to prevent the appointment of an unsuitable person as commissioner when the standing committee believes this is appropriate. This approach is aligned with the processes in New South Wales and Victoria for the appointment of the head of their equivalent pre-eminent anti-corruption bodies.

Clause 12 of the bill also introduces new sections 14(2A) to (2C), which will provide that when the period of appointment for an acting commissioner is less than 12 months, such an appointment may be made directly by the Governor on the recommendation of the Premier without the need to go through the time-consuming processes of nomination and consideration by the standing committee. This will enable the timely appointment of a short-term acting commissioner to minimise periods of vacancy and address situations in which it may be inappropriate for the commissioner to act due to a perceived conflict of interest, for instance. When the appointment is for a period that is longer than 12 months, the new process that will apply to the appointment of the commissioner will also apply to the acting commissioner.

I now turn to the second key reform in this bill, the creation of the deputy commissioner position. It was recognised some 20 years ago by the Standing Committee on Legislation, which was charged with closely scrutinising the then bill during its passage through Parliament, that workload pressures would eventually require positions to be established to assist the commissioner in discharging their duties, in particular, the crucial non-delegable powers set out in section 185(2). This resulted in a requirement being included in section 226 of the act to specifically consider the need for the appointment of assistant commissioners in the next statutory review of the act. Accordingly, the statutory review, conducted in 2008 by Gail Archer, SC, as she was then, specifically considered the significant workload of the commissioner due to the volume of non-delegable powers, and recommended that the legislation be amended to “allow for the appointment of deputy commissioners to whom specific functions may be delegated by the commissioner, and who are able to act as the commissioner in the commissioner's absence”.

This call for a deputy commissioner has since been repeatedly echoed in successive standing committee reports in 2011, 2012, 2014 and 2020. Although the reports often referred to such positions as assistant commissioners, it is clear from the descriptions within the reports that the term encompassed what the 2008 statutory review referred to as a deputy commissioner.

This bill delivers on the long-awaited deputy commissioner position to assist in managing the workload of the CCC and support impartial decision-making on an ongoing basis.

Pursuant to standing order 126(1), I advise that this bill is not a uniform legislation bill. It does not ratify or give effect to a bilateral or multilateral intergovernmental agreement to which the government of the state is a party; nor does this bill, by reason of its subject matter, introduce a uniform scheme or uniform laws throughout the commonwealth.

I commend the bill to the house and table the explanatory memorandum.

[See paper [2471](#).]

Debate adjourned, pursuant to standing orders.

House adjourned at 6.26 pm
