

Speaker; Mr Mark McGowan; Mr Colin Barnett; Mr Roger Cook; Dr Kim Hames; Ms Janine Freeman; Mr Matt Taylor; Mr Jan Norberger; Mr David Templeman

MINISTER FOR HEALTH — PORTFOLIO MANAGEMENT

Matter of Public Interest

THE SPEAKER (Mr M.W. Sutherland) informed the Assembly that he was in receipt within the prescribed time of a letter from the Leader of the Opposition seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

MR M. McGOWAN (Rockingham — Leader of the Opposition) [3.09 pm]: I move —

That this house calls on the Minister for Health to resign due to his inability to manage the health portfolio and the numerous failings that have occurred under his management, including, but not limited to Fiona Stanley Hospital information and communications technology and clinical services failures; Serco stripped of multiple contract services due to failures; Perth Children's Hospital ICT cost blowouts; increases in elective surgery wait times; the failure to ensure Midland Health Campus has a reproductive and sexual health clinic; out-of-control ambulance ramping; and the failure to deliver promised upgrades to Royal Perth Hospital.

The Minister for Health should resign. It is time for the minister to go. It is clear to everyone in this house, and this list makes it plain, that there has been an extraordinary number of failures in the health system. The minister is half-hearted. He does not care. He treats it all as a joke. This was brought home to me during the parliamentary break when we had flooding in Fiona Stanley Hospital and people had to be evacuated from wards and from the emergency department. There was a series of crises in that hospital. When the minister was asked about whether he would be attending a meeting the following week with the contractors to try to resolve this issue, his answer was, and I quote, "I'll be on holidays, so it's no good asking me. I will be a long way away."

That is what the minister said. It is a joke, and the minister treats it as a joke. The minister's clear love is tourism. That is plain to everyone. The minister is in the paper today talking about laser light shows and dancing fountains. That is the minister's focus. If that is the minister's focus, that is the job he should do. The minister does not care about patients and about fixing the problems and solving the issues in the health portfolio. He is past it. It is time for the minister to move on. The minister clearly wants to retire. He has both his eyes on retirement. Therefore, the minister should do the tourism job and give the health job to someone else.

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

Today, I have listed numerous failings in the health portfolio. Virtually every one of those failures demands the minister's resignation. We have a list of eight massive failures in the health portfolio. However, I want to concentrate on two of those failures. The first is ambulance ramping. It is rampant—if members will excuse the phrase—in Western Australia. The Minister for Health is quoted in *The West Australian* on 11 June this year, under the headline "Hames loses patience in ramping rut", as saying —

"So I've given up," ... "I've lost my temper on this and I'm now telling the hospitals that once the patient arrives at the hospital it is legally the responsibility of the hospital. It's not the responsibility of the ambulance drivers."

Those are fighting words! The minister went out and told them what was going to happen. The minister went on to say in that article that ambulance ramping is banned as of 1 July. That was the policy. Those are strong words from the minister. However, there has been 1 000 hours of ambulance ramping since the beginning of July. Monday, 3 August was the second highest day of ramping for the year, with 115 hours, and the highest day ever at Fiona Stanley Hospital, with 52 hours. The ban on ramping was broken in July on 26 out of 31 days—in other words, for 84 per cent of the time. So much for the ban on ramping. The minister banned ambulance ramping. However, there has been an absolute flood of ambulance ramping since that time. In other words, the minister has no answers. He does not know how to resolve it. In the month of July, when there was ambulance ramping, when there were floods in Fiona Stanley Hospital, and when the report came out—which I will talk about in a moment—about the failures at Fiona Stanley Hospital, what did the minister do? He took off overseas for a month.

Dr K.D. Hames: Not a month.

Mr M. McGOWAN: What was it? It was three and a half weeks. Okay. I apologise. It was three and a half weeks, not one month. The minister was sailing around the Aegean while all these things were going on.

The health portfolio is important, and these issues are important. People's lives are at stake. I know what the minister will do. He will stand up and say Fiona Stanley Hospital has been built. Admittedly, that is a plan that the government inherited—and good on the minister; he followed the plan that he inherited. But what counts is not just saying the government built the hospital, but what happens inside the hospital.

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I want to take the house briefly through this history. It is a sorry history, and it went on for nine months, during which Fiona Stanley Hospital was fully operational and staffed but did not have one single patient, at a cost of \$136 million to the taxpayers of Western Australia. The minister's justification—post-learning of that failure—was, as he said in this house, that the hospital needs to have that time without patients so that the government can iron out all the issues and make sure the hospital is ready to go on the day the patients arrive. The minister went on to say that it was way too ambitious to expect patients to come into the hospital on the first day; therefore, the government needed to have this long period of time during which it could resolve all the issues at that hospital. Clearly, that assurance was not worth the *Hansard* paper it was written on.

We then learnt that the then Under Treasurer, Tim Marney, had advised a parliamentary Liberal-chaired committee that Treasury had had only 10 days' visibility of the \$4.3 billion Fiona Stanley Hospital contract.

Dr K.D. Hames: That is still not true.

Mr M. McGOWAN: So is the minister calling Tim Marney a liar? He is calling Tim Marney a liar. Let us get that on the record.

Point of Order

Mr C.J. BARNETT: Mr Speaker, the Leader of the Opposition said that the Minister for Health called Tim Marney a liar. Let us put it on the record that that is untrue. He did not say that at all.

Mr M. McGOWAN: Mr Speaker, I did not say that.

Dr K.D. Hames interjected.

The SPEAKER: Minister for Health, you will have your chance to address anything that is raised by the opposition. The Leader of the Opposition.

Debate Resumed

Mr M. McGOWAN: What we learnt from the Liberal-chaired committee that got in that evidence is that the Minister for Health was in the thrall of Serco. He was hypnotised by Serco. He was following Serco and sleepwalking behind it. Serco said that all these issues would be managed and resolved. The minister signed a massive contract worth \$4.3 billion—probably the biggest contract in the history of this state, and certainly massive by national standards—when Treasury had indicated publicly that it had had 10 days' visibility of that particular contract.

We then learnt in the midyear review, either last year or the year before, that there was more than \$21 million worth of information technology blowouts. We saw the loss of sterilisation services from Serco. We saw the health information system and patient administration records management system both taken from Serco. They were in the contract, but they were taken from Serco. The minister then commissioned, in order to resolve things, an inquiry in June 2015. The inquiry was titled "Review of operational clinical and patient care at Fiona Stanley Hospital". Professor Bryant Stokes, no doubt with the minister's authorisation, commissioned this inquiry to try to resolve the issues at that hospital and sort them out. I bet this report landed on the minister's desk in June before he went on his Aegean holiday and he went, "Oh, my goodness. I know what we will do. We'll drop this out while I'm overseas and let the poor minions in the Department of Health handle it." This report itself is enough for the minister to have to resign. Members opposite should have a read of it! Most of them probably have not even heard of it.

It was dropped out over the parliamentary break and it is full of absolutely damning findings against the government's management of this hospital. I take members to page 26 of the report, which states —

The contract with Serco did not allow for porters to physically touch patients. Given that a significant part of a porter's role is transferring patients to and from beds, chairs, wheelchairs, operating theatre tables and so on, this created a major difficulty for the hospital to overcome. FSH has subsequently employed 120 Assistants-in-Nursing and Serco has added 70 additional porters to meet the hospital needs. This is both inefficient and costly.

I could go on, but there it is.

The minister's answer in question time was that those additional 120 people employed by the state cost nothing. They cost nothing—magic! The minister had an absolutely magical solution whereby he employed another 120 people because of the failure of the contract he signed that was supposed to cover all these things, and it cost taxpayers nothing! Mr Speaker, honestly! The Minister for Police should test the Minister for Health's answers with the new system she developed yesterday.

Mrs L.M. Harvey: What?

Mr M. McGOWAN: Think about it! I want to quote from page 27 of the report.

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Several members interjected.

The SPEAKER: Members!

Mr M. McGOWAN: Page 27 of the report states —

There were issues of soiled linen not being automatically changed and not being changed when requested. The contract with Serco stated that bed linen would only be changed when requested by clinical staff. This led to numerous patient complaints and unnecessary tension between patients and their clinical carers. A system needs to be put in place which provides patients with clean linen when required whilst appropriately minimising linen utilisation. Patients should not experience lying in soiled linen which also exposes them to a potential infection risk.

In other words, the minister signed a contract that this report, which the minister commissioned, indicates has resulted in patients lying in hospital beds in their own waste.

Mr C.J. Barnett: What sort of message are you sending out?

Mr M. McGOWAN: I am quoting the government's own report, Premier. The minister should go back to his barbecue, where he is clearly more comfortable, rather than deal with important issues. He is the one who signed us up to this contract. He authorised it. He said that he did not even know about the other contract for Midland Health Campus. Who would have told the Premier that it excluded reproductive services? How would he have known that? He is only the Premier, and it went through the cabinet!

However, there are two damning failures in this report on Fiona Stanley Hospital. There is more in this report—I could go on—about damning failures of management in this hospital but those two alone are extraordinary. I must say that the report also states —

... 'dirty' instruments and surgical trays as well as trays with vital equipment missing, necessitating returns to the Central Sterilisation Supply Department ... resulting delay in surgery and concern regarding cleanliness and sterility of equipment.

Unsterile equipment in the hospital! These are damning findings in this report.

I know that the hospital is beautiful; I have been to it and seen it. I sat in the cabinet that allocated the money for it and named it. I was there when that happened. It took some time to build, to be fair, but what happens inside the hospital is what matters to patients. The minister personally signed a contract that has affected the people of Western Australia and has created these failures within the hospital. The minister should do the honourable thing: just resign the portfolio and deal with the one he likes. The minister likes the tourism portfolio. He loves it; it is clear. It is natural for him. He can go out fishing, get onto boats and go to parties—it is great. It would be a good way to finish his career, and the tourism industry seems to like him. Great! Do that! Give up health, because it needs a stand-alone minister and someone who is serious about it.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [3.24 pm]: The Minister for Health is always comparing himself with Hon Jim McGinty. I will give him this one opportunity to be just like Jim McGinty. In the lead-up to the 2008 election, the complaint from the opposition at that time was that the minister was too busy with his Attorney General portfolio and not spending enough time on his health portfolio. So we come forward and now find that the Minister for Health in this place, having once committed himself to being a stand-alone health minister, is now guilty of neglect. He is the quintessential do-little doctor of the health portfolio. This minister is so relaxed and so asleep at the wheel that we can barely tell he is breathing as a Minister for Health.

However, let us have a look at the track record of this particular minister, because we have been here before. This is the minister who constructed his ignorance over the delays at Fiona Stanley Hospital before the last election. This is the minister who dedicated this government to a new children's hospital that is too small. It will reach capacity inside five years. This is the minister who presided over the information and communications technology cost blowouts of tens upon tens of millions of dollars at Fiona Stanley Hospital. This is the minister who presided over the configuration of health services at the new Midland Health Campus. He fundamentally missed an important part of the services and did not even bother to tell the Premier at the time that those services would not be included. This is the minister who presided over the cost blowouts at Fiona Stanley Hospital.

Let us not forget that of the \$300 million that this minister said we would save through the Serco contract, he has spent \$136 million, \$118 million of which is being paid to Serco to run a hospital for 12 months without patients. That \$300 million saving out of a \$4.3 billion contract is starting to look very shaky indeed. This is the minister who has presided over the biggest Liberal Party lie of the 2008 and 2013 elections that it would redevelop Royal Perth Hospital. This is the minister who, quite frankly, has lost the capacity to do a full day's work and

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should resign. By any measure, the health system is in crisis. There are record ambulance-ramping figures and more people now on the elective surgery waitlist than at any time since records have been kept for that service. Just to clarify things for members, the minister has often said that what matters is not the number of people on the waitlist—despite what he said when he was in opposition—but how long they wait. They are waiting longer now than at any time since 2008. The median waiting time for elective surgery is more than two months. This minister is presiding over a health system that is fundamentally in disarray. The minister is asleep at the wheel.

It is one thing for a minister to pat himself on the back and say, “Look, we’ve engaged a contract firm to build this hospital”, but it takes commitment to ensure that our healthcare system looks after the patients inside. This is where the minister has fundamentally failed the people of Western Australia. The Australian Medical Association surveyed its staff at Fiona Stanley Hospital and found that two-thirds of doctors say that the systems at Fiona Stanley Hospital compromise patient care. The Health Services Union surveyed its staff at Fiona Stanley Hospital and found that 60 per cent of those staff say that the systems at Fiona Stanley Hospital compromise patient care. The Australian Nursing Federation surveyed its staff and found that 60 per cent say that the systems at Fiona Stanley Hospital have compromised patient care.

We do not blame doctors, nurses and hardworking staff at that hospital. They are doing the best they can with a rotten system. It is a rotten system that was borne out of a single decision by this minister to privatise services at Fiona Stanley Hospital, and a single decision by this minister to put Serco in place so that staff do not know where their job begins and where it ends. The culture in the hospital, the minister’s own report states, has set up an us-and-them mentality that is leading to significant problems with the way the hospital is running.

It was the minister’s own decision. When he made that decision, it was the one that he was most proud of. The decision has delivered to Western Australia a hospital that is, quite frankly, unable to meet the expectations of the community. We know that staff are doing the best they can. They have been let down by this government in the systems it has in place, including a patient entertainment system that many elderly patients cannot use to order their meals, and a digital medical record system that takes over 15 minutes to enter a patient’s details and that many staff have simply given up trying to use because it is so inefficient. This is the very system that the government said it was spending extra millions of dollars on to ensure that it was put in place. There is only one person in this place who is responsible for these decisions and that is the gentleman sitting opposite us—the “Dolittle Doctor” of the Department of Health who has failed to address the issues that are writ large across Fiona Stanley Hospital! Anyone can build a hospital—we can all build hospitals; that is the easy part—but it is the system and the care inside hospitals that matter.

Before I finish, I want to relate a case study that was put to me by the son and daughter of an elderly woman who recently stayed at Fiona Stanley Hospital. She is in her late 80s. She is vision and hearing impaired, has multiple health concerns and has low mobility. Given her sight and hearing impairments, she needs assistance with feeding. However, it would appear that meal trays were delivered and removed without staff being aware —

Dr K.D. Hames: The member said he was not going to have a go at staff!

Mr R.H. COOK: No. This is the systems in place. We know that Serco is responsible for delivering meals and that nurses are responsible for clinical care. What we do not know, and clearly the staff at Fiona Stanley Hospital do not know, is where one jobs begins and the other ends. That is the problem. According to these people, at the times they visited, their mother’s bed table was disgustingly dirty with old, dried food stuck to it. It appeared the meal trays had been removed but no-one had collected the bibs or wiped down her table after she attempted to feed herself. This hospital’s systems are fundamentally broken. The opposition does not blame the staff. We do not blame the doctors and nurses who are doing a heroic job at trying to put together a hospital that has fundamentally broken systems. This government privatised hospital services because, as the Leader of the Opposition said, it is in the enthrall of a particular company. I spoke to the son and daughter of this woman today, and the point they most wanted me to convey to the chamber today is that when their elderly mother was discharged back to her nursing home, the nursing home found that she was breathless and her blood pressure was high, and they were unable to stabilise her pulse. They considered her condition to be very unstable. They told her, “We’re going to refer you back to Fiona Stanley Hospital.” This elderly patient begged not to be sent back there! That is the concern that the opposition has for the systems that the Minister for Health put in place. He is not up to the job. The minister is not up to the work ethic and he should resign!

DR K.D. HAMES (Dawesville — Minister for Health) [3.33 pm]: The Deputy Leader of the Opposition said he is not having a go at our staff; he is not having a go at the people in our hospitals —

Several members interjected.

The SPEAKER: Thank you. We have had quite a good debate up until now.

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Dr K.D. HAMES: The people responsible for the management of that patient in Fiona Stanley Hospital are exactly the same sort of people who are responsible for management at Sir Charles Gairdner Hospital, Royal Perth Hospital and all our other hospitals. While the opposition is again trying to have a go at Serco, it is not having a go at Serco; it is having a go at staff, without any opportunity —

Mr R.H. Cook: We're having a go at you!

Dr K.D. HAMES: The opposition does not have a go at me by looking at management of an individual patient. It is an absolute bloody nonsense.

The first thing I would like to address is the issue that the Leader of the Opposition raised about the holiday. I almost could have jumped up and made a personal explanation during that. I apologise, and I have done so in writing to an individual who wrote in to the media about my comments. It is true that I appeared somewhat jovial in response to what I subsequently went on to say was a very serious issue. All of my comments following that were about it being a very serious and important issue. Members may know that my wife recently turned 60. We were going away to celebrate her sixtieth birthday, which had been planned many months in advance. We had just received good news on her cancer treatment, so I was feeling in a reasonably good mood. I have to say, though, that I should know, after all these years in politics, to never let my guard down with the media. I was speaking allegedly off the record, but nevertheless I made those comments. I do not deny them. I apologise for doing that because it appeared that I did not take the matter seriously, which I certainly did. Members know what the media does. The camera kept running when I did not know it was running, while I was having a chat to the media —

Mr M. McGowan: And you made him aware of that?

Dr K.D. HAMES: I did in fact, yes. I said, "I hope that's off the record" and he said, "No worries."

Several members interjected.

Dr K.D. HAMES: That is true. But his answer was, "No problem." Who do I blame for that? I do not blame the media person; they will take advantage. I blame myself because I was stupid enough to do it—exactly right.

The second issue I want to raise is the pettiness of the opposition. The second question today related to this major issue of going out to tender for works on the floor of the autopsy room and suggesting in some way that that built the argument of my incompetence in managing Health. That work is a minor work. It is on the floor of the autopsy room. Why was it not done before the opening of the hospital? It was because there were no patients in the autopsy room, as one would expect. In the early months of opening, there were no patients. The opposition raised that as a major issue in its second question after the winter recess! In fact, it is not even anything to do with the management of the hospital; it is an area managed by PathWest. It has gone out to tender because the floor drainage was not done right by the contractor who built the hospital. Wow—big deal! That was the second question on returning to Parliament after the winter recess.

This motion states "inability to manage the health portfolio and the numerous failings" and it lists a collective group of failings. Some of them we have already discussed and dealt with at length, particularly regarding Fiona Stanley Hospital, but I want to concentrate on a couple. One part of the motion relates to increases in elective surgery wait times. The shadow Minister for Health said it is the worst since 2008. When the Liberal–National Parties came to government, we worked very hard to reduce waitlist surgery times. During most of my career as Minister for Health—now seven and a half years—Western Australia has either had the lowest or second lowest average wait time for elective surgery in Australia. When the reconfiguration was done, the government said—at the same time, an extra theatre was put in at Osborne Park—that those lists would go out, and they have gone out. We are not the worst; we are nowhere near the worst. Western Australia is now about middle of the pack compared with other states. By the time of the next election, we will be back to where we were.

The motion also states, "the failure to ensure Midland Health Campus has a reproductive and sexual health clinic". The clinic is down the road and it will be open in November in anticipation of the opening of the hospital. It will provide those services that are not provided at the hospital. In the meantime, the government has delivered a brand-new \$180 million hospital run by the private sector that will provide the equivalent of a private hospital at no charge to the patients who are going there, and a private hospital on top of that, and a new university and a new medical school all down at that site. That is an amazing achievement. The Labor Party was not within cooee of getting that done when it was in government. In fact, it followed our lead in saying we were going to build a new one rather than upgrade the old one.

The motion also states there is out-of-control ambulance ramping. It is true that ambulance ramping has been getting worse, with increasing demand on our hospitals and previously lack of capacity. When I made that statement about ambulance ramping, it meant that from 1 July the hospitals would have 30 minutes, which allowed for 10 minutes of ramping per patient, and hospitals had to take management control of that. I gave

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instructions to the hospitals about how I expected them to address that. When I came back from holidays, they had not done what I asked them to do. They had done other things and had significantly improved ramping, but they had not done what I had specifically told them to do. They had been reasonably successful. I will compare the ramping situation now with what it was a year ago. In June last year, the figure was 575 hours; in June this year, it was 205 hours. That is a 35.6 per cent reduction. In July last year, the figure was 704 hours; in July this year, it was 334 hours. That is nearly a 50 per cent reduction. But that is not good enough. I did have words with all my senior staff and the new director general. They are working very hard to do what I said they should do. In fact, they are going to work with St John Ambulance and employ paramedics to work in the emergency departments and manage the patients so that the ambulance paramedics can do what they are supposed to do, which is to deal with emergencies throughout the state. That is why we are doing it, and it will be successful.

As I said, I have now been the minister for seven and a half years. I think, “Well, what have we done?” It reminds me a bit of the *Life of Brian* and the Romans—“What have the Romans ever done for us?” They built us aqueducts and they brought us education; they did this and they did that. But what have the Romans done for us? That is what is coming from the other side. Let us look at what we have done. I do not give credit to myself, because clearly we have a team of people, including other government members of cabinet and also our staff, who are working incredibly hard to achieve these outcomes. Let us go first to the budget. In the 2008–09 budget, the former Labor government allocated \$4.8 billion to Health. The 2015–16 budget for Health was \$8.15 billion. That is an increase of 71 per cent in the Health budget. As part of that, there has been a \$7 billion investment in infrastructure, with the new Perth Children’s Hospital, Fiona Stanley Hospital, Albany Hospital and Busselton Hospital. I could go on and on. The Southern Inland Health Initiative has royalties for regions funding of half a billion dollars. There is also the North West Health Initiative.

On coming into government, one of the first things we did was respond to a report of the Education and Health Standing Committee, of which I had been a member. Labor members of that committee initiated an inquiry against their own government about why the government was failing so badly in providing adequate child health and school health services. When we came to government we addressed that issue straightaway. We allocated between \$40 million and \$50 million for each of three special areas: child health specialists, school health nurses and community health nurses. That was a major failing of the previous government, but it was addressed by us, and the wait times in those three areas have come down significantly.

One of the other things we did when we first came into government was significantly increase funding for the patient assisted travel scheme. The system that was in place under the former government was grossly inadequate. We have now nearly tripled the total spend on PATS patients to make it easier for patients to adequately access medical care in Western Australia. At the same time we have invested millions of dollars in improving the quality of care in regional Western Australia, with hospitals such as Albany Hospital, so patients no longer have to come to Perth for treatment. We have expanded telehealth across the state so that patients no longer have to make a trip to Perth for treatment. They can sit in the comfort of their local health centre and have their medical conditions treated by specialists in Perth. That is a major achievement of this government. We have employed Aboriginal health workers in the area of ear health. We have increased funding for palliative care. We support the goldfields region specifically with telehealth. I could go on and on about the things that we have done in government to make sure that we address the failings and shortcomings that we were left with by the previous government.

One of the most significant things we did when we came to government was introduce the four-hour rule. Let us look at the history of health under Labor. Geoff Gallop had come into government saying, “We’re going to fix the health system.” During the years of the Labor government, the health system was in crisis. The front page of the newspapers reported over and again how bad the health system was. The previous government failed in its commitment to address the health system. That is why it had so many health ministers. In fact, it shows how hard it is to manage the health portfolio. If we look at our history, we see that we had four different health ministers during our seven years of government. Over and again it has been shown how difficult it is to manage health. I think that is reflected by the fact that I am now the longest serving health minister in the country and, I think, the second longest serving health minister in the history of this state since 1919. It is not an easy job. A million things need to be done, and we have been doing them. We have turned this state from having one of the worst performing health systems in Australia when we came to government to now having one of the best performing health systems in Australia. The four-hour rule is a typical example. Under the previous government, if a person went to the emergency department at one of the state’s hospitals, in particular the tertiary hospitals, they would be treated, and then they would sit on a couch in a corridor waiting for a bed. Access block means that a patient waits for more than eight hours for a bed. At that time, 40 to 50 per cent of patients waited in the corridor for more than eight hours for a bed to be available in the hospital. When people go to those hospitals now, they find that those corridors are empty.

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Mr R.H. Cook interjected.

The SPEAKER: Member for Kwinana, you have had your chance.

Dr K.D. HAMES: As a result of the four-hour rule, those patients are now flowing smoothly into the hospital. It is not as good as we would like it to be, but it has been a difficult situation because of the increased demand for hospital services, in particular with the growing population of this state. With the four-hour rule, the performance of this state is leading that of every other state. We have reduced the percentage of people experiencing eight-hour waits to about 10 per cent, compared with the figures of 40 to 50 per cent that we had before.

I want to talk again briefly about ramping to make sure that people understand how the system works. I read the comments of the Australian Medical Association and of some of the unions about transferring the problem to outside the hospital. There is no problem outside the hospital, other than the fact that the ambulances are still parked there. The suggestion was that the patients are still out there in the ambulances. That is not true. The patients are taken to just outside the emergency department. The patients who require urgent treatment are taken through. Those who do not require urgent treatment wait outside with the paramedics until there is room in the emergency department. When we look at hours of ramping, it is deceptive. If we look at the hours of ramping over the past week, for example, we will see that no more than 11 patients were waiting at any one time. In the majority of cases, three or four patients were sitting out there waiting to go through. The people who do not require urgent treatment are looked after by the paramedics. My contention is that it should not be the responsibility of the paramedics to stay there. I have given an extra 10 minutes, which includes 10 minutes of ramping, so, contrary to the AMA's comments, I have not changed the definitions of ramping. Those patients out there have been looked after by paramedics. I have instructed that that should be changed. The patients can still be looked after by paramedics, but that has to be managed by the hospital.

There have been lots of zeros; there have been lots of days when there has been no ramping at all, and lots of days when there has been minimal ramping. However, yesterday was a particularly bad day, especially for Royal Perth Hospital. I want to read out some of the statistics for what happened yesterday. There were 217 ED attendances at Royal Perth, which is very high. The normal number for July is about 190. The hospital opened an additional 12 beds overnight. Why would opposition members put an argument to me when they are not even bothering to listen to the answer? Let the record show that the Leader of the Opposition is not even listening to my response; he is not interested. Yesterday, Royal Perth Hospital was 140 nurses short. In trying to manage my instructions about ramping, the hospitals had employed additional nurses. Normally they are part-time nurses, full-time nurses or agency nurses. Agency nurses are the most common. But throughout the hospital yesterday, Royal Perth Hospital was short by 140 nurses. Seven per cent of its total workforce was away on sick leave and the previous week the same thing happened at Fiona Stanley Hospital; that is a massive number. The hospital was not able to provide nurses to do what I had instructed, which is to be outside and manage the patients. If the hospital had to get agency nurses, it had to have them inside, so that there was no cessation of waitlist surgery or treatment of patients. I totally understand that. That is why I have instructed them to get people whose responsibilities are not for work inside the hospital. Paramedics will do the work outside only and they will be employed through St John Ambulance. That will ensure that we have people to look after those patients outside and the ambulance paramedics can go back to dealing with emergencies like they are supposed to.

I think the government's record in health far surpasses anything that the Labor Party was able to achieve in its seven years of government. It is true that there have been issues at Fiona Stanley Hospital, and some of those issues have been difficult. I have a news article about the opening of Queensland's new hospital. I might add that its system does not have any contracting out; it is fully run by state government employees. The article states —

It followed months of complaints about cleaning and catering, IT systems, staffing, cancelled operations and bed capacity.

That is what is happening in Queensland under a Labor government with fully employed state government staff. When I spoke to the team doing the report on the hospital, their verbal comments to me were that they did not know what everybody is complaining about. They said, "We understand there have been issues in opening the hospital. Yours was done far better than in any other state and we are keen on sending people from other states to look at the management program you have put in place at Fiona Stanley Hospital because it sets a great example for the rest of Australia." The government fully understands that there are issues and problems to be sorted out.

Mr R.H. Cook interjected.

The SPEAKER: Member for Kwinana!

Dr K.D. HAMES: This is an exceptional hospital. We are very proud of it and of the staff members who work in it, and I totally reject the comments made by opposition members.

Speaker; Mr Mark McGowan; Mr Colin Barnett; Mr Roger Cook; Dr Kim Hames; Ms Janine Freeman; Mr Matt Taylor; Mr Jan Norberger; Mr David Templeman

MS J.M. FREEMAN (Mirrabooka) [3.53 pm]: I rise to speak on this matter of public interest motion. I agree that Fiona Stanley Hospital is an exceptional hospital, but it was exceptionally poorly managed by the minister, and that comes through in the report “More than Bricks and Mortar”. Think about it, minister. Page 96 of the report states —

... ministers continue to be held accountable in Parliament, they are not personally culpable unless the fault was theirs, or occurred at their direction, or involved some matter over which they should have been quite obviously concerned.

The minister should have been quite obviously concerned. He is obviously concerned about ambulance ramping, and he has made a decision about that. It does not seem to be working and he cannot even manage his staff to take notice of that. In any event, the minister should have shown some concern and taken some notice. It really worries me that the minister continues to do that in cases that are brought to him, such as the example I brought to him of the state cancer ward.

I recently read an article about wilful blindness based on a book with the same name by Margaret Heffernan. The book examines why organisations and the people who run them often ignore the obvious, with consequences as dire as the global financial crisis. In my view, the Minister for Health’s wilful blindness is his failure to properly react to an issue about the state cancer ward raised with him at the beginning of the year. Since April 2015, I have submitted a petition in Parliament with 12 012 signatures that raises the concerns that understaffing means many staff are too rushed and overstretched to attend to their jobs with the care and timeliness that they would like to provide. Some patients are being forced to wait longer than clinically desirable for regular treatments at the clinic and even those with scheduled appointments are often waiting one to two hours longer than the scheduled appointment times. A question on notice on this matter was asked on 19 May 2015, a question was asked in an estimates committee hearing on 10 June and articles were published in the press on 19 May and 16, 22 and 24 July, yet on 16 July we still got reports that the cancer section was in chaos. This chaos is because the minister failed to act when he needed to act. He does not take care and does not manage —

Dr K.D. Hames: I believe that has all been resolved.

Ms J.M. FREEMAN: Minister, it has not been resolved. I will go to the reason that it has not been resolved.

This week, just prior to getting back into Parliament, I received the minister’s response to my written request asking him to investigate the serious delays and staff shortages. It is at best an indication that the minister has finally decided to focus on patients in the health system, not just the physical buildings, or at worst it is fobbing off my concerns—there is nothing to see here; that is wilful blindness. The information in the response is selective. This is an ongoing —

Dr K.D. Hames interjected.

The SPEAKER: Minister for Health, I do not want a running commentary.

Ms J.M. FREEMAN: In the interest of timeliness, I want to show the minister that the issue has not been resolved. The details the minister sent me state that the issue has been fixed and that in June 2015, 15 per cent of patients had to wait no longer than 30 minutes. Now the hospitals are sticking notices up in the wards, and it is a case of the patients being against staff, because the minister cannot manage the staff. The minister is great with physical infrastructure—well, maybe, unless the hospital has a burst pipe.

Dr K.D. Hames: I do not manage staff.

Ms J.M. FREEMAN: What is the minister doing about ramping? The minister has not fixed the problems there. He needs to concentrate on that and he has not done that. People have put on the record that it is not good enough. What is going on at that centre is not good enough and the minister needs to resign because he has not acted on that.

MR M.H. TAYLOR (Bateman) [3.56 pm]: I would like to talk about Fiona Stanley Hospital in the Bateman electorate. I am very proud to have that hospital in my electorate. It is the biggest infrastructure project ever undertaken in Western Australia.

Several members interjected.

The SPEAKER: Members!

Mr M.H. TAYLOR: Members know that it is the biggest infrastructure project ever undertaken in Western Australia and it is clearly going through a period of bedding down. The recent “Review of operational clinical and patient care at Fiona Stanley Hospital” states on page 20 —

FSH as a whole has managed the very complex task of commissioning well. This is reflected in its ability to cope with patient surges and increased workloads.

Speaker; Mr Mark McGowan; Mr Colin Barnett; Mr Roger Cook; Dr Kim Hames; Ms Janine Freeman; Mr Matt Taylor; Mr Jan Norberger; Mr David Templeman

I note that the hospital has far exceeded the projected 255 per day patient admissions to the emergency department.

An important aspect of Fiona Stanley Hospital is the information and communications technology program. It is the first Western Australian public hospital to introduce digital records management. This is important because the information can be entered and viewed in real-time by multiple sources. It also enables electronic documents to be received and transmitted across other clinical systems. The digitisation of medical records is an important part of moving our healthcare system into the digital economy.

I would also like to respond to some of the criticisms levelled at Serco. I note that the hospital's help desk call centre has the highest international standards and answers in excess of 5 000 calls each day, which is two million per year, with unmatched efficiency and on par with the best call centres in Australia. Of the internal logistics, the hospital handles more than 1 000 movements of patients and equipment every day. The hospital's cleaning teams clean around 40 000 rooms and areas each month. A 100 per cent microfibre solution is used at Fiona Stanley Hospital, which reflects world's best practice. Meals are cooked fresh on-site from fresh and mainly local ingredients. In July, 62 000 plated meals and 7 000 snack boxes were cooked. The hospital supply team supplies more than 141 000 items each week; that is 270 items per person, per hour. This speaks of the task that is running Fiona Stanley Hospital. I think that when opposition members are critical of the hospital, they need to keep in mind the scale of the hospital. The hospital is a highly enabled ICT environment, with wireless infrastructure internal and external to the hospital, and site-wired mobile computing; that is real-time location systems for staff, equipment and patients. The unified communication system allows voice, text and video messaging between fixed and mobile devices across the site.

I turn to Serco's non-clinical services. Fiona Stanley Hospital is the first hospital in Australia to receive certification for its non-clinical services against six standards recognised by Standards Australia and the International Organization for Standardization. They are: quality management systems, occupational health and safety management systems, environmental management systems, risk management systems, business continuity management systems, and hazard analysis and critical control points. As to food safety, more than 4 800 clinical staff underwent training in this new work environment, and Serco, in addition to that, employed almost 1 000 non-clinical staff—one of the largest recruitments in Western Australia, and a great boost to our local economy. I have had the opportunity to go to Fiona Stanley Hospital and meet with Department of Health and Serco staff, and I can say I am extremely proud of the service they are providing our community in what is a massive task.

MR J. NORBERGER (Joondalup) [4.00 pm]: I must say that I do find it somewhat bizarre that the opposition actually had the courage to raise its head above the parapet, if you like, to try to cast aspersions at this side of the house in relation to the health portfolio. We have already heard from the Minister for Health—we have heard it plenty of times before—that it took this side of the house to rebuild the health system. Are there some teething issues at Fiona Stanley Hospital? There are; we have heard that from the minister. But I tell members what: I would rather have teething issues and have a hospital than still be waiting on the hospital in the first place under you guys. Then we hear some crazy idea that Perth Children's Hospital—again, at least we have one coming that we would not have had under the opposition—is apparently going to be too small, but the opposition has overlooked the fact that we are also building up paediatric wards in the outlying suburban areas, including Joondalup. The opposition overlooks that part when it talks. Of the most interest to me was that the opposition had the audacity to raise Royal Perth Hospital. It would not even be here right now if the opposition was in government. It was only a Liberal-National government that kept that hospital in the first place, but the opposition has the audacity to come into this place and cast aspersions.

I have come to expect and understand, after my two and a half years in this place, that the opposition is a glass half-empty opposition, but I think it has taken it to a new low today. Its view and opinion of our health system, which is world-leading, which is world-class, which has been rebuilt, is not glass half-empty; according to it, the glass has never been filled—in fact, it has fallen on the floor and been smashed.

We know that you guys are negativity-prone, and I am so glad the Leader of the Opposition raised the Premier's barbecue earlier. The Leader of the Opposition must have listened to 96FM this morning—I can only assume he heard the whole segment—and I am so glad that Blackers, Carmen and Fitz put him in his spot and identified him as the ultimate party pooper, hence they would not want him anywhere near Elizabeth Quay. Anything to do with Perth that is good, anything that is exciting or anything that is developing this state, whether it is new entertainment precincts—anything that will liven up the city—or new hospitals, the opposition is against. If there is a negative aspect to be found, the opposition will go looking for it. That, Leader of the Opposition, is why the people do not want the Labor Party in government; that is why they are looking towards this side of the house for government with vision and leadership. We have proven that we can rebuild the health system from the rubble that the Labor Party left us, and that is why its aspersions in this place just simply will not stick.

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MR C.J. BARNETT (Cottesloe — Premier) [4.03 pm]: We have had the winter recess, we come back and the opposition re-runs all its issues about health. That is what it has done: tedious, tedious repetition from it.

Several members interjected.

The SPEAKER: Members!

Mr C.J. BARNETT: Mr Speaker, I am addressing the Chair.

I ask a rhetorical question to the people of Western Australia: if they were seriously ill, if they were seriously injured, where would they want to be in the world? They would certainly want to be in Australia, and I would say they would probably want to be in Western Australia. No doubt about it! No doubt about it! What we have seen today —

Several members interjected.

The SPEAKER: Member for Cannington!

Mr C.J. BARNETT: This is where they would want to be. They would want to be in Australia and they would probably want to be in Western Australia if they were seriously ill. How much are they going to pay for world's best treatment? Nothing! Free! It is funded by the Western Australian government—extraordinary. What we have heard today is a hapless opposition just denigrating new hospitals, the technology and the people who work in those hospitals. The opposition has not had a good thing to say about our health system or the people who work in it: the dedicated clinical staff and those people who work for Serco, many of whom probably have their first decent job in their life. The opposition denigrates them and their employer.

Several members interjected.

Mr C.J. BARNETT: It denigrates them; that is what it does. The opposition does not stand up for people in this state, it does not stand up for our health system; it denigrates. The people of Western Australia see the opposition for what it is. They see it exactly for what it is. One good thing came out of the Labor period: the Reid report, which generally got bipartisan support.

Several members interjected.

Mr C.J. BARNETT: No, it was a good report. But the one major objection the then Liberal-National Parties had was that the Reid report recommended the closure of Royal Perth Hospital, and that was endorsed by the Labor Party. That was the one thing we disagreed with. As to the development of a southern hospital—Fiona Stanley Hospital—fine, and a good project. I have some personal experience in my family of Fiona Stanley Hospital—there were serious health issues, like for so many other patients—and I tell members that it is a fantastic health service. Sure, there have been issues of commissioning the building, there have been issues of staffing and the like; we do not deny that. Around the world the commissioning of a large, complex hospital is difficult. This is not easy. The opposition said it is easy to build a hospital—well, it is not. That is why the Labor Party did not build it; it did not get there. It delayed and delayed and delayed. It could not get there. All we had was that the Labor Party cleared a block of land and said that the project was underway. Nothing happened for another three or four years because the final designs and contracting—all the hard, hard work—had to be done. The opposition did not do it. Look at the record of this Minister for Health. The opposition will not like it, but I tell you now, Mr Speaker, that history will show that Dr Kim Hames has been the most successful health minister in the history of the state!

Government members: Hear, hear!

Mr C.J. BARNETT: That will be his legacy. The opposition can carry on as it wishes, because it did not achieve 10 per cent in government of what this minister has achieved. That is the reality: the rebuilding of virtually our entire public health system that will serve this state for generations to come—Fiona Stanley Hospital, the children's hospital, Midland Health Campus, Albany, Busselton, Kalgoorlie, Karratha underway, and so it goes on. There is now more funding for the Royal Flying Doctor Service, the patient assisted travel scheme, the Friend in Need — Emergency scheme, and Silver Chain Home Hospital and St John Ambulance—more funding all over. That has all been done under this government, under this minister. No wonder the opposition is jealous and no wonder the Leader of the Opposition has no standing in the community because he does not support this state, and the message he gives internationally is a disgrace!

Several members interjected.

Mr C.J. BARNETT: It is an absolute disgrace.

The SPEAKER: Member for Cannington!

Mr C.J. BARNETT: One of the objectives of this state is developing —

Speaker; Mr Mark McGowan; Mr Colin Barnett; Mr Roger Cook; Dr Kim Hames; Ms Janine Freeman; Mr Matt Taylor; Mr Jan Norberger; Mr David Templeman

The SPEAKER: Member for Cannington, I call you to order for the first time.

Mr C.J. BARNETT: One of the objectives of this state government is building our economy, and an important component of that is our medical system, medical tourism and research and development. What does the would-be Premier of Western Australia talk about? He talks about soiled linen in our hospital system. What a disgusting approach to take to a growth sector of the Western Australian economy! If he thinks our health system is reflected by soiled linen, he should go back to New South Wales!

Several members interjected.

The SPEAKER: The member for Mandurah has the call.

Several members interjected.

The SPEAKER: Members! Member for West Swan, the member for Mandurah has the call.

MR D.A. TEMPLEMAN (Mandurah) [4.08 pm]: Central to this whole issue is the deal that has been done between the Premier and the Minister for Health about when he is going to get out of this place. He is too greedy to say that it is time for him to move on because he wants to hang around, collect the ministerial salary and do a part-time job. That is what it is all about. There are members on the other side who are waiting and waiting for the position to become vacant, but there is a fellow who is too greedy to get out of the seat. He has been there part time and he continues to treat it like a part-time job; he is a half-hearted health minister. He is not even a health minister; he is actually a health observer. He is observing the catastrophe of the Fiona Stanley Hospital debacles. He is observing the ambulance ramping that continues in hospitals in the state. He is observing the cost blowouts at Perth Children's Hospital, and he is observing the failure of the new Midland Health Campus to provide reproductive and sexual health clinics. He is an observer of health, not a health minister. Western Australia deserves a Minister for Health who is not a casual commentator from afar who takes no responsibility for the position he holds. It is time for him to go and make way for someone who will connect full-time to the position of Minister for Health in this state. We need a full-time health minister. That is what the opposition and the people of Western Australia are calling for. Members opposite who want to stand up and fill that position should be demanding that the Premier does it now, because the Minister for Health is sitting there taking up space and doing absolutely nothing to deliver health outcomes for the people of Western Australia. He is simply an observer of everything. In most cases he is doing it from afar, and it is time to stop, because the people of Western Australia deserve better; they deserve more. It is time now for the minister to vacate his position as Deputy Premier and Minister for Health and resign.

Division

Question put and a division taken with the following result —

Ayes (20)

Ms L.L. Baker	Mr W.J. Johnston	Mr M.P. Murray	Mr C.J. Tallentire
Dr A.D. Buti	Mr D.J. Kelly	Mr P. Papalia	Mr P.C. Tinley
Mr R.H. Cook	Mr F.M. Logan	Mr J.R. Quigley	Mr P.B. Watson
Ms J. Farrer	Mr M. McGowan	Mrs M.H. Roberts	Mr B.S. Wyatt
Ms J.M. Freeman	Ms S.F. McGurk	Ms R. Saffioti	Mr D.A. Templeman (<i>Teller</i>)

Noes (35)

Mr P. Abetz	Mr J.H.D. Day	Dr G.G. Jacobs	Dr M.D. Nahan
Mr F.A. Alban	Ms W.M. Duncan	Mr S.K. L'Estrange	Mr D.C. Nalder
Mr C.J. Barnett	Ms E. Evangel	Mr R.S. Love	Mr J. Norberger
Mr I.C. Blayney	Mrs G.J. Godfrey	Mr W.R. Marmion	Mr D.T. Redman
Mr I.M. Britza	Mr B.J. Grylls	Mr J.E. McGrath	Mr A.J. Simpson
Mr G.M. Castrilli	Dr K.D. Hames	Ms L. Mettam	Mr M.H. Taylor
Mr V.A. Catania	Mrs L.M. Harvey	Mr P.T. Miles	Mr T.K. Waldron
Mr M.J. Cowper	Mr C.D. Hatton	Ms A.R. Mitchell	Mr A. Krsticevic (<i>Teller</i>)
Ms M.J. Davies	Mr A.P. Jacob	Mr N.W. Morton	

Pair

Ms M.M. Quirk

Mr J.M. Francis

Question thus negatived.