PERTH CHILDREN'S HOSPITAL — AISHWARYA ASWATH

Motion

MS L. METTAM (Vasse — Leader of the Liberal Party) [4.00 pm]: I move —

> That the house condemns the McGowan government for its failure to implement key recommendations from the three different inquiries into Aishwarya Aswath's death at Perth Children's Hospital and its ongoing failure to understand, acknowledge and manage the challenges facing the health system, which is putting patients and staff at risk.

The opposition has raised many concerns in this place regarding the state of the health system, certainly in the lead-up to 2021 and the tragedy that took place on 3 April 2021 with Aishwarya Aswath, but also in the many months since. It is fair to say, as we have said in this place, that Aswath and Prasitha and the family of Aishwarya have had to fight every step of the way to ensure this government responds properly and takes seriously the issues in relation to Perth Children's Hospital and the broader concerns right across the health system. They took it upon themselves to be involved in a hunger strike. They have called for a royal commission into the health system, and they have over 1 400 signatures. They have made strenuous calls and demands to ensure that no other family has to go through what they did that fateful evening on 3 April 2021. There have been three reports into this case. The first was the root cause analysis talking about the government's response to this tragedy of a young seven-year-old girl waiting two hours at Perth Children's Hospital to receive the urgent care she required before it was too late.

There has been real concern about the government's approach to this matter. First of all, we had the root cause analysis report that was not even endorsed by Perth Children's Hospital. From the outset, the opposition called for an independent inquiry. It was quite extraordinary that although the report was accepted as a piece of evidence, it was not endorsed by Perth Children's Hospital because of some of the issues that Aresh Anwar highlighted. The root cause analysis showed that staff at the hospital had been raising some very real concerns and resourcing issues with the hospital since October 2020. This was whilst the government and the then Minister for Health stated that staffing was not an issue at the hospital. Some very real concerns were highlighted pointing out the disconnect between what the Premier and the McGowan government's health minister at that time were stating and what we were hearing on the ground. As has been stated by the Australian Nursing Federation and the Australian Medical Association, there were a number of calls from staff in October and December 2020 about dangerous levels of staffing.

The other highlight of the root cause analysis report was the very real concern and feeling that senior emergency department staff had repeatedly escalated concerns about resourcing in the emergency department before the tragedy took place, but they were overlooked. Again, this was when the government was denying that the understaffing was a factor, with the Premier stating that there was a full complement of staff on the night. At one point, he suggested that the emergency department was overstaffed. Although this report was not endorsed by Perth Children's Hospital, the recommendations were. Aresh Anwar explained that by saying that there was a gap between the information and the recommendations. Also, there was support for the independent inquiry, which was a positive. There were certainly some very informative highlights in the findings of the root cause analysis report.

I today asked a question in the house about something that also came out in the aftermath. The health workers, two nurses and a doctor, who had raised concerns about the dangerous levels of understaffing and had seen Aishwarya before she died were referred to the Australian Health Practitioner Regulation Agency. I refer to a quote from Andrew Miller at that time. He said —

> "To release a SAC1 report and use it to attack junior staff, but then say it is full of inaccurate information is hypocritical, and worse, it is cruel to a grieving family who now must not know who or what to believe …

That was a comment by WA president of the Australian Medical Association, Andrew Miller. He also said —

> "It further damages efforts to rebuild a team shattered by the duplicity of managers and the Minister of Health.
>
> "We want fairness for the staff in the department—the ones in particular who have been sent to the regulator already before the independent inquiry, before the coronial inquiry.

The report was not endorsed by Perth Children's Hospital, although the recommendations were endorsed. While there was a cloud over that question and support for an independent inquiry, the government moved to effectively throw these health workers under the bus, which was a very real concern. I asked the Premier a question about this today. Quite rightly, there was concern raised. The point that the AMA, and I think the ANF, were making was that such a consideration should have been made at least following an independent inquiry, an endorsed inquiry or following the coronial inquest. I might add that the coroner had recommended safe harbour provisions and had largely exonerated staff, given that warning after warning had been raised about the night in question. As I stated, the ANF and AMA were curious. They expressed their disgust that junior staff were referred to AHPRA ahead of

the planned coronial inquest that effectively vindicated them. An independent inquiry followed, and the responses received from the Minister for Health last month highlighted that only 17 of the 30 recommendations made by the independent inquiry had been completed. I appreciate that the implementation of some of the recommendations is ongoing, but to have implemented only 17 of the 30 recommendations after two years raises very real concerns.

The Premier made a comment in Parliament about the Australian Health Practitioner Regulation Agency and its obligations. We are not saying that a government should not fulfil its obligations, but we are underlying those very real concerns with this case that were outlined by the Australian Nursing Federation and the Australian Medical Association and the timing of the decision, given that the coroner's report effectively exonerated those staff and went further to recommend safe harbour provisions. The report also highlights a 30-minute period that evening during which one nurse was left to watch over eight waiting room cubicles as Aishwarya deteriorated. The report also highlights some very real pressures that evening.

We then come to the coroner's report and its recommendations. The last paragraph of that report is very telling. Before I go to that, I will refer to the root cause analysis again, which I touched on before the conclusion. As I stated, the root cause analysis as highlighted in the coroner's report was not endorsed by the Perth Children's Hospital executive, which caused some controversy. In this case, Aresh Anwar said that the scrutiny required between the leadership team and the investigating team did not occur; therefore, the management team went to the Department of Health and said there were elements within the report that had not been adequately explored and the executive wanted it to be subject to greater scrutiny without seeking to censor the report. Dr Anwar said in evidence in the interim that the executive had accepted the recommendations but highlighted some significant gaps in the report's root cause analysis, which again underlines the reason the opposition backed the family's calls for an independent analysis. The fact that Aresh Anwar could not endorse the report is very troubling and raises questions about the disconnect between the government's response and what was actually happening on the ground.

I have touched on the independent inquiry. The coroner's final report was certainly damning and highlighted a number of issues, including the lack of investment in our hospital system. The last paragraph of the coroner's report was particularly damning and highlighted an issue that the opposition has been raising for some time. It states —

> I think every member of the community would agree with the answer to that question. It shouldn't take the death of a beloved little girl for the Department of Health, and the Government, to stop and consider what more it can do, and how much more money it should spend, to keep children safe when they visit our specialist children's hospital. We are fortunate as a State to have come out of the pandemic in a relatively healthy financial position, and while I acknowledge there are many competing demands on the public purse, the health of our community, and particularly our children, must be a priority. That means spending money on providing a positive practice environment for the nurses, doctors and support staff who run these hospitals, and in particular PCH. There is no point in having a state of the art facility, if the staff working within it are stretched beyond capacity and parents lose their trust and faith in them.

That is exactly what happened with that case. It is also what happened to the staff who felt demoralised by the government's response to these reports and its lacklustre approach to implementing their recommendations.

The coroner's report made five recommendations, including the Child and Adolescent Health Service committing to the early implementation of the nurse/midwife-to-patient ratios to replace the current ratio system, which is certainly a positive. There are questions about whether the current government can fulfil the current ratio model, but it is certainly a welcome recommendation. The report recommended that CAHS prioritise the implementation and staffing of a supernumerary resuscitation team—I will go into that later—and that the government introduce safe harbour provisions, which I have touched on. Those provisions will protect nurses from an AHPRA investigation and prosecution when an adverse event occurs in the context of the nurse doing their work in circumstances when known risks in the workplace have been identified and not rectified by the employer. That points directly to warning after warning that had been made about the real and dangerous staffing levels at the Perth Children's Hospital emergency department and a government that ignored those warnings and had, at one stage, suggested that the emergency department was overstaffed. Since this tragedy we have seen a significant uplift in staffing levels at the Perth Children's Hospital emergency department that clearly highlights the government was misleading the WA public on this.

What is most concerning about this was again the government's response, the deflection of the truth and what was actually happening inside the hospital system. Many in this place would remember the Minister for Health's comments in September last year when I asked her a very simple question about the dedicated resuscitation team that had been a clear recommendation of the previous report into the tragedy and backed up by the coroner's recommendations. At that time, the minister stated —

> … grubby does not even begin to describe your ambulance chasing and your shameless exploitation!
>
> …

> The willingness to exploit tragic and difficult circumstances beyond accountability purely for self-promotion is appalling and embarrassing.

What is embarrassing and appalling is that the minister actually misled the house, she was not across her brief and, despite her weasel words at that time, it is clear that one of the most important and key recommendations has not been implemented. It was very disappointing that the minister did not see it worthy enough to check that that recommendation had been implemented, given its significance. I had asked the question because I had been in contact with a number of stakeholders who were concerned about the lack of implementation of that recommendation, including health workers on the ground who, again, had highlighted that they did not feel that a lot had changed in the two years or certainly the first 12 months since that tragic event took place.

We heard the minister repeat her comments of September about that critical recommendation of the coroner's report and its implementation. The minister's comments were quite clearly contradicted by the chair of the Child and Adolescent Health Service, who stated that a supernumerary resuscitation team had not yet been implemented. On the Monday morning following the report being handed down on the previous Friday, it was reported that Ms Capolingua told ABC Perth —

> … "there is an allocated team of four experienced nurses that can do resuscitations" while acknowledging these staff were still being pulled from the ED.

That was two years on. A supernumerary resuscitation team was one of five recommendations made by the coroner in her report. The minister had stated it was in place not only in September, but also on the Friday that report was handed down. The minister realised she was not across her brief when she was contradicted by the CAHS chief. She said that the executive who alerted her to the information gap was the CAHS chief executive but still laid much of the blame for the miscommunication with CAHS. Again, the government blamed everyone but itself for its responsibility to deliver services in key areas.

Given the significance of the tragedy, the dangerous levels of understaffing and what we know about what took place that night, with the resuscitation team nurses being pulled away, one would think that the minister would make sure that not only the information she was providing was accurate, but also, more importantly, that a critical recommendation had been implemented on the ground. It was extraordinary. The minister called it a knowledge gap. The opposition will certainly back that up, but it is a knowledge gap between this government and what is happening on the ground in our hospitals, and it is completely inexcusable. These recommendations are about saving lives. It was made quite clear, despite the government spin in the wake of this tragedy, that staffing was an issue. The government's first response was to say that staffing was not an issue. At one point, the government said that the emergency department was overstaffed. Quite clearly, that was not the case. Reports have highlighted that it was not the case. Given the uptake of staff, we know that was certainly not the case. For the government to be so lacklustre in its response to implementing these critical recommendations is appalling and quite damning.

One of the recommendations was nurse-to-patient ratios, yet the head of the Child and Adolescent Health Service could not say how many extra nurses were required to fulfil the recommendations. That raises the question: if not, why not? Nurse-to-patient ratios are vitally important and talk of ratios is not new. Surely, someone in the system would have done modelling on what would be required. More than a year after the *Independent inquiry into Perth Children's Hospital* report was tabled, more than one-third of the recommendations are yet to be implemented. We cannot afford to see the government sit on its hands and wait another two years before these critical recommendations are implemented. That is why I asked the Premier about the safe harbour provisions today. Quite clearly, the government is not certain there will be support for that and will consult at a commonwealth level on the safe harbour provisions. Again, that raises concern about how urgently the government will implement these recommendations.

As I said, the Premier steadfastly denied staffing was a factor. At one stage, he stated that the ED was overstaffed that night. He then also made a point in Parliament of making light of this incident. He stated —

> … you have a one in six chance of dying if you acquire sepsis in a country like Australia …

He went on to say —

> … that was a very sad situation for Aishwarya and her family and explains a lot of what occurred on that night.

Understandably, the family was deeply troubled by the Premier's comments and that statistics were used. Aswath is reported as saying —

> "I think when someone talks about statistics, it was like disrespecting Aishwarya," …

The comment was certainly not well received. The approach from the start was to deflect, blame, belittle the enormity of what had occurred and ignore the pleas and concerns of health workers. I highlight the opposition's

very real concerns about one of the most tragic events that happened under this government's watch and arguably across the health sector as well. We know health workers have been reeling as a result of this incident. The coroner's report is heavy reading. One can read about the impact this incident has had on all health workers across the health system, particularly those working at Perth Children's Hospital.

Sarah Linton raised a number of questions during the inquiry about the evidence that staff were run off their feet and doing too many jobs for one person to do in a safe and sensible way. It really highlighted the safety of the working environment. Again, she stated that the incident raised the issue of why it should take a death. We urge the government now with the third report, the deputy coroner's report, to implement those very important recommendations.

Aswath has stated that his concerns are certainly not limited to Perth Children's Hospital.

As a family they are certainly very concerned about what happened there. Their lives have been ruined. Through this tragedy, they have taken an interest in the broader issues right across the hospital system. My colleague the member for Cottesloe asked a very fair question to the Minister for Health in Parliament today about why seven of the 10 worst performing emergency departments in the country are here in Western Australia. That is a damning statistic that was raised by the Australian Medical Association. The minister tried to correct us by saying it was seven of the eight. Well, I do not think that matters. It is as damning as seven out of 10. The emergency departments are: St John of God Midland Public Hospital, Rockingham General Hospital, Royal Perth Hospital, the public Joondalup Health Campus, Fiona Stanley Hospital, Peel Health Campus and the Armadale Health Service. All have unenviable statistics for death risks for emergency department patients. It raises the question: for a state as economically wealthy as ours, how is it that we have emergency departments that are performing so badly?

There is no doubt that there is patient harm and deaths are occurring because of delays in moving patients out of emergency departments. We heard the minister today sprout about the ramping figures. I thought that was a bit rich, given last month's ramping figures were about 3 900 hours. Again, that is about three times what WA Labor called a horror story when it was in opposition. This article from *The Australian* states —

> At seven WA hospitals, less than 23 per cent of emergency department patients triaged in the urgent category were treated in the targeted 30 minutes. Nationally, 58 per cent of public hospitals met this target.

It shows that we are falling very short. I do not think the government's approach of saying that these issues are happening everywhere and that it is a crisis everywhere actually washes with the WA public. On one hand, we have a Premier spruiking about how well we are doing as a state, saying that the other states would be green with envy with our budget surplus. However, on the other hand, we have a government that is failing to deliver in key areas of government delivery. Health is certainly one of them. There were over 3 900 hours of ramping last month. WA anaesthetist Andrew Miller described the situation as a crisis. He stated —

> "We're seeing operating lists cancelled all the time … theatres sitting empty. This is repeating itself in cities all across the nation."

Quite clearly, the performance in WA is particularly appalling. We have asked a range of questions in this place around the Department of Health's performance. One of the areas has been the government's lack of urgency in progressing major projects, such as the $1.8 billion women's and babies' hospital. It was announced in 2021 and is another go-slow project of the McGowan government. Recently we saw an announcement of $35 million for King Edward Memorial Hospital for Women, understanding that these works will be undertaken to support that hospital over the next 10 years. This has raised some very real concerns in the health community and the broader community about what that means for when the women's and babies' hospital construction will actually start. There has been much fanfare about this so-called signature project. Again, only business case funding has been committed. The minister is unable to provide a clear time frame for when construction will start for this hospital. Concerns were even raised about whether there would be a family birth centre at the new campus. That is probably because the minister is unable to state when construction will start and does not have a clear idea of the signature project and when it will be delivered.

The most recent comments from the Minister for Health on this was at a recent press conference. She stated —

> "Well, certainly I'd like to see that but the priority at this point is making sure we have services that are women-centred, that are modern and that will be well-integrated in the current site," …

Again, this underlines the fact that the government has a go-slow approach to this major project. Increasingly, under this government's watch there has been a lack of choice for women when it comes to the delivery of maternity services. Through questions asked in the other place between June 2021 and May 2022, we have heard that there were 311 maternity bypasses over that 12-month period. That highlights the women in the distressing situation of being diverted to another hospital because of a lack of capacity in the system. It is completely unacceptable to have over 300 maternity bypasses recorded in a year. This reflects the distressing lack of choice for pregnant women. Particularly during COVID, we saw that the government has dragged its feet on its recruitment campaign. I am

sure others will talk about the impact that this has represented in regional areas where there has been a scaling back of the delivery of regional health services.

The commitment to the women's and babies' hospital is a concern not only in terms of what a new facility would represent, but also because of the ageing facility at the King Edward site. The feedback that I have had from health professionals is about the importance of having effective support for women and babies at the same site. This is one of the purposes and objectives of the women's and babies' hospital, so that when women are challenged in the birth process and things are not going to plan from a clinical perspective, they do not have to be moved to another campus. I am told this happens currently. Women or mothers are being transferred to Sir Charles Gairdner Hospital when they need additional support.

We are hearing that the government is still clearly at war with our hardworking nursing and midwifery workforce. The McGowan government suspended the Your Voice in Health survey during one of the most stressful periods that our health workers had experienced. This was when the minister first took on the role as Minister for Health. It is pleasing to hear that the Your Voice in Health survey has been reintroduced. I look forward to hearing the results of that survey. It was a five-minute survey. There was no need to suspend the survey. That was certainly the feedback we heard from health workers and their advocates. Health workers wanted their voice heard and to be able to provide that important feedback. The survey revealed that just 47 per cent of workers felt that their employer helped them in their goals and that just over 30 per cent of health workers felt safe speaking up. In many respects, I guess that highlights why the government wanted to suspend the survey following those results. It is important to continue this survey. I know it was an initiative of the former Minister for Health, so for the new minister to come in and suspend the survey until there were calls for it to be reintroduced after several months raised some real concerns about the government's approach to staff morale, which continues to be a significant issue.

Although I highlighted the government's go-slow approach, it is also worth highlighting what the previous Liberal–National government achieved in office through its asset investment program. I was recently in Laverton and heard very real concerns raised by that community about the government's lacklustre approach to the delivery of upgrades at Laverton Hospital. It is worth highlighting the significant asset investment program under the previous Liberal–National government. We had seen the investment of $1.8 billion in Perth Children's Hospital; $2 billion for Fiona Stanley Hospital; $30 million for the Sir Charles Gairdner Hospital mental health unit; a $360 million investment in Midland Public Hospital; a $230 million investment for the Joondalup Health Campus expansion; $170 million for Albany Health Campus; $59 million for the Kalgoorlie Health Campus redevelopment; $270 million for Karratha Health Campus; $31 million for the redevelopment of Esperance Hospital; $27 million for the Carnarvon Multi Purpose Service; and $42 million for the redevelopment of Onslow Hospital. We also initiated the Southern Inland Health Initiative and the Northern Inland Health Initiative projects, which were about supporting health care in the regions and implementing the four-hour rule. We certainly had a good record on the delivery of health services in the state through not only the asset investment program, but also the timely delivery of health services.

People often use ambulance ramping as a measure of the delivery of hospital services. Again, if we look at the annual figures, we see that the ramping figures under this government are going to be five or six times what we saw under the previous government.

[Interruption.]

The ACTING SPEAKER (Ms A.E. Kent): Excuse me, ministers. If you have any conversations, can you step outside. Thank you.

Ms L. METTAM: Other members would like to speak, so I will leave my comments there. Quite clearly, this government has failed when it comes to the delivery of health services in this state. The response to the death of Aishwarya Aswath and the lead-up to that tragedy is indicative of the significant failures right across the health system. Other members would like to speak and I look forward to listening to their contributions.

MS M.J. DAVIES (Central Wheatbelt) [4.43 pm]: I am pleased to rise to speak to this motion. The Leader of the Liberal Party has spoken in depth about the very confronting challenges the health system faced in relation to the tragic death of Aishwarya Aswath, the circumstances that led to that situation and also the response from the government. The second part of the motion is to discuss the —

> … ongoing failure to understand, acknowledge and manage the challenges facing the health system, which is putting patients and staff at risk.

I will just go through a number of areas that I think the government could most certainly be doing better. It will not surprise anyone that I will have a regional focus, because the health system is one of the key issues that is raised with me and any regional member of Parliament. As I said in the last sitting block in the debate around education, people choose to relocate away from regional communities if they cannot educate their kids and pursue an education

locally or if they cannot access quality health care or look after their elderly and family and friends. Those things are deal-breakers. That is why when we spoke about regional development, we always spoke about getting the basics right in regional Western Australia, because they are the things that the government should do well.

By any measure, the health services and infrastructure in regional Western Australia are sub-par. Certainly, the health outcomes for individuals are stark. I will go through a number of things in a minute that will highlight the disparity between regional and metropolitan areas and why we need to make sure that there is a concerted and considered focus on delivering services and infrastructure into regional communities to ensure that people can access health care that allows them to contribute productively to our community.

Before I go any further, on Wednesday, 1 February, the Australian Medical Association released a statement in response to the Prime Minister's urgent care clinics announcement. The AMA was quite disparaging of it. This is something that the state Labor Party has had a crack at, although not very well. The federal government has come back to have another crack at it. There has been a number of interventions in and around this. I think St John did it and we have had the GP Super Clinics model. I do not think that any of them have really delivered on the promises that have been made when they have been opened. That is by governments of both persuasion. I am not questioning that there have not been investment and decisions made by governments of a Liberal and National persuasion as well, but the federal government has gone down the path of saying it will add a number of urgent care clinics.

I do not think it is about adding more infrastructure; it is always going to be about how the dollar is spent and how it is prioritised. Although having the infrastructure is important, when we came to government, there had been an absolute dearth of spending on regional hospitals. Members can imagine that within governments of a mind to centralise and pull back services into the Perth metropolitan area, because it is more expensive to deliver those services regionally, was the thought that if we simply whittled away and allowed some of those buildings to become so poorly maintained that they were no longer able to be resolved or upgraded, the government would eventually say that it had a responsibility to shut them. Those who have been around long enough will remember the Moora Hospital campaign run by the community of Moora. That hospital was crumbling and members of the community would turn up with a brick to every event where the Labor Party was and say, "Please fund our hospital, because without the actual building, we cannot deliver the services we know we deserve." The community won that campaign. When we came to government, there was a raft of hospitals like that that needed investment, and the Leader of the Liberal Party went through them. When people go to the WA Country Health Service website, they see that the vast majority of the completed projects on that website are from our term in government, our investments and our plan. Even though some of them were opened in the early days of this government, it was our government that made the commitment to invest. That investment was not just in the big regional centres. Anyone who has been to Karratha, Kalgoorlie in the goldfields and even Northam, in my home town, would acknowledge that there are big regional health services, but there were also investments and upgrades in some of the smaller communities like Wyalkatchem and little towns like Cunderdin and Pingelly where we trialled new health facilities. That is the sort of thinking we need from this government. We need it to actually push the boundaries and think outside the square when delivering health services, because once the buildings are in place, the funding for the staff and support services needs to flow. That has most definitely not been prioritised by this government.

I spoke in my reply to the Premier's Statement about the challenges, particularly with respect to my electorate, but having met with Rural Health West at the end of last year, I was very concerned when I heard the chair say, "I don't think we've ever been so concerned about the shortage of doctors." For the most part, they are the central part of our primary healthcare model. One thing we need to do better is make sure that we have that access point so that we can access federal government funding. We are under-represented in the amount of Medicare funding that flows back into our state because we do not have access to the doctors to allow us to utilise that. As a state government, if we are not working more closely with the federal government to resolve those challenges and barriers, we will continue to see a reduction in the access to primary health care, and we will continue to see an escalation in all the problems we are seeing. By a factor of multiples, there are worse outcomes in cardiovascular disease, lung cancer, diabetes, obesity and quite often comorbidities that are experienced, and the figures escalate again for Aboriginal and First Nations people. This is a great concern. It costs our state a significant amount if we do not do the work up-front at the primary healthcare level, because it ends up at the tertiary end of the continuum, and our tertiary hospitals are the most expensive part of the system. More work needs to be done. How that will be achieved is up for debate. Certainly, there is a lot of conversation happening at the moment, but I would urge the state government to not take its foot off the pedal when it is having those conversations. In Western Australia, a state of this size with such a significant regional population dispersed across such an enormous geographical area, we have to get it right.

I have already touched on the concern that because we do not have the GPs, our local governments are required to foot the bill and actually do the attraction and retention of those health professionals. The Nationals WA along with the Western Australian Local Government Association did a survey back in 2020. The numbers will have got

worse, not better, since we did this survey. We had a really good response rate of about 70 per cent across all regional local governments. At the time of this survey—again, it was 2020, so this will have only got worse—30 of the respondents offered incentives to health professionals and expected to have to continue to offer incentives over the next two years. The main costs borne by these local governments with very low ratepayer bases were housing and medical centre costs—for example, rent was waived and there was the purchase of at least one car—and for most local governments, that was five per cent of their budget. I think this has gone up, but these are the numbers as at 2020. That equated to a spend of around $200 000. In a newspaper article the other day, the Shire of Quairading stated that it was going to need to spend around $1 million. That is excessive, and it is certainly deeply concerning if a shire of that size is being forced to go down that path to attract a GP. We had respondents that had been without a GP in their town for more than a year. Again, that creates enormous challenges.

This survey needs to be repeated. I would think that the state government could do that to make sure that it has those statistics. It is certainly powerful to be able to present that on behalf of the state government to say that our local governments are footing the bill and the federal government needs to step in. What is the state government doing to ensure that those local governments do not have to continue to use their ratepayers' dollars to have at least one GP in their communities?

We also have a concern about nurse practitioners. I spoke very briefly about this and I want to mention it again. Rural Health West has just had its awards event. At the 2023 WA Rural Health Excellence Awards, Laura Black, one of the first nurse practitioners recruited to the wheatbelt when we started running the Southern Inland Health Initiative under the previous government, was recognised for working for more than a decade. She is as rare as hen's teeth. Qualified nurse practitioners working in regional Western Australia are a really important part of the process and we need to be doing more to get more Lauras into the system. I offer my sincere congratulations to Laura. I know how much the doctors in the practices in that area rely on her and appreciate what she does to allow them to focus on what they need to do, filling in that continuum of care for their patients. The citation was that "Patients have commended Laura for her caring and trustworthy nature, persistence, and attention to detail". She has worked in Westonia but has been a part of the network out in the eastern wheatbelt for over 10 years now. It makes an enormous difference if we can attract more of those nurse practitioners into the system. That requires a change to the Medicare rebate system. That is another thing our state government can make sure it keeps on the record every time it speaks with its federal counterparts.

The other thing I will touch on—I briefly spoke about this—is housing. I have since had more meetings with community representatives about Health housing in particular. I have gone onto the WA Country Health Service website, and it actually has a section in which it invites investor partnership opportunities. This is not new, but it points to the fact that, to me, it appears that this government has completely exited being responsible for the housing of and building housing for its own workforce. I know that at least eight or nine of my local governments have been approached to build houses. As I say, it is no easy feat for a local government that has a relatively small ratepayer base and has significant road networks and primary responsibilities to then take on the responsibility of building a house. It has to take out a loan. Even if it gets access to a Treasury loan, it still needs to be able to service that loan.

The request that local governments have made of Government Regional Officers' Housing is to change the terms of the payment. At the moment, they enter into a 10-year lease, but the term of those leases is typically 25 years, so there is a gap at the end of that 10-year lease in which the local government could well find itself without a tenant and having to cover the cost. I do not think it is a simplistic or silly suggestion from some of these councils to ask for a guarantee for the life of the loan that they take out, or that the government cover the gap after the 10-year agreement with the state government so that they are not left out of pocket. Local governments are happy to partner with the state government to deliver this, but they do not want the financial risk for their ratepayers, and quite rightly so. It is not their responsibility to provide housing for state government workers. The reason they are doing it is that they can see that their hospitals are at risk, because nurses will not stay in hospital nursing quarters that were built in the 1960s and 70s. Some of these facilities—single quarters like dormitories with shared bathrooms that have maybe had a lick of paint—are wholly unsuitable. Maybe in a town like Wyalkatchem, where the crime rate is relatively low, it is not an issue to live in an unsecured area, typically behind the hospital; however, unfortunately, I have had nurses who have been part of the flying squad who have been sent to regional and remote communities in which there are serious crime concerns, and they have been assaulted. They will not go back. We then lose good, experienced people who are prepared to bridge the significant gaps in staffing that we know exist, because they do not feel safe in the accommodation that is provided, which is substandard in the first place. Those things are primary responsibilities for any state government. The government needs to do the basics and house its workers. It needs to make sure that we have the ability to staff those hospitals and facilities that have had upgrades and investment and make sure that is a priority for our communities, because, surely, by investing in and supporting those people who look after our most vulnerable and are prepared to go anywhere over the state, as many of our nurses and midwives are, we are going to deliver a better outcome for the overall health of the state.

It is very disappointing that the response—this was at an officer level, not the government level, and I will pursue this with the Minister for Housing—from the Government Regional Officers' Housing officer was that it was an unprecedented request, that it would take too long to change the policy that the department has in place for its partnerships with local governments and potential investors and that it would be better if the local government signed up to the process the way it is. That is not the flexibility that we need when we are dealing with the significant crisis of staffing and housing shortages. All stops need to be pulled out. The Minister for Housing can stand in this chamber and earnestly tell us that the government is doing everything, but it needs to trickle down into the department so that when those conversations are had with local governments that are trying their very best to be a part of the solution to retain the staff they know they need, they get the right answer—and that was not the right answer. The Minister for Housing and the Minister for Health need to follow this up. They must look at all options to make sure that there is appropriate housing.

I have so much to say but not long to go.

[Member's time extended.]

Ms M.J. DAVIES: The last thing I want to talk about is the midwifery issue; that is, the challenges that we are facing in securing midwives in regional communities. It has been well canvassed in this house that we have a midwifery shortage and that midwifery services in regional Western Australia are retracting. Mums are unable to deliver their babies close to home, which is putting enormous pressure on them and resulting in great expense when they are forced to travel to have their baby. I appreciate that the Minister for Health has reviewed all the cases that were highlighted as a result of community members approaching the opposition and saying, "We are out of pocket." That is in the process of being resolved, but it would not be if they had not been forced to approach the opposition and make that point clear. It should not have been a problem in the first place, particularly when a decision was made to remove maternity services.

There is a broader argument here. Personally, I think we have lost sight of the balance between being able to offer women a safe birth and being able to accommodate women having their baby close to home. The risk-averse nature of our community means that we are, as a matter of course, moving towards the end of the continuum and trying to remove all the risks, which means that women have to go to King Edward Memorial Hospital for Women, Geraldton Health Campus or a hospital in a major regional centre to have their baby. We do not have many hospitals in regional WA. Very soon, the same argument will be applied to some of the major regional centres because it is harder for GPs and anaesthetists in major regional centres to get insurance and hospitals will face malpractice suits. There has to be a conversation at a higher policy level about how to find that balance.

The midwifery-led models that have been trialled in Northam, my home town, are delivering good results. There are some perverse outcomes in that it is more difficult to attract doctors to deliver babies because the midwives are doing such a fabulous job. I want the minister to touch on the outcome of the work going on in Northam and, I think, Narrogin. Member for Roe, I know for a fact that Esperance is desperate for a midwifery-led group to deliver babies. That is something that the community has been calling for. It is a very isolated community and if women do not have the opportunity to deliver their babies in Esperance, they have to travel a long distance, find accommodation and be apart from their family and friends. That is unacceptable. In a state as wealthy as Western Australia, we need to do more to ensure that we are encouraging innovative models and embedding them in our service models through the WA Country Health Service so that mums can safely deliver their babies close to home. I urge everyone who is involved in the broader policy debate to include the mental health and stress levels of women in the balance when they decide that they should have their baby in Perth or that it is not deemed safe to have their baby in a setting close to home. Those are my concerns about midwifery.

I would love to talk about a raft of other issues in regional health, such as access to specialists, child paediatric services and speech pathologists, on which Hon Donna Faragher has been doing a power of work. There are challenges in the wheatbelt for kids accessing those health services. There is a bit of resistance from WACHS to allow the Telethon Kids Institute to come in, which I find remarkable. Again, it is about making sure that what the minister is saying and projecting—that the government is doing everything to form positive relationships, that it is garnering the state's resources to make sure that it gets it right and that it is not protecting its own patch—is occurring in every aspect of health. It is a complex area and for those who live, work and raise their family in regional Western Australia, the outcomes are poorer. That should not be acceptable to anyone in this place. We should all turn our minds to how the government can prioritise the spending it has at its discretion to get the basics right. It is not doing that at the moment.

MR R.S. LOVE (Moore — Leader of the Opposition) [5.06 pm]: I would like to contribute to the excellent motion moved by the member for Vasse, which, amongst other things calls on the McGowan government to be condemned for its failure to implement some of the key recommendations that arose following Aishwarya Aswath's death at Perth Children's Hospital and its ongoing failure to understand, acknowledge and manage the challenges facing the health system, which is putting patients and staff at risk. I want to talk about some of the more diverse challenges that we face in the health system. Before I do, I would like to acknowledge the great work that staff,

doctors and volunteers do to keep our health system going, despite the lack of support from the government. They should be acknowledged and supported for all they do.

I note that today, the Leader of the Liberal Party, the shadow Minister for Health, asked the Premier about safe harbour provisions, which are very important. I have been briefed by the Australian Nursing Federation on that matter, and I understand its concerns. Given what happened to the unfortunate staff members who were thrown under the bus and reported to the Australian Health Practitioner Regulation Agency following the unfortunate death of Aishwarya Aswath, the government needs to consider it with a great deal of sincerity.

As we know, there has been a lot of discussion—there has been an inquiry—about St John Ambulance and the appropriateness of some of the settings around the ambulance structure. What cannot be denied is the dedication of the many volunteers in electorates such as mine who do their best to keep people safe when their local services are disappearing. We hear that babies cannot be born in certain isolated towns. Most of the smaller health centres are very limited in what they can provide. There is a need to embrace new ways to perform and manage the health system.

For some time, people in my area have been calling for a helicopter service in Geraldton to serve the midwest to enhance the health system to a greater degree. It could be used for urgent patient transfers and to get to people as quickly as possible because we know that the golden hour can make all the difference between people surviving an accident and having a good recovery and not having a good recovery or, unfortunately, passing away. Given the regional road toll and drownings in regional areas, there is a range of reasons why a helicopter service would be fantastic for the area.

On Monday, the shadow cabinet went to Joondalup and spoke to people in the northern corridor about their needs. One of the strong things that came to us was the need to reinforce the health system in that northern area and make Joondalup Health Campus a true tertiary hospital so that urgent cases would not need to be transferred to Fiona Stanley Hospital or Sir Charles Gairdner Hospital. That is especially important given Joondalup's distance from Perth, its growing population and the fact that the freeway is always clogged with traffic and difficult.

I point out also that Joondalup Health Campus is important for many of my constituents who have no formal health facilities in their area and have to be regularly transferred to Joondalup. Jurien Bay has one of the highest ambulance transfer rates in the state. Fortunately, thanks to the helipad at the health centre, which was announced and funded by the previous government, people can now be transferred to and from that area by helicopter when needed. Joondalup Health Campus needs to be reinforced and given a truly tertiary aspect. In some ways it is already designated as a tertiary hospital, but it cannot provide the same level of service as other hospitals. The people of the northern suburbs deserve that.

We know that the northern suburbs area is growing very quickly. I have statistics about some of the areas north of Joondalup, such as Yanchep. Yanchep is even closer to my electorate. People in the Shire of Gingin would benefit greatly from a first-class district hospital at Yanchep. The City of Wanneroo would also like that to happen, as would the community in my electorate. I am sure that eventually the Shire of Gingin would also like to have its own hospital. We know from the forward projections that Gingin is growing at a rate roughly double that of the Perth metropolitan area. The population growth in that shire is very strong and is expected to double in the next 20 years to about 10 000 people. The catchment actually goes further than that and includes Alkimos, Eglinton, Yanchep and Two Rocks, the population of which is expected to grow from the current 34 000 to 124 000 within that same time frame. That is very strong growth indeed. That is a scenario of increasing demand and population. That area is also not far from my electorate. I will very much be arguing for the Yanchep area to be provided with better facilities into the future, because that will spill over into my electorate. It will also be good for the state because of the strong population growth in that area.

The government needs to think and plan forward instead of lagging behind and waiting until there is such a shortage that it is not possible to catch up. That is what has happened in Geraldton. The Geraldton Health Campus project was announced ahead of the 2017 election and was costed at $73.3 million. About 56 000 people live in the wider midwest region, with around 70 per cent, or 40 000 people, in Geraldton. My electorate of Moore has between 1 500 and 2 000 people who have no health facilities apart from Geraldton hospital. The Shire of Chapman Valley, for instance, has no medical facilities whatsoever. Geraldton hospital is also the major health facility for people who live south of Northampton and west of Mullewa. Another 6 000 or 8 000 people in my electorate rely on Geraldton hospital to provide the next level of service that their small local health centre cannot provide. That is a very important health centre for my constituents. We very much look forward to that being delivered, but we are disappointed that it has taken this long to get underway. The hospital project was re-costed in May 2020 at an expected cost of $122 million and was due to be finished by mid-2022. However, because of delays, the new completion date is not likely to be until at least 2026. The project is at least four years behind, and it will probably be even longer, because we know that there is a lag in construction all around the state. We have seen the recent reports on the building industry and how building sites are sitting idle for months at a time with no sign of anyone showing up because of the lag in the supply of skills and labour in this state. It is very difficult. The government

has done very little to change that by providing accommodation and housing so that this state can attract the necessary skilled people. It is very disappointing that so little has been done. Nonetheless, I look forward to that project eventually being delivered.

The current Geraldton Health Campus is not up to standard. Figures from the Australian Medical Association and the Australian Institute of Health and Welfare show that only 52 per cent of people who require emergency treatment in the Geraldton hospital emergency department are seen in the recommended time. I think the benchmark figure is 95 per cent. Only 45 per cent of people who require urgent care and 53 per cent of people who require semi-urgent care receive treatment within the recommended time frames. We can see from that that Geraldton hospital is failing to provide the service level that people would expect at a major regional centre. Geraldton hospital is the only such facility for hundreds of kilometres. It is not as though people can go to another place when they are not being attended to at that hospital. The Geraldton hospital oncology unit was going to be funded by the previous federal coalition government, but that has not been matched by a state government contribution, so it does not look as though that project will go ahead.

Mullewa Hospital is still sitting idle. That is a decrepit looking site. I was there a couple of weeks ago. The hospital has deteriorated. It is actually falling down. It is crumbling. Nothing is being done about that. We are told that planning still needs to continue. The Minister for Health went up to Geraldton and spoke to some of the councillors. Reports came back that Mullewa will have to wait until Geraldton hospital has been built. The minister denied that and said differently. The minister is now saying that it will depend upon further budget decisions. If the minister were here, I would ask her whether she has been putting forward proposals to the state Treasurer to get that project underway in a timely fashion, or at least has had it put in the forward estimates at a particular moment in time to provide some certainty for the people of Mullewa about when their hospital will be delivered. Perhaps the parliamentary secretary will be able to answer that.

We know that at other hospitals, such as Meekatharra and Laverton, there has also been a slowdown. The member for North West Central has alerted me that the hospitals at Paraburdoo and Tom Price are in urgent need of attention. We believe that the Paraburdoo Health Service is effectively now operating only out of Tom Price. That is the case, is it not?

Ms M.J. Davies: It has no doctors.

Mr R.S. LOVE: People who need to go to hospital might as well go straight to Tom Price, because I imagine that is where they will end up. Wyndham Hospital has moved from 24-hour care to 12-hour care, allegedly due to staffing pressures. There is no indication of when it might return to normal. It seems that will be permanent unless something changes in the attitude of the minister.

I turn now to Albany Health Campus. We know that Albany is receiving a large number of migrants, if you like, from Perth.

Dr D.J. Honey: Refugees.

Mr R.S. LOVE: Refugees from Perth. About 10 times as many people moved to Albany last year as in the year before. That centre needs a lot of increased care. We know that there is community concern about the level of care provided at the hospital, so that is another one that needs to be examined.

In Margaret River, the local doctor described the issues at the hospital by saying —

> "This growing world-class tourist destination and beautiful region deserves a world-class hospital," …

She said that the region's population is forecast to be 30 000 by 2030, but the facilities are not meeting demand now. She also said —

> "It is potentially unsafe at times due to overcrowding," …
>
> … waiting patients are crowded and overflow outside, posing difficulty with oversight.
>
> "There is overflow of patients into theatre recovery areas that are distant and physically difficult to observe. Pretty chilly outside too and backing ambulances a hazard."

The situation is desperate in Margaret River, but the government has failed to prioritise investment in infrastructure since coming to power in 2017.

Another issue I would like to briefly touch on is mental health. We know that the government has spoken of the need for licensed firearms owners to undertake mental health checks, but I know that people in much of my electorate do not have access to mental health services of any sort. This will only highlight the lack of investment and the lack of progress. In all the time I have been in Parliament, I have heard about projects and programs that will improve the mental health services in my electorate, but I have not seen them. I am not saying that it is a problem just for this government; it has been a longstanding problem in many small regional centres. One of the reasons for that is

that if a person comes to town to provide a service, people do not like to be seen; there is no anonymity in a small community. That is also an issue. The government needs to thoroughly examine how to get around that and to make some improvements that will provide a step forward for people seeking to receive mental health services in regional areas.

I know that other speakers want to talk and I have spoken for about as long as I need to, but I will finish by saying that we know that a vast number of people are waiting for elective surgery at the moment. Elective surgery sounds like it is a nice-to-have but not a need-to-have thing, but for the person who is hobbling around because of their hip or knee and cannot work effectively because of it, it is a productivity issue, not just a human need. It can make such a difference to people's quality of life and also their expected health outcomes. The longer that some of these so-called elective surgeries are delayed, the worse it will get for those people who are waiting and their morale will collapse. As a member of Parliament, I have often dealt with people who have had to drive from Carnamah to Perth. They get prepared for surgery in the hospital, but then they are told, "Sorry, not today." Then what do they do? They have to either go back or wait in Perth. It is not fair and it is not something that should be happening in our state. The issue of trying to catch up with elective surgery will plague the health system for some time.

I am grumpy, not happy, that I have to support such a motion, but it is a worthwhile motion that has been brought forward to highlight the failures, the lack of planning, the lack of investment in infrastructure and the lack of regard for the findings from the inquiries into the unfortunate passing of Aishwarya.

DR D.J. HONEY (Cottesloe) [5.24 pm]: I rise to support this excellent motion put forward by the Leader of the Liberal Party in respect of both the failure to implement key recommendations of the inquiries into the very unfortunate death of Aishwarya Aswath at Perth Children's Hospital and, more generally, the failings in the health system itself. I want to continue a theme developed by the Leader of the Liberal Party into dear little Aishwarya's death. The coroner's report indicated that it might have been preventable; it did not say that it was preventable, but it might have been preventable. The approach taken by this government has been to try to deflect any blame whatsoever from itself. I watched with absolute horror as this developed. The minister and the Premier came into this place and threw staff under the bus. The Leader of the Liberal Party asked the Premier during question time today whether he was going to issue an apology on behalf of the government to those staff who were referred to the Australian Health Practitioner Regulation Agency. We had this ludicrous answer from the Premier in which he said that they had to be referred to AHPRA when they were because that was a legal requirement. What absolute rubbish. We know that the CEO of the hospital would not sign off on the investigation because they were not satisfied with it, yet I saw the minister and the Premier defend their government in this place by saying that those staff had been referred to AHPRA as though somehow the staff were to blame. It was absolutely shameless and disgraceful treatment of those young doctors.

I have said in this place on a number of occasions that I have a number of immediate family members who work in the medical world and in hospitals and other specialties, so I know that the younger doctors and nurses were absolutely aghast at what happened. I know from speaking to staff at Perth Children's Hospital how utterly apprehensive they were. They were in a situation in which they were completely overworked, which the government denied at the time, and they did not have the services that they should have had in the hospital, which the government denied at the time and continues to deny. They were apprehensive that if they made a mistake in that overworked situation, their careers would be sacrificed from being referred to AHPRA. I know for a fact that the young medical professionals who were referred went through hell—and still are going through hell to be frank. Their reputation has been tarnished forever from an absolutely disgraceful episode of throwing those poor young staff under the bus. In considering whether the government was directly involved in that, we might say in this place that that was in the hospital, but it was very clear that there was a desperation to find a scapegoat and that was translated through the way that those staff were treated. It was absolutely disgraceful. To this day, that causes an enormous amount of concern. That is why I completely support the Leader of the Liberal Party's call that this government urgently introduce safe harbour legislation, so that when hospitals are understaffed, the services are not there and staff are being called upon to perform extreme hours of work, their careers and their lives and the lives of their families—because it affects everyone in the family—are not destroyed by being referred to AHPRA.

As I said, a number of my immediate family members are involved in the hospital world and I can say that, as a routine, young doctors work 14-hour shifts or more. The hours that these young medical professionals work would be illegal in the mining industry under the 16–64 rule, yet these young people who typically work on the front line in emergency departments are doing that, and that is directly due to the understaffing of hospitals. We hear this government deny. We heard the previous minister deny that there were problems and we have heard this minister deny that there are problems, yet we know that the truth on the ground is that we have an enormous number of distressed staff in departments. Some medical departments have a rate of absenteeism by doctors of 60 per cent or more because there are so many who are on stress leave because of the enormous distress in the medical world.

As I say, coming back to the case of Aishwarya Aswath, the way those young professionals were treated, before the CEO was even satisfied that the inquiry was complete, was absolutely disgraceful. Through subsequent investigations and the coroner's inquiry we have seen that there were major shortcomings in the resources provided in the hospital, and that contributed to the death of that dear young girl.

I am fascinated by the spin that comes out of this government on various topics. It seems that is its excellence. It is an excellent government on spin. Let us go to the women's and babies' hospital. A little while ago I was looking at the leaders' debate before the last state election between the Premier and Leader of the Liberal Party at the time, Zak Kirkup. The Premier was talking about the women's hospital—how it would be going ahead and that construction would begin in this term of government. Let us see where we have gone with the new women's and babies' hospital. I thought I would go straight to the source. I do not want to quote myself; let us quote the government's own website on this. There is a website that talks about visions and so on, and I thought the project time line was revealing. Let us look some months after the election, in fact nine months after the election. The website states —

> **2020 — December:** funding secured to deliver a new Women and Babies Hospital

That sounds promising, does it not? It is like a *Yes Minister* script from that point on. In February 2021, so more than a year later, the website states "artist impressions of the new hospital unveiled". There we go, Leader of the Liberal Party. It took a year and one month to get an artist's impression. Perhaps there was a shortage of artists to come up with visions of what the hospital would look like. We then get to May to August, and the website states —

> … project vision developed in consultation with more than one hundred stakeholders, including patients and families

Then we go to November 2021 —

> … consultation with Aboriginal health stakeholders to assess the cultural appropriateness of the proposed site options and to confirm preferred option

Then we go all the way to January 2022 and the site is confirmed at Sir Charles Gairdner Hospital. As an aside, I am extremely concerned about the concentration of services at that site. I am not sure that is the best outcome for the state, especially when there are no train lines within kilometres of that location and people typically have to catch multiple forms of public transport to get to it. That is an absolute barrier to people getting there. We go to January 2022 and the site was confirmed. There we go, I come back again. For February 2022, the website states "concept design phase commenced". Then we see that the concept design phase was completed in July, so more consultation. In November 2022, which is the last entry on this site, "community engagement and focus groups commenced". I tell members what, there is some consultation on this hospital going on. What is not going on is building the jolly thing! We are halfway through the Second World War in the time line and some considerable distance from when the government said it was going to do this, and we are still with concepts and consultation. It is pretty clear that we will see nothing in this term of government, when the Premier said we would have the hospital. We will see nothing in the second term of this government, eight years in, when there is a screaming need, as was well outlined by the Leader of the Liberal Party. When there is a crying need for that women's and babies' hospital, we do not see anything on the ground.

I was fascinated today to listen to the minister's answer in question time. The minister's response to the question was to talk about dollars. It is something I have seen with this government; it loves to talk about dollars. It is a bit like Metronet. Boy, the government is burning the dollars, but it has not delivered a single thing other than the project started by the previous coalition government, which is the Forrestfield–Airport Link. But dollars are not outcomes. I have said this before: dollars are not outcomes. The government can announce as many dollars as it likes, but it is what people see when they try to assess health services that counts. With this government we hear lots of talk about dollars, but not outcomes.

The Leader of the Liberal Party was kind enough to share some statistics, and I will not go through a lot because there just is not time, but by the end of last year, it was the worst ambulance ramping on record, at more than 66 000 hours last year. Here is the real pain, and the Leader of the Opposition mentioned this: the elective surgery waitlist grew from 19 000 in 2017 to almost 28 000 at the end of last year. That is the record of the Labor government. As I have pointed out in this place before, elective surgery sounds benign—it sounds like it is just a bit of frippery or a bit of a hangnail or the like—but, in fact, this is people's lives. This is about people who need hip operations because they are completely immobile. They need other critical surgery because the quality of their lives is being destroyed. They may not die immediately, but when we are talking about elective surgery, we are talking about critical surgeries that people have to undertake. Under this government there has been an almost 50 per cent increase in these wait times. It is an appalling record by this government, one, in the failure to deliver services, and, two, in outcomes for those patients.

I want to look at something that was covered to some degree by the Leader of the Opposition and the member for Central Wheatbelt, and that is the absolute importance of regional health services. I approach this from the aspect of state development. One of the fundamental problems in Western Australia is that we are seeing a greater and greater concentration of population in metropolitan Perth. Unlike Queensland where there is a good level of decentralisation, in Western Australia we are seeing a greater and greater concentration of people in Perth—net migration of people to the south of the state and in particular to metropolitan Perth. Why is that? The reason is inadequate services in the regional parts of the state, in particular north and east of Perth.

As was pointed out by the member for Central Wheatbelt, if families are going to live and stay in those communities, they need a few things. One, they need to feel safe. There has been a complete failure by this government, because families do not feel safe in many of those communities, and less so as the days go by, let alone the months. They want first-rate education for their children because they want their children to have the opportunity to have careers, particularly as farming industries and the like are reducing. They want their children to have opportunities for other careers. But, critically, they want first-rate health services, as has been alluded to, not only at the start of life with maternity and birthing services, but also at the end of life, and that is palliative services. Of course, at end of life, people typically have to access medical services much more often than when they are middle aged, and in these regional areas we are seeing anything but. I raised this in a debate before in this chamber and the health minister again talked about dollars.

The reality is that this government's record in regional health pales into absolute insignificance compared with the record of the previous coalition government. The member for Central Wheatbelt went through that and I will go through it in a little bit more detail. As has been discussed, the excellent plans for Geraldton Health Campus were derailed and we will have to wait another four years for Labor to deliver everything, so it will not be delivered in this term of government. I will not go through the list; the member for Central Wheatbelt has already gone through that list and some of those projects. We see spin from this government, as I said—first-rate spin. I give the government top marks for spin and perhaps even for conceptual drawings. It does a pretty spanking job of that! However, that does not help people. It might help get the government through a moment so it can pretend it is doing something, but it does not help people.

As outlined, eight major rural hospital projects were delivered by the Liberal–National coalition government during its term. It is six years into this government's term and the only thing it can hang its hat on is the Newman Hospital redevelopment. That is it—one project as a significant development in rural hospitals. That is all we are likely to see in the larger part in the next eight years. I will go through what was talked about before. The minister went through a list of projects, and I will remind the minister of those. The Bunbury regional hospital redevelopment is just starting and is four years to completion. Work on Geraldton Health Campus is starting this year, four years behind the schedule set by the previous Liberal–National government. Work on Meekatharra Hospital is yet to start, but is described by the minister as being on track. The Tom Price District Hospital redevelopment is just starting, and here we are, six years into the government's term. The Laverton Hospital project is apparently going to start next year—let us not hold our breath on that one—and Mullewa Hospital is not even in the budget. That is the record of delivery. When we look at it, we see that what we have is a gonna government—it is gonna do these things; it is gonna get these projects up; it is gonna have a women's and babies' hospital—but things are not delivered in the time line that is required in those communities.

[Member's time extended.]

Dr D.J. HONEY: We hear that projects have had to be prioritised. It reminds me of the other weasel words that were used in relation to Metronet after a complete failure of the government to deliver on its time line. We will not even talk about the budget in relation to that. It then said that it was not behind schedule—that it was smoothing the projects. Sir Humphrey would be proud of that term. This government is not delivering. There are lots of things that are gonna happen, lots of dollars that are allocated, but we are not seeing anything delivered on the ground.

I will talk a little about the level of funding. The budget shows us a bit about the priorities of the government. The cost of the program for small rural hospital services was just on $267 million in 2020–21 and $266 million last year, and in the budget this year it is even lower again—$265 million. In fact, what we see is a budget that at best could be described as flat but in fact is reducing. If we look at it in real dollars, given that inflation is six to seven per cent and construction inflation is probably 20 per cent, we see that it is going down. Then we hear the government saying, "But no, we are going to have more staff." It is going to increase the FTEs, so it says, from 1 236 to 1 322 this year. It has a reducing budget, but it is going to take on more staff.

What does that mean? It means a reduction in services. This is something that was made clear to shadow cabinet when we visited the three main councils in the northern suburbs. It is actually not a lack of services. For example, Joondalup Health Campus could deal with many more patients, but it does not have funding for the services. It is not the hospital facilities that are the issue, but funding for the services. We have seen from the small rural hospital

program that funding for services must be reducing. It has to be; it is an arithmetic consequence. If a government is going to increase staffing by that number, almost 100, we will see a reduction in those services. I am interested to hear the minister explain that.

We want people to be encouraged to move to the bush. That is critical for the future of this state. If we want to make Perth more liveable, if we want to address the impact of reducing tree canopy in the metropolitan area and if people are concerned about the continuing expansion of the footprint of Perth city, let us get people living in the bush. If people are going to live in the bush, we want an excellent standard of safety for people, excellent education facilities and excellent health services there.

I want to touch on the area of early childhood education. As was mentioned in the other place, Hon Donna Faragher has done an outstanding job of highlighting these issues. I will touch on a couple of key statistics in relation to youth. We know that a failure for the government is not getting sufficient resources for early intervention for youth. What have we seen from this government? We heard the previous minister and this minister say that the state is doing much better and that our services are much better. However, the access time for a paediatrician has increased to 17.8 months and the access time for a speech pathologist has increased to 12.2 months. The wait time to see a speech pathologist has jumped from 8.7 months to 12.2 months—longer than a year. This is in the period when children are trying to learn and when we know that early intervention makes a profound difference in the ability of children to speak, and that then has an impact on their entire life, particularly their achievement in education. It is even worse than that in rural and regional communities, where travel is a complicating factor.

We have heard talk about extra expenditure and the like, but we see in those communities, particularly regional communities, a regression of service and a delay in getting facilities. This government is completely failing Western Australia in public health outcomes. I want to reinforce it: dollars are not outcomes. The minister needs to focus on the outcomes and not promised future expenditure.

MS M. BEARD (North West Central) [5.46 pm]: As the last speaker, I want to touch on some of the points the other speakers have made today from a regional perspective and some of the issues that are floating to the top and becoming more relevant in my space in the north. The health facilities are impacting on the retention of population in the regions. I am getting anecdotal information and emails from people saying that they thought they had services when they were encouraged to apply for jobs and move to the north, but in fact they do not.

A lady from Paraburdoo contacted me. She moved to Paraburdoo under the impression that there would be a doctor on site. She has a child who is asthmatic and anaphylactic and reacts to the EpiPen. She is now faced with the prospect of not having a doctor in the town and needing to take an 80-kilometre drive, whatever time of night it is, to Tom Price. She is in a bad place. Her family accepted a job and moved there, and two weeks later was faced with this situation. On top of that, Paraburdoo Hospital is in disrepair. I understand that is why the doctor who was there as a private doctor has moved to Tom Price. Coupled with that, if someone is sent by the Royal Flying Doctor Service from Paraburdoo to Hedland Health Campus, they are left to find their own way back. People do not realise that there is no connection between Paraburdoo and Tom Price and Port Hedland or Karratha. There is no bus service and no flights, so it is back to Perth and then back up, just to get home, depending on what time they are discharged. That is becoming a bit of an issue.

Both the Tom Price and Paraburdoo hospitals are in need of repair. Work on them is still stalled, as the member for Cottesloe said. The health service is becoming a deal-breaker for people who might move to the regions, particularly young families who need to travel for maternity services. In some of the regions in my electorate some of the mothers are extremely young and the risks are really high, so they are in a town without the care they will need when they have their babies. If they have their babies early, there is a higher risk of things going wrong, such as breech deliveries. It is a 500-kilometre drive to Geraldton—there are no flights—and from Exmouth it is nearly 900 kilometres. It is geographically challenging when there are no basic services.

People are also in desperate need of aged-care facilities. People in Exmouth, Kalbarri and Tom Price have been assessed as second and third generation. I understand that a 1 600-person work camp will be established close to Paraburdoo. Someone quoted me as saying that about 800 new people will be moving into town, which heightens the need for medical services and a robust hospital in that town.

Staffing is a continual issue everywhere. It is also linked to housing in a lot of areas in the North West Central electorate. Shark Bay has issues getting doctors. There are between 3 000 and 5 000 people in Coral Bay for a large part of the year, especially over Christmas or during the high season. It has a nurse and a nursing post. Sometimes it struggles to find volunteer ambos and people to transfer patients. I would like to acknowledge the Royal Flying Doctor Service. It is absolutely amazing. It is an outstanding service. It does an amazing job, as do the ambulance volunteers. Our regional paramedic, Kyle, is just amazing; he is incredible. The volunteers are completely dedicated to the cause and are often under a massive amount of pressure to meet the demands.

Another service I would like to mention is the breast screening service. I know that BreastScreen WA was in Cue the other day, which is positive. There is also an increasing need for renal dialysis in my region, along with mental health services. Mental health is that silent illness that people do not realise they need help for until they really need it or until it is too late. Schools in particular need support and wraparound services for some children who are particularly challenging. It can be difficult for them to deal with some of the situations that they deal with on a daily basis.

In a nutshell, a lot of things have been implicated by these issues. Attracting people and workers to the region is an issue. We all understand why. We have a housing issue. It also relates to education. Some people do not want to live in these towns, which makes it increasingly hard to provide services. We need the basic services, such as a doctor in a town, especially when these towns are so remote and so far away. We need services that are acceptable to the community and not falling down. As the member for Cottesloe said, some of the facilities are really dilapidated. Not to have a doctor as well is a bit traumatic for a lot of people and it is causing people to leave the regions. Retention of people in the regions is very dependent on health services. I urge the government to take action as quickly as it can to rectify some of those issues across those towns that really need desperate help in that space.

DR J. KRISHNAN (Riverton — Parliamentary Secretary) [5.52 pm]: I rise to oppose this motion. I will first speak about the tragic death of Aishwarya Aswath. If anyone in this chamber witnessed the grief of the family, it was me. I was at the funeral of Aishwarya Aswath. It was a tragic death under unfortunate circumstances. Many factors contributed to it. The government did everything possible to get to the bottom of exactly what caused that so that we learn from that and put policies and procedures in place to prevent such things happening in the future. Politicising such an issue with nonstop commentary is heartbreaking. I am sure the opposition is well aware of the recommendations of the coroner and the implementation that has taken place. Playing petty politics with it will not bring better health outcomes for Western Australians.

WA Health's annual budget has increased by 30 per cent since the McGowan government started taking charge. That is an average increase of five per cent year after year. If we look at the per capita expense in the commonwealth for GPs, WA has the lowest. If we look at the availability of GPs per capita around the country, again, WA has the lowest. Who is picking up the gap? If the funding is less and if there are fewer GPs, who is picking up the gap? The state government is funding it. Who is facing the extra burden and the extra pressure? The state government is facing it under exceptional circumstances. The opposition has come to this place and assumed that something like COVID-19 never happened, there was no disturbance to the health system and everything was as usual. That is unimaginable.

I have been a GP, as everyone in this chamber knows. I have been an advocate for international medical graduates for over 15 years. The previous federal coalition government brought in an unimaginable classification called distribution priority area. In my view, it is discriminatory because we are not allowing a doctor who graduated or qualified overseas to work in a certain area. In my view, that is discriminatory. That has caused a huge shortage. There was almost 10 years—a decade—of advocacy to the federal government to resolve issues and to speak about a Medicare rebate for GPs, but it fell on deaf ears. The Albanese Labor government put in place the Strengthening Medicare Taskforce. It consulted the community. It started listening and started hearing the concerns of GPs and the community. It came up with recommendations. The federal health minister is in the process of implementing those recommendations to start making things better. For the opposition to come here and expect 10 years of damage to be reversed in a matter of days or months is a bit too much of an expectation.

The state government is spending whatever it can and putting the money in the right places. Let me explain to the opposition that there is a link between primary care, secondary care and tertiary care. When it comes to tertiary care, again, we split that into two or three different streams—short stay, long stay and particularly mental health issues. Disability issues come under other streams. All these are linked to one another. If members of the community cannot get to see a GP, where do they turn up? They turn up at an emergency department. If they cannot get access to specialists and patients are not able to see a specialist within a certain time frame, would the GP risk sending the patient back home? No. The GP then refers the patient to emergency. There has been unprecedented, unexpected and increased demand for emergency services and mental health services, which has stretched the health system, not only in Western Australia and Australia; it is a global phenomenon. We are coping with the demand and we are putting measures in place.

What is a long-stay patient in a hospital? In typical management terms, these patients are called bed blockers in an area. What happens when a long-stay patient occupies a bed for two weeks when there is no requirement for the patient to be there for 14 days? During that time, 14 different procedures that could have been done have to be postponed because the bed is occupied by one patient. The lack of bed availability causes delays in admissions to the emergency department. Primary, secondary and tertiary care long-stay patients have a flow-on effect. We have identified these issues. The Minister for Health has established a task force that meets every month on a regular basis to deal with those problems and is coming up with innovative solutions. Even the minister for the National Disability

Insurance Scheme, Hon Bill Shorten, said that no state in Australia has implemented solutions as innovative as those implemented in Western Australia. Credit goes to the minister for making the effort and to the task force that has worked out a solution to the problem. No-one is denying that the health system is stretched, but solutions are being implemented and we are already seeing the results.

Mr P.J. Rundle: If long-stay patients don't need to be in the hospital, why don't you get them out?

Dr J. KRISHNAN: Let me explain that to the member. We are trying to do that now. The long-stay patients do not have a permanent facility. For example, an aged person cannot go into an aged-care facility because there are no facilities available. This minister has implemented a digital portal. We have live data coming in about the bed availability in the aged-care sector rather than having to make 35 phone calls before finding a place. This is an innovative solution. We are implementing solutions to solve the problem. We have already seen the length of stay come down significantly. I have been monitoring the data very closely because I am very passionate about health, as members know. The data clearly shows that things are getting better.

I urge the opposition to log on to St John Ambulance Service's public portal that shows the data for ambulance ramping. We cannot forget the COVID curve, which rises sharply and drops significantly. Please look at the graph on ambulance ramping. It is dropping down at the same rate as COVID. There has been a 45 per cent reduction in ambulance ramping compared with mid last year. The only positive thing I hear from the opposition is that the government has the best financial statements. I am thankful for that compliment, but please appreciate the efforts taken by paramedics, hospital staff and emergency department nurses and doctors in trying to reduce ambulance ramping as fast as possible. There has been a 45 per cent reduction, but no appreciation from the opposition.

Dr D.J. Honey: No, because you are still four times what your previous minister said was a disaster.

Dr J. KRISHNAN: Do members opposite expect things to change in 48 hours? Please go and look at the graph. Over two months there has been a record reduction in ambulance ramping. The results are already visible for opposition members to see and accept. It is about looking at the data. I will come back to the data. There is absolutely no denying that 300-odd patients requiring maternity services had to be bypassed. Let me put the data another way. How many births have there been in Western Australia? It is close to 34 000, so 99 per cent of women had their delivery at their place of choice. Is that a better way of looking at the data? I am not trying to say that 300 women being bypassed is acceptable. Not a single woman should go through that, but the opposition fails to recognise that we have had extremely extraordinary circumstances whereby we have had staff and doctors who have not been available because of COVID. These issues have had an impact. The opposition is taking that number and trying to politicise it.

I will turn to the workforce. Opposition members said that we need to build infrastructure. Then they said that the infrastructure is not enough, we need people. But when they were in government, they should have realised that having a workforce in place is important. During March 2014 and March 2017 under the previous Liberal–National government, the full-time equivalent health workforce reduced by 916. Over an eight-year period, the government increased the workforce by 1.4 per cent. They are the statistics and that is the data. The opposition is trying to paint a picture as though nothing is going right when every action has been taken and innovative measures have been put in place.

I turn now to the waitlist. Again, setting aside the extraordinary circumstances and assuming that nothing happened, why would the waitlist get longer? The shortage of staff, including doctors with COVID, extended the list. But I remind the opposition that Western Australia had the shortest cancellation period, and cancelled elective surgery procedures because of COVID compared with any other state or any other place in the world. In spite of all that, this minister and this team of health workers are putting every possible effort into bringing about better health outcomes. The opposition should stop criticising and start appreciating the good work that everyone in the health department is doing.

MS C.M. TONKIN (Churchlands) [6.07 pm]: I rise to oppose this motion because I am very concerned by the repetition that the government is somehow or other to blame for the tragic circumstances of the death of a child. The government has responded effectively to deal with them. I want to share with members that I have experienced firsthand the problem of someone dying, having been misdiagnosed and not properly treated in an emergency department. That happened in another state, but the process that he and his friends and family went through were exactly the same as the circumstances that Aishwarya Aswath's family had to deal with. My friend had a pain in his chest and collapsed at a gym, but by the time the ambulance arrived, he had recovered. In the ambulance, the paramedic tended to focus on the musculoskeletal problem, and that was conveyed to the triage nurse at the hospital when he arrived. Having arrived at the hospital, he was triaged as a low priority. He had a scan on his back for musculoskeletal conditions and was found to have no problems. The doctor did a D-dimer test to find out whether there was any clotting or issues like that that would indicate a greater problem, but, basically, my friend was stuck in a triage area. Nobody had even spoken to him. He was in pain and nobody would come to him and do anything

about it. In the end, he decided to go home. He went home and he died that night. What had happened was at the gym, his aorta had begun to tear. It was a terrible tragedy. It ruptured at home and he bled out.

The hospital was a private emergency hospital. A root cause analysis was undertaken, but the root cause analysis related to cardiovascular disease. He had a very particular type of cardiovascular problem, but it did not relate to a run-of-the-mill heart problem, so there was a problem with that analysis. An independent expert on emergency medicine was called in to comment on the case, because the results of the root cause analysis were unsatisfactory, and the medical expert said that it was probably a preventable death. If my friend had been correctly diagnosed, the hospital had the capacity to operate and treat his condition.

The staff involved were referred to the Australian Health Practitioner Regulation Agency, and that is standard procedure. It is a legal requirement that they be referred to AHPRA. If someone had said to me or to my friend's family that there should not have been any referrals made to AHPRA because of X, Y or Z, we would have been very unhappy about that. The family actually represented themselves at the coronial inquiry, and although the hospital and the treating doctor denied any responsibility, at the coronial inquiry, the doctor admitted that he had failed to provide adequate care to my friend. The doctor did not even notify him of the results of the D-dimer test, which indicated more severe problems, so my friend had gone home without that information. That is a tragedy. What we could learn from that tragedy about the hospital system is peculiar to that case. Do not collapse at a gym and then get misdiagnosed with cardiovascular illness. Do not come in on State of Origin night in Queensland, when everybody is watching the screen. Do not get triaged down the list and fail to advocate strongly enough for yourself in the hospital. There were a whole lot of learnings from that experience. Maybe do not go to that particular hospital emergency centre. It was a peculiar set of circumstances—a tragedy of errors that conspired to cause the death of my friend. But Aishwarya Aswath's death was also a tragedy of circumstances that are heartbreaking for any family. Dr Jags has indicated the extent of the grief, and we have heard the extent of the grief from the Leader of the Opposition. But all this occurs in a context that requires a policy response from government, and that is what our government has been doing.

The context is that we have the COVID pandemic. COVID has had enormous implications for workloads at hospitals, staff availability et cetera. We have bed block, with aged patients and National Disability Insurance Scheme patients being medically fit for discharge but having nowhere else to go that has suitable living arrangements and support. We have had a reduction in bulk-billing by GPs, making it attractive for people to opt to go to emergency departments, often presenting with conditions that really require a GP or primary healthcare intervention, including patients with mental health issues. In WA, we receive from the commonwealth the lowest funding for GPs per capita among the states, and we have one of the lowest numbers of GPs per person of any state, placing more pressure on the hospital system. We have a shortage of specialists, and this is not just happening here; it is happening everywhere. People are being referred to EDs so that they can get timelier specialist intervention. People are opting out of private health insurance and opting for procedures in the public system. This is the cause of increases in the number of people seeking elective surgeries. As the Minister for Health has previously pointed out, it does not mean that they are waiting longer for those interventions, but we do have an increase in numbers. There are problems with recruiting staff. There was a particular problem with recruiting staff from overseas during the COVID pandemic. I recently had the occasion to go to Sir Charles Gairdner Hospital, and I was treated by an emergency doctor who was Irish. He said that he had wanted to come two years ago but had not been able to because of all the travel issues during the COVID pandemic. He was very happy to be here in Western Australia. This has been a problem in recruiting staff to hospitals.

There are problems recruiting health professionals into regional areas. The health minister described very well the situation of midwives in Carnarvon, for example. They have to undertake a certain number of deliveries a year in order to maintain their certification. Unfortunately, our geography in Western Australia means that we have many, many small towns that have low populations and therefore a low percentage of people presenting with medical issues, and medical staff find it very unattractive to go and live in those towns. We are not like Queensland, which has large regional centres throughout the state; we have lots and lots of very small population centres. It is very hard to serve those areas with quality health professionals and facilities.

To add to all that, we have a stretched building and construction industry, which is resulting in delays in the schedule for construction delivery. But I want to comment on the Perth women's and babies' hospital. As someone who has a background in procurement, I can tell members that our planning, consultations, design and consideration of all the factors that go into that hospital mean that we will deliver a hospital in less time than it took the opposition to deliver Perth Children's Hospital. We can either do the hard yards up-front or we can do them at the end of the process, but we are doing the hard yards up-front, and that is the way it should be. In the meantime, we have to maintain King Edward Memorial Hospital for Women. I remember the complaints about Princess Margaret Hospital for Children being absolutely dilapidated, falling to pieces, and the impact that had on staff in the transition to Perth Children's Hospital. We will not make that mistake again.

I oppose this motion. I am sick to death of listening to a solution-free zone. It is a constant repetition. I affectionately call Wednesdays "Whingeing Wednesday". I want to hear some constructive solutions from the opposition.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [6.18 pm]: I thank the member for Churchlands for her contribution. I particularly thank her for the very sensitive story that she was able to tell the chamber.

I do not propose to make a long contribution, but I had the benefit of being here throughout the opposition's contribution, so I want to answer some of the points that were raised.

Before I do that, I have had the benefit of reading the coroner's report. In her report, the coroner said about Aishwarya's parents —

> … they conducted themselves with grace and dignity in these proceedings and put their focus on the system rather than individuals. Their position demonstrated a true generosity of spirit and an understanding of the need for the coronial system to focus on death prevention rather than blame. Their unwavering commitment to see this matter through, despite the undoubted pain having to attend and hear the evidence every day caused them, must be recognised. Their bravery in the face of tragedy has been acknowledged by all involved.

As we again discuss this matter, I want to start my contribution by recognising what Aishwarya's parents must have gone through. That is why it is irresponsible to give them false hope. It is irresponsible to suggest that something other than what transpired could have transpired. Dr Speers, an expert called to give evidence in the coronial inquiry, had this to say at paragraph 228 of the coroner's report. He noted —

> … Aishwarya had those two factors that would "have both made it less likely for Aishwarya to survive, even with a bit earlier intervention with the resuscitation." In Dr Speers' opinion, Aishwarya's case showed an extremely rare severe disease process of a number of negative prognostic factors or signs that lead to a tragic outcome in previously well children, —

That is, not just Aishwarya —

> within the space of one or two days. Dr Speers was unable to say that Aishwarya would definitely have survived if things were done earlier, given the sheer rapidity of her disease progression, the fact she was already in cold shock or compensated shock at the time of presentation to hospital and her rapid demise soon after. Dr Speers gave evidence that only a minority of children would have survived in those circumstances.

It was inaccurate for the member for Cottesloe to say that if things had been done differently, she would have survived. I was really disappointed —

Dr D.J. Honey: I didn't say that. I said "could have" not "would have". I was very conscious of the fact that it was a lone probability.

Mr S.A. MILLMAN: I am letting the member for Cottesloe interject because to do otherwise would be a shameful display of politicisation of a tragic set of circumstances, which I have already articulated.

I want to say number of things in response to some of the contributions that have been made by members. Firstly, it is clear through the coroner's inquiry that there has been a number of investigations into what transpired in this circumstance. There was the root cause analysis, which is referenced at paragraph 7, and there was the independent inquiry undertaken by Dr David Russell-Weisz, the director general of the department, which was tabled in this Parliament. Details about whether Aishwarya could have been saved are provided at paragraphs 431 through to 435 of the inquiry report. The coroner also made it clear that although it was in the public interest for her to undertake the inquiry, a number of the recommendations that were identified in the root cause analysis and in the independent inquiry had already been acted upon.

Let us turn firstly to the changes that have been made by the Department of Health and the staff response to those changes. I am referring to paragraph 424 of the coroner's report. Under the heading "Staff response to changes", it reads —

> Dr Hollaway gave evidence that there have been a lot of very positive changes since April 2021. He had noticed vastly increased nursing numbers and an increase in doctor numbers as well, with both junior and senior doctors having extra cover. Further, there have been changes to the electronic medical records, namely the EDIS screens, so that doctors can enter contemporaneous notes even without the presence of the paper notes. Dr Hollaway expressed the view that the most important changes, however, has been the introduction of the permanent presence of two waiting room nurses and Aishwarya's CARE Call.

That is the staff response to the changes. I want to talk very briefly about the recommendations because the coroner noted on the recommendations that only counsel for the nurses made submissions for the specific recommendations to be considered. I am referring to paragraph 454. It reads —

> At the conclusion of the inquest, counsel for the various parties made submissions orally and in writing. I note that only one of the parties submitted to me that I should made any particular recommendation, with others noting that a number of important changes, such as increase to nursing and medical staffing at PCH and formal escalation pathways, have already been made.

A number of the recommendations had already been made. The recommendations continue —

> Ms Burke, who appeared for Nurses Taylor, Vining, Wills, Hanbury and Davies, was the only counsel who submitted specific recommendations for me to consider. Those were:
>
> - CAHS immediately implement and staff a supernumerary resuscitation team in the ED at PCH;
> - CAHS immediately implement safe staffing ratios in the ED at PCH as apply in the Victorian equivalent paediatric ED, honouring the recommendation of the Independent Inquiry that the ANF 10-point plan be given the highest priority; and
> - That consideration be given to the introduction of 'safe harbour' provisions, to protect nurses from Ahpra investigation and prosecution when an adverse event occurs in the context of the nurse doing their work in impossible or suboptimal workload and patient safety circumstances.

I have to say, over the last two days one of the most surprising things has been the emphasis that has been placed by opposition members on the safe-harbour provisions. It is obvious from the way opposition members have prosecuted their case that they have no idea how the safe-harbour provisions will work. Do they operate in any other states in Australia? No, they do not operate in any other states in Australia. Do opposition members know how referrals are made to the Australian Health Practitioner Regulation Agency when tragic circumstances like this occur? They are made as a matter of law. It is impossible for an employer to avoid referring medical practitioners and nurses to AHPRA for investigation in circumstances such as these. If, axiomatically, opposition members say they want us to implement safe-harbour provisions, they must know that the government did not have a choice to refer these medical practitioners to AHPRA. They must know that because it follows as a matter of obvious logic. There is only one jurisdiction in which safe-harbour provisions have been implemented—that is in Texas. We do not know what the consequences might be. We do not know what attitudes the other states might have to safe harbour legislation. We do not know what the view of patients might be to safe-harbour provisions when they are subjected to negligence or alleged negligence on the part of medical practitioners, which is not what is being suggested here. The counsel for the nurses did not even lead any evidence or make any detailed submissions on safe harbour. A line was just thrown out to say consideration should be given to it. All of a sudden, these champions of uncertainty who are going to cause all this confusion are saying, "Quick! Implement safe-harbour provisions!" The coroner is not even prepared to go that far. She said that consideration should be given, and that is fine. That is exactly what this government will do because we are a considerate government. We are a moderate and responsible government. Opposition members, so desperate to score political points out of this tragedy, are racing off and saying, "Do you know what we should do? We should not throw the staff under the bus", which we have not done; we have only complied with our legal obligations. They are saying we should do all these crazy things that are not done in any other state in Australia. They have been done only in one state in the United States and no-one has considered what the ramifications might be. We are not going to do what opposition members want us to do, I am afraid. We are going to do what the people of Western Australia want us to do and we are going to do what is sensible, proportionate and appropriate.

I want to talk next about some of the other things that have already been actioned, not as a result of the tragic circumstances that happened in April 2021, but as a result of a systematic review of our health system that was undertaken by the McGowan government in our first term of office—the *Sustainable health review: Final report to the Western Australian government*. The coroner made recommendations on electronic medical records and the use of electronic medical records. I refer members opposite to recommendations 12 and 22 of the sustainable health review. This document was published in 2019. It is an area in which work is already being undertaken. It predates what happened in April 2021 by a number of years. The opposition says, "Look, we have discovered an issue! Let's wave a magic wand and we'll fix it immediately." That reminds me. Opposition members then say, "Do you know what you need to do? You need to build more hospitals." The member for Churchlands, who is an expert in procurement —

Ms M.M. Quirk: An international expert!

Mr S.A. MILLMAN: Sorry; I beg your pardon, member for Churchlands.

Mr P.J. Rundle interjected.

Mr S.A. MILLMAN: What was that, member for Roe? Did you say please build a hospital? Thank you. Yes, we will build a hospital, and we will build a hospital properly. We will build a hospital that does not have lead in the

water and does not have asbestos in the ceilings because we will do the scope of work that is required. Before we undertake the construction of a new women's and babies' hospital, we will make sure that we will build the hospital properly. We will be responsible with the expenditure of government money. Because we have worked so hard—thank you for the compliment—to get this state into the best financial position of any state in the commonwealth, we will make sure that when it comes to spending money, we will spend the money properly, we will spend the money appropriately, we will spend the money cautiously and we will spend the money responsibly. That is precisely what you lot did not do. That is why members opposite say, "These are all the things we achieved", but they could not open Perth Children's Hospital. They were left Fiona Stanley Hospital, which we left them because of the investment in health infrastructure undertaken by the previous Gallop–Carpenter government. That did not stop you lot from taking credit for work that you had not done. We are doing the work on the women's and babies' hospital, and we will continue to do the work on that hospital. We will also use the shocking example of the opposition's mismanagement of the Perth Children's Hospital project as a template for what not to do.

I turn now to the Your Voice in Health survey. This was an incredible initiative brought in by the previous Minister for Health to make sure that this government would know what the attitudes and concerns of our health workforce have been and are. Our health workforce, together with the community of Western Australia, was instrumental, as the Premier said during question time today, in delivering the best outcomes of any jurisdiction in the world during the COVID-19 pandemic. We want to know what our health workforce has to say. We want to hear from them. We understand that it is not just the CEOs at the top of the tree but the workers on the front line who can help us improve, deliver and maintain our world-class health system. The Your Voice in Health survey was not something that the opposition team implemented. It was implemented by the previous Minister for Health. When we suspended that survey, in the midst of a global pandemic when we had 100 other priorities that we were trying to focus on, the opposition tried to run a scare campaign by saying that we were abandoning the Your Voice in Health survey. However, lo and behold, it is back, as we told the opposition it would be. That is because it was important to us then and it is important to us now. That is why the opposition's scare campaign fell flat on that, and it will fall flat on this as well, but that is all right.

The allegation that has been made against us is that we are only good at spin. Even if that were true, we are a lot better at spin than you lot. Opposition members do not know what they are talking about. They cherrypick data and present it as fact. What does ATS stand for? Anyone? Crickets. It stands for Australasian Triage Scale. The opposition says that under ATS 3, we rank the worst of every jurisdiction. Do members know where we rank under ATS 1 and ATS 2, which are the more important categories? We rank smack bang where we should be. We are doing exceptionally well given the challenges that the Western Australian health system is facing. Look it up. Under categories 1 and 2 of the Australasian Triage Scale, Western Australia is going great. Where we rank on categories 1 and 2 is a more accurate reflection of how well our health system is performing. Members opposite cherrypick the data to talk down our Western Australian health system and undermine our health workers. That is absolutely a shame on them. When they make arguments and present cases, they should make sure that they present the whole context. That is why I have to keep coming in here and telling opposition members about the context of the global pandemic. That is why I have to keep coming in here and telling them about how badly they ran the Perth Children's Hospital construction project. Opposition members need to present the whole picture. Anything less than that is disingenuous. It is just Liberal lies.

I now turn to the member for Central Wheatbelt. I find myself once again in agreement with the member. We are struggling with the problem of getting general practitioners into country areas. There is absolutely no doubt about that. Primary health is the responsibility of the federal government. I only wish that more had been done about this problem when Warren Truss, Michael McCormack and Barnaby Joyce were Deputy Prime Ministers of the Commonwealth of Australia and had responsibility for this area as members of the federal cabinet. Shame on them for doing so little.

Ms M.J. Davies: I actually acknowledge that it has been a perennial problem for both governments, but you are in charge now, and so, too, is the federal government.

Mr S.A. MILLMAN: I thank the member for the interjection. I appreciate that. The member referenced nurse practitioner Laura Black and the work that she is doing at the Shire of Westonia. She is doing an excellent job. We want more Laura Blacks and other nurse practitioners.

Ms M.J. Davies interjected.

Mr S.A. MILLMAN: I am not going to answer that. I will let the minister answer that in more detail, because this is a beautiful Dorothy Dixer from the member for Central Wheatbelt. On 20 February, the federal Minister for Health, Mark Butler, came to Western Australia and announced, along with the state Minister for Health, that we are going to launch a pilot program into rolling out nurse practitioners in regional Western Australia because of the crisis that those towns are facing in not being able to access general practitioners.

Ms M.J. Davies: Hear, hear! Do more!

Mr S.A. MILLMAN: You say do more. You say here is the problem, and we say yes, we know, and you say put money on the table, and we say here is the money on the table, but that is still not good enough for you. We are an evidence-based government. We are doing the work that you did not do. You have one nurse practitioner. We are going to have plenty.

The ACTING SPEAKER (Mr D.A.E. Scaife): Member for Mount Lawley, I am going to take a point of order if no-one else does. Hansard has a job to do, and that last exchange was extremely difficult for everyone. Although I allow a bit of latitude, particularly with the very passionate member for Mount Lawley, I would appreciate it if we tried to keep things orderly going forward.

Mr S.A. MILLMAN: Thank you, Acting Speaker. I am passionate about making sure that we deliver world-class health services for the people of Western Australia. That includes people in our country towns and regional and rural areas. I know that the member for Central Wheatbelt is passionate as well, and I would like to hear her applaud the government's efforts in that direction, but I will leave that for the minister to pick up.

I come finally to the Leader of the Opposition, who has had to leave the chamber on urgent parliamentary business. I will not be seeking an extension of time and will be sitting down shortly. The Leader of the Opposition came back again to the safe harbour provisions. Other opposition speakers have also spoken about that. I will restate my rebuttal of the arguments that have been made about those provisions, and the fact that no evidence was led and no substantive submissions were made. There is also no precedent for this sort of thing other than in the state of Texas. The unintended consequences of this sort of legislation could be incredibly significant, yet opposition members are rushing headlong into this recommendation without proper thought, consideration and planning.

The member for Moore talked about our investment in the Mullewa health system in the context of our investment in the Geraldton health system, as though he was advancing the argument that we should stop work on Geraldton and focus on Mullewa. Now that the National Party does not hold the seat of Geraldton, I cannot help but wonder whether its political priority is now also not the people of Geraldton. We are investing a significant amount of money into the delivery of health services in Geraldton. That will be beneficial for the people not just of Geraldton, but also the entire hinterland. It will put an excellent health facility into the significant regional city of Geraldton.

The member for Moore finished his contribution by making two important points. He wants us to invest in mental health, and he wants to know what the planning and investment will be going forward. With the appointment of Minister Sanderson, the portfolio of mental health has returned to the Minister for Health. That was not the case during the second McGowan ministry. The Deputy Premier had the portfolios of health and mental health in the fortieth Parliament, and health but not mental health in the forty-first Parliament. Under Minister Sanderson, mental health and health have been recombined. Minister Sanderson has worked tirelessly with the Mental Health Commission and the health service providers to frame the governance structures for mental health so that the proper architecture will be in place to make the necessary investments to prioritise mental health for Western Australians. I meet with many mental health stakeholders, and every mental health stakeholder that I have had the privilege of meeting with has been really impressed with how this government has elevated mental health to such a high priority and has done so much work to break down the taboo. I thought that the Leader of the Opposition's point on the stigma and taboo that people face when they seek mental health services was well made. This government, by prioritising and promoting access to mental health services, is doing everything it can to break down that stigma and taboo so that people will feel confident to go forward and seek the mental health services that they need. In fact, the demand for mental health services at the moment is testament to the fact that people who previously were not getting help are now stepping up and getting the help that they need. That will continue to grow, because there has been such a strong stigma associated with mental health for such a long time.

I am sure that the minister will have plenty to say about the investments and planning for the future. I thank the member for Moore for his Dorothy Dixer and I will sit down and wait to hear the minister's contribution.

MS A. SANDERSON (Morley — Minister for Health) [6.39 pm]: I rise to contribute to this motion. Of course the government will not support the motion. I thank my colleagues on this side of the chamber for addressing some of the more spurious and outrageous claims made by the opposition. In the time that I have available, I will confine my comments to the substance of the motion as put by the opposition. It really has been another display of wilful ignorance by the majority of those on the other side of the chamber about what is occurring in our health system.

Reform in our system, particularly at Perth Children's Hospital and the Child and Adolescent Health Service, or CAHS as we call it, is about creating enduring cultural and practical changes. It is happening across the whole system but is focused on PCH and CAHS. Those enduring cultural changes are the responsibility of every individual who works in the organisation, as well as management. They are everyone's responsibility. They are not a tick-box exercise. Members opposite do a great disservice to Aishwarya and her family by distilling those recommendations

into a tick-box exercise. I will not treat them as such, and that is the commitment that I have given the family—that they will be treated with respect, diligence and urgency in the way that they are implemented. By no means will I compromise patient safety in order to turn this into a tick-box exercise.

Several members interjected.

Ms A. SANDERSON: Members, if you do not mind. Excuse me.

The ACTING SPEAKER: Sorry. Members!

Ms A. SANDERSON: I am finding it a bit difficult to concentrate.

By no means am I prepared to turn it into a tick-box exercise and compromise and rush to fulfil recommendations that may have unintended consequences. Many of them were easy to implement; others have been more challenging and require more time and thought. I am not going to endorse anything that would produce a shock to the system or have unintended consequences, because that is also not what the Aswath family want.

The coroner made some comments about the pace of the implementation of recommendations. From the three inquiries—of course, there is also the intervention—there have been 46 recommendations altogether, with the acknowledgement that there was some overlap in those recommendations. There was absolutely zero criticism from the coroner about the pace of the implementation of those recommendations. Is the opposition saying that it does not agree with the coroner, because that has not been the tone so far? There was zero finding from the coroner about the pace of the implementation of those recommendations. In fact, the coroner made a number of comments throughout the report about the enormous amount of work that had been put in, the enormous financial commitment made by the government and the commitment of staff working to implement many of those recommendations.

I will make some comments about the root cause analysis. They are not generally public documents. The intent of a root cause analysis is to have almost a no-faults disclosure. The way it has been put to me is that it is like what is done in the aerospace industry whereby essentially everyone just puts everything on the table and it is absolutely confidential in a genuine attempt to make sure it never happens again, and a root cause analysis is treated as such. It was conducted and was essentially completed and then it was leaked. I will say, and I have said before, that whoever leaked the root cause analysis needs to take a good hard look at themselves, because the damage that that has caused to the trust in that process and the trust from staff and from the family has been exceptionally difficult to repair. That was not the intent of those investigations. That has caused immense damage and cultural challenge. It has caused enormous distrust from the family. I do not resile from those comments. It was a very bad thing for that individual to do—to leak it to the media.

In terms of referral to the Australian Health Practitioner Regulation Agency, there is no discretion under the act in Western Australia. They have to act urgently to refer health practitioners. These provisions have been put in place to protect patients, and that always has to be our priority. If someone were to ask me whether there should be discretion in certain circumstances, I would say yes, there should be, because we do not want staff participating in a root cause analysis with the fear of deregistration hanging over them. They need to be part of that process. Lessons have been learnt. Some of those were well and truly outside the government's control, but lessons were certainly learnt about that process. I absolutely think that in certain circumstances there needs to be discretion about when referral might occur, and we are investigating that, as required by the coroner.

There were 30 recommendations alone from the independent inquiry. Eighteen of those have now been completed; recommendations 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 16, 18, 21, 25, 27 and 28 are complete. On track to be completed this year are recommendations 7, 13, 14, 15, 17, 19, 23, 24 and 26. By the end of this year, we anticipate that the vast majority of those recommendations will be completed. In the longer term reform, recommendations 20, 22 and 29 will be completed. I am interested to see what kind of time frame the opposition might put on something like this, which is to review the organisation and progress its approach to the development, implementation and monitoring of culturally and linguistically diverse capability strategies, along with commensurate staff competence training, enlisting the support of external agencies and expertise. This is a technical way of addressing the cultural challenges and some of the issues that were highlighted not in the coroner's report, but in previous reports, about the cultural barriers experienced by people from non–English speaking backgrounds, the kind of respect they show for authority in government institutions and some of the signals of distress that may sometimes be lost by those who are of English-speaking backgrounds and possibly come from a more robust environment of exchange. They are not tick-box exercises; they are about root-and-branch cultural competency and cultural diversity. It is also about improving the diversity of our workforce.

I am comfortable with the pace. It is urgent but meaningful, without compromising the current staffing mix in the hospital and in the emergency department, because that is one of the most important things that keep our patients safe.

Despite the stalling from the Australian Nursing Federation on finalising the agreement—we still have not received its offer that it committed to provide us in December last year—the government has committed to implementing nurse-to-patient ratios. The audit is almost complete; it will be completed by the end of this month. It is an audit of every healthcare facility in the state. It is a huge piece of work that is almost complete. We are very committed to rolling out ratios across Western Australia. I have never heard opposition members state their policy position on ratios. I am confident that in many areas we will meet those ratios, while in others there may be work to do, but that work is already absolutely underway.

We have already referred to the safe harbour legislation and the Australian Health Practitioner Regulation Agency being a national body. It is a complex noodle nation of registration and regulation. Work is being done nationally at health ministers meetings around clarifying and streamlining, and ensuring that patients and clinicians are protected appropriately under regulation. That is a balance that has to be struck. On the one hand, it has to protect clinicians from egregious complaints, while, on the other hand, it has to protect the public and provide some transparency. That will be the priority work that I do nationally to ensure that.

We are prioritising funding for the electronic medical record program. A digital medical record will be rolled out by the middle of this year. The majority of health facilities will have the digital medical record this year. Our investment is clear on this, and we are starting the process for the electronic medical record, noting that some areas of Fiona Stanley Hospital already have it. It is worth asking the question about whether Perth Children's Hospital, built by the former government, was built to have an EMR. It was built to have an EMR, but the former Liberal–National government refused to fund it. The case was put and the business case was written. It was a clear requirement of a hospital; the IT is as important as the building now. The former government refused to fund it. The opposition has to take some responsibility for that. That is a brand new building that should absolutely have an EMR and it does not. Fiona Stanley Hospital was intended to be a paperless hospital, but it is not. We now have to retrofit these brand new hospitals finalised under the former government in order to deliver the IT infrastructure.

Mr S.A. Millman: Building nineteenth-century hospitals for twenty-first century doctors.

Ms A. SANDERSON: That is exactly right.

Mr S.A. Millman: Lead, asbestos and paper records.

Ms A. SANDERSON: Yes.

The procedures of observations at triage are operational and in place, and I understand they are being rolled out for appropriately triaged patients. Without question, there has been a fundamental misunderstanding of the health system by the opposition—a wilful ignorance and sometimes just ignorance. I refer to a comment from the member for Roe about why we cannot get people out of hospital if they are ready to be discharged. I mean, wow! What about the National Disability Insurance Scheme patient who does not have appropriate disability accommodation?

Mr S.A. Millman: Aged care.

Ms A. SANDERSON: What about the aged-care patient who does not have the home supports in place because the commonwealth system is not keeping up with demand or the mental health patient who is struggling to find appropriate accommodation? Shall we just kick them out to keep the hospitals flowing? What a ridiculously ignorant comment, and how offensive to the staff who support our community. But I will make some comments. There are patients who could be discharged who are not discharged quickly enough, and that is why we put in place the mandatory policy that when someone has an aged-care facility in their top-three requirement, they are discharged into that facility, particularly in respite, while they are waiting to make more permanent plans for the future and how they will receive care.

I have to make some comments before we close. I will talk a bit more about some of the investment into the women's and newborns' hospital before we close. I will make some comments about some of the conduct that we have seen from the opposition with regard to the health system, particularly from the now Leader of the Liberal Party, the member for Vasse. I do not step back or resile from any of my comments about some of that conduct—an unwillingness to acknowledge some of the trauma and pain inflicted by jumping on an issue without showing due diligence and courtesy to those involved by furnishing yourselves with the facts and getting across the facts of a case before jumping in front of a camera and making some outrageous comments. I have learnt in this life, and in particular in this role, that often the first presented facts are very rarely what happened. We owe everyone involved the courtesy of understanding the whole picture before making sweeping remarks and offensive comments that inflict more pain and trauma on individuals.

Let me give some examples. I turn to the case of the Rockingham General Hospital palliative care patient in which a junior doctor made clear he had some concerns that a patient may have been transferred to the morgue before

being life extinct. Less than two hours after that report had hit the media, the member for Vasse was in front of a camera. She had not talked to the family or furnished herself with the facts. She said —

> Today's reports about an alleged cover-up at Rockingham Hospital, associated with a patient who has allegedly been put in a body bag alive, also support and warrant a complete investigation, and also back those calls and justification for the Royal Commission …

She also said it—

> … raises the question, what more needs to happen in this health system before the McGowan government take the crisis across our health system seriously?"

She did not speak to the family or any staff. The reality was that a very experienced palliative care nurse had to take stress leave from work and the junior doctor took stress leave due to ending up in this absolute storm because the member for Vasse jumped on the media bandwagon but did not wait to find out and understand exactly what happened. There has been an internal review, and an independent expert has determined that it was very unlikely that that had occurred and that the palliative care nurse had called it right. Also, today a Corruption and Crime Commission report was tabled that cleared them of any wrongdoing. Despite that fact, the member for Vasse jumped up and talked about these reports of an alleged cover-up being absolutely outrageous. She jumped in front of a camera—"I have to get my face in the news." I called the family and apologised on your behalf, so do not worry; I apologised on your behalf. I rang the brother —

Ms L. Mettam interjected.

The ACTING SPEAKER: Member for Vasse! The minister has the call.

Ms A. SANDERSON: You are still doing it!

She is using families and using trauma as a political shield. That is exactly what has happened here. I do not resile from that.

Several members interjected.

The ACTING SPEAKER: Members!

Ms A. SANDERSON: I spoke to the brother of the gentleman who was recently deceased. The family had just been through nursing their loved one. He had an elderly mother whom they were trying to keep at bay. Going out in front of the camera keeps the story going; that is the point I am making. It feeds the story and therefore feeds the pain of the family. It feeds the pain.

Several members interjected.

The ACTING SPEAKER: Members! Minister for Community Services, you do not have the call. The Minister for Health is more than capable.

Ms A. SANDERSON: I have respect for those families and I respect the patients.

Ms L. Mettam interjected.

The ACTING SPEAKER: Member for Vasse!

Ms A. SANDERSON: I spoke to the brother and apologised for the fact that his family had been caught up in this horrible media storm and had been used politically. This is the quote from the man's brother. He said —

> … given the political situation around the state of the health system in Western Australia, the case had been used to highlight concerns …
>
> "Unfortunately, it doesn't take into account the people involved. And not necessarily understanding all this the full situation …

That was a member of that gentleman's family.

I go to the next example of Mr Arora. Mr Arora's case was disclosed by someone purporting to be a member of the family. That man was a former One Nation adviser and a mayoral candidate and he had totally misrepresented the situation. In fact, the Arora family was so distressed that they released a statement that said —

> … information was released and reported about Mr Darshan Arora in relation to his condition and care at FSH. The information was not factually correct in its entirety and was not substantiated with either Mr. Arora or his daughter Shelley, for the purposes of being provided to the media.

About two weeks later, the member for Vasse complained that I had not called back that gentleman who had purported to be representing the family. She said it was outrageous that I had not called that man. No, I had not because I know that he was not an authorised carer. I will not just talk to anyone who rings up and purports to represent the family.

There are still unanswered questions about what happened in that meeting with the woman who was accidentally sent very confidential data of close contacts —

Ms L. Mettam interjected.

The ACTING SPEAKER: Member for Vasse, I do not need this any longer.

Ms L. Mettam: You won't have it!

The ACTING SPEAKER: Do not argue with me, member for Vasse.

Ms A. SANDERSON: The recipient of that dataset —

The ACTING SPEAKER: Minister for Health, take a seat. Member for Vasse, you do not interject on the Acting Speaker—you know that—when I am talking to you, and you certainly do not invite to be kicked out. You are the Leader of the Liberal Party and I expect a higher standard of behaviour in that respect. In the future, I will consider naming you if that kind of behaviour is engaged in again.

Ms A. SANDERSON: The recipient of that data said herself on ABC radio that the person she went to was a person in the community with authority, the member for Vasse, the Leader of the Liberal Party. After that meeting, confidential information was subsequently provided to a major news outlet. What happened in that conversation? There are still questions to answer. I will undertake my work diligently and with urgency because I know that families absolutely want to see these recommendations implemented.

Ms L. Mettam: What a grub!

Ms A. SANDERSON: The coroner did not make one single finding —

Withdrawal of Remark

Ms M.M. QUIRK: The member for Vasse just called the minister a grub. She said, "What a grub."

The ACTING SPEAKER (Mr D.A.E. Scaife): My understanding is that there is a vexed history about whether the word "grub" is parliamentary. I will not rule on that point of order. Minister for Health, with five seconds to go.

Debate Resumed

Ms A. SANDERSON: I conclude this debate. We do not support this motion. It is a pathetic motion. It fails to understand the system and it does no service to Aishwarya or her family.

Debate adjourned, pursuant to standing orders.