

**MINISTER FOR HEALTH — PERFORMANCE**

*Matter of Public Interest*

**THE SPEAKER (Mrs M.H. Roberts)** informed the Assembly that she was in receipt within the prescribed time of a letter from the member for Vasse seeking to debate a matter of public interest.

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

**MS L. METTAM (Vasse — Deputy Leader of the Liberal Party)** [3.05 pm]: I move —

That this house condemns the Minister for Health for failing in his duties as the minister responsible for the provision of health services in Western Australia, noting the minister has lost the confidence of doctors, nurses and other healthcare workers as demonstrated by the rally outside Perth Children’s Hospital today.

What a crowd there was today at Perth Children’s Hospital. I would like to thank the healthcare workers, the Australian Nursing Federation and the Australian Medical Association for coming out today and respectfully protesting and calling for the McGowan Labor government to listen to their concerns. They feel that these concerns, particularly in relation to Perth Children’s Hospital, where real, serious issues were raised about staffing, have not been heard, not only in recent times, but over several months. I understand that in addition to those who attended the rally today, over 90 per cent of nurses union members supported the protest. We stand with the nurses and healthcare workers whose warnings about patient safety in the health system have been consistently ignored by the McGowan Labor government. Although the minister and the Premier have said much about the culture at Perth Children’s Hospital, it is clear that culture comes from the top. A system in which there has been consistent neglect of frontline workers has been exposed. We spoke to many of those workers today. They felt under increasing pressure. They are already working extraordinary hours and are very concerned about patient safety in the hospitals. This motion focuses on Perth Children’s Hospital, but there are concerns right across the system—at Sir Charles Gairdner Hospital, Royal Perth Hospital, Fiona Stanley Hospital, Midland Health Campus and Bunbury hospital. I am also hearing about concerns locally at Margaret River Hospital, and the list goes on. These workers feel let down by a government that has not only turned its back on the needs of health workers, but has overseen a system in crisis that it has continued to ignore.

I point to some comments about the former Liberal government made by the then shadow Minister for Health back in February 2017. He said —

Once again the Liberal Government has failed to make WA patients a priority. No Western Australian should be left seriously ill, waiting for the pain-relieving surgery ...

Under the Liberals, we’ve regularly heard horror stories of sick people waiting hours for ambulances to arrive or waiting for hours once they arrive at hospital.

At that time the shadow minister then talked about WA Labor’s “Putting Patients First” policy.

In the same media statement I quoted is a reference to 1 030 hours of ambulance ramping in January 2017, which was apparently a horror story. Earlier this year, ambulance ramping was over triple that amount at 4 111 hours. The waitlist that the then shadow minister and now Minister for Health referred to back in February 2017 has increased by 40 per cent. Even when we exclude April, that is an increase from 20 000 under the previous government to 28 000 now. That is a 40 per cent increase in the waitlist. That raises the question: if there were horror stories then, what sort of horror are we seeing under the McGowan Labor government? Instead, the Minister for Health has stated that the health system is performing magnificently—at least, that is what the minister stated on 6 April, just three days after the tragedy at Perth Children’s Hospital. At a press conference on 8 April, the minister said that we were in an exciting phase in our health system’s evolution. We get more spin and less substance from the Minister for Health!

There are real concerns right across the health system. One of the real concerns that we have heard from health workers is that they feel they are being blamed for the failings that have happened under the McGowan government’s watch. It has been concerning to hear that junior staff will face the Australian Health Practitioner Regulation Agency in response to an internal inquiry that has not yet been endorsed by the government and ahead of an independent inquiry that the opposition, the Australian Medical Association and many others, including Aishwarya’s family, have been calling for. We know that there have been real failings, given the issues at Perth Children’s Hospital. Today in the house I raised concerns about the lack of implementation of “Malakai’s Rule”, which the former shadow Minister for Health, now Minister for Health, had spoken about and committed to in 2016.

At the invitation of Aishwarya’s parents, I met them last night for the first time in person. They would like some assurance from the minister about when “Aishwarya’s Care” will be implemented. They have obviously been in contact with Malakai’s grandparents and are concerned about whether “Aishwarya’s Care” will actually be implemented by the McGowan Labor government. We would like some clarification around that in the minister’s response to this MPI.

The government also failed to implement the triage support nurse role, which was recommended in 2018 and was supposed to have been established at Perth Children’s Hospital. We know that in October 2020, staff and senior clinicians raised real concerns about the impact that poor staffing levels would have on patient safety. In December 2020, the AMA and the Australian Nursing Federation warned that understaffing was compromising patient care. They also stated that it would take a catastrophic incident to occur before something changed, and felt their members would be thrown under the bus when such an incident did happen. We know that concerns were raised on 12 occasions between October 2020 and April this year. I have pointed to the issues and the Leader of the Liberal Party also raised a question about the internal inquiry. I refer to a report that talks about the fact that on 12 occasions, right up until April, staff at Perth Children’s Hospital had raised concerns about staffing levels leading to poor patient outcomes.

The panel investigating the internal inquiry stated it was shocked when Child and Adolescent Health Service chief executive Dr Aresh Anwar and its board said they would not endorse the panel’s 29-page report. The panel members now believe there is an attempt to discredit the report, after they were asked whether they had done the relevant training to be involved in the investigation and also what their qualifications were. The panel membership is confidential, but it includes senior doctors and nurses, a public policy expert and a consumer advocate. There has been a monumental failure surrounding the handling of that internal report. This raises the question of why the government did not implement an independent inquiry in the first place, which the opposition called for from the beginning.

I also raised some of these staffing issues in question time. The fact that the minister stated that staffing was not an issue on the evening in question raises a level of concern, given that we are now seeing a very welcome investment in staffing at Perth Children’s Hospital, including a commitment to the resuscitation and high-dependency units and the allocation of 16 FTE, or two nurses per shift, in the emergency department. As I stated earlier, these issues are across the system. There are real concerns about the culture within our hospitals, and this comes from the top down.

The cruel cuts at Midland Health Campus have also raised concern. I refer to a comment from a doctor at the emergency department, who stated —

“The idea of operating on the same budget as last year was already horrifying, we cannot keep up the way things are,” ...

“There are people who are going to die because of this.

“We don’t know when the next person is going to drop dead in the waiting room because we don’t have eyes on them.”

That is a comment about Midland Health Campus. We are hearing the same things about South West Health Campus in Bunbury. A second inquiry will be initiated, this time by WorkSafe, into the concerns at Bunbury Hospital. A recent survey by the Australian Medical Association of more than 55 doctors found that more than 80 per cent of staff at that hospital were worried about poor staff morale. We have heard of a toxic culture in which staff members do not feel they can raise concerns and that staff have concerns around the sustainability and the safety for patients as a result of that. These real concerns about the culture at Bunbury Hospital came to a head recently when the contract for an emergency doctor was not renewed and there was no explanation for why Dr Adam Coulson, the head of the emergency department, was dumped. I will quote a doctor I spoke to recently, who raised these issues with me. According to my notes, he said —

Bed block, staff shortages and logistical issues are a major reason why adverse incidents happen in the emergency department, and as a team, we are expected to handle what the rest of the hospital cannot with often limited resources. Dr Coulson manages all of these issues as well as the day to day running of the department (sees patients himself), provides education to juniors & unites the team with his support and advocacy for us. Dr Coulson will also call out what is unfair, untrue unreasonable and not in the best interest of the patients of the department.

How disappointing that such a specialist was moved on from that position. This move was raised with me as an issue by not only local medical staff and healthcare workers but also the AMA. We stand with the nurses and healthcare workers whose warnings about patient safety in the healthcare sector have been consistently ignored by the government. The health minister and the Premier need to show some leadership and to stop using nurses and our healthcare workers as political cover for the failings under their watch.

**DR D.J. HONEY (Cottesloe — Leader of the Liberal Party)** [3.18 pm]: I rise to support this motion. We have known for some time, and the Minister for Health should have known, that the health system is in crisis, whether it is record ambulance ramping, blowouts in elective surgery waitlists, code yellows and code blacks in hospitals, or corruption in procurement. The list goes on. All we have seen from this government is spin.

**Mr P. Papalia** interjected.

**Dr D.J. HONEY:** And your department is no different!

**Extract from Hansard**

[ASSEMBLY — Tuesday, 25 May 2021]

p684a-692a

Speaker; Ms Libby Mettam; Dr David Honey; Ms Mia Davies; Mr Roger Cook

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This government is fuelled by spin. By my reckoning, around 110 journalists work in the various ministerial offices. We see spin, but not effective action, from this government. I went to the rally today and listened to the stories of the nurses and medical professionals. What an indictment on this government and the Minister for Health, because those medical professionals, to a person, feel utterly betrayed by this government. The minister got up and referred to the system being under pressure. The health system is in absolute crisis, from the very south to the very north of the state. The system is not in control anywhere. Members opposite are not part of a government that came into power after another government had been in power for a long term; they are part of a government that has been in power for four years. For four years, the minister was receiving solicitations on the problems in the hospitals. He identified his own plan that he was going to implement when he became minister. Nothing was done. Some researcher did not tell me that; the medical professionals I met today told me that. They said that the minister came in with a plan but did nothing. He sat back happily criticising the former government and then did nothing. That has led directly to the crisis that we have now. The minister was all too happy to point out the flaws of the previous government. I refer to the press release dated Sunday, 12 February 2017, put out by Roger Cook, the then deputy WA Labor leader and shadow Minister for Health, saying that the Barnett Liberals failed on health, record ambulance ramping and record waitlists, and it was a government with no plan for health care in WA.

Let us see what the minister measured as a “record failure” in health. His measure of a record failure in health care is ambulance ramping of 1 030 hours. This minister dreams of getting ambulance ramping back to 1 030 as a benchmark of good performance. Talk about spin! We heard spin from this minister and the Premier in this chamber, saying that those hours have increased because of the extra cleaning of the ambulances due to COVID-19. It took St John Ambulance WA to say that that was absolute rubbish. It was absolutely untrue. It was just spin from a government desperate to cover up its own failings in the health sector.

We heard that there was an elective surgery backlog of 19 000 patients. Now we have a backlog of over 29 000 patients for elective surgery. That is the backlog under the minister’s government. After four years in office, the government has seen a 30 per cent increase in elective surgery waitlists, not a decrease. Ambulance ramping at hospitals has trebled while this government has been in power. A crisis was 1 030 hours. What is 3 500 or 4 000 hours of ambulance ramping? This is a system in crisis.

The previous speaker asked questions about “Malakai’s Rule”. I will not go through that in detail. This minister promised that he was going to implement that rule. He did nothing. He hid behind the fact that the bureaucrats told him it had been done, so he thought everything was okay. Is this minister in touch with his department? Is he visiting hospitals? During the election campaign, the minister was happy to go out in the middle of the night with a journalist in tow from *The West Australian* so he could take a photo of the minister visiting the ED admission area of a hospital to show that he was doing something. In sincerity, it would have been better had the minister visited that hospital without a journalist; otherwise, it was more spin that something was going to be done.

It was upsetting to speak to those health workers. I spoke to a range of health workers. I see the Minister for Mines and Petroleum across the chamber. I know he is a strong supporter of the union movement. He should be empathising strongly with the health workers on this issue. I asked them a question. I did not lead with anything. I said, “How are you feeling?” I was talking to some young nurses who work at Perth Children’s Hospital. They told me that they feel distressed. They feel extremely upset. They feel dismayed. They feel unsafe turning up to work because of the actions of the Premier and the Minister for Health, who interceded in an investigation. We have reports of the Premier viewing videotapes of staff at their workplace and saying that he did not think they were looking at people in the right way. What a disgrace! Which one of the union executives in this room would ever allow their staff to be filmed in that way and have the Premier and the Minister for Health of this state view that videotape, and then come out and make comments about those staff? It is an absolute disgrace. It is a betrayal of every union person in this chamber that those staff were treated that way. The staff are so distressed. Why are they distressed? They are distressed by the fact that an incomplete investigation that has not been signed off by the chief executive who is responsible for it was used as the basis for referring medical staff to the regulatory body that governs their registration and whether they can work. That is their livelihood. That is their reputation for the rest of their lives.

Then we heard the nonsense that the minister came up with today. He said that it was nothing; there was no allegation and no assertion. What a load of rubbish! That is an allegation. It is an allegation that they have not done their job properly, based on an investigation that was not even signed off by the chief executive of the hospital. It is an absolute betrayal of those staff. Why was it done? Because we have a minister and a Premier desperate to cover their tracks and to cover the fact that they have not done their job in the last four years, and those dear, kind, thoughtful and hardworking young people are now worried sick at home. Does the minister or the Premier care about the mental health of these workers? I am passionate about this because this is an absolute disgrace. There is not one union steward or ex-union steward in this room who would ever allow this to happen to their members. This is an absolute disgrace on the part of the minister and the Premier.

It has been said that no mitigating circumstances occurred in the ward. I will not go through it all now because I do not have time, and I want the Leader of the Opposition to be able to respond properly to this matter of public interest as well. The report makes it clear that four of the 14 staff who were supposed to be in that ward had to go off and do a resuscitation in the middle of their shift. When they came back, they had to attend to other issues. They were completely overwhelmed on that night. But, members, this is not one night. This is not two nights. This occurs every night for those staff in those hospitals. I was speaking to staff members today. I wanted to ask questions and learn and find out what happened. Today, Fiona Stanley Hospital is 55 nurses short of the number who should be there right now. I was talking to a midwife who works at Fiona Stanley Hospital. She asked me to look at something. She showed me her phone and the call-ins she had. The list was extensive. As a matter of interest, I asked her how many call-ins she has had in the last seven days. She had 24 call-ins in the last seven days in that hospital because it does not have adequate staff. I spoke to people who are working double shifts. They are senior staff who feel sick and tired. Some of them are working six or eight shifts in a row because of the shortages. In that environment, we have the minister and the Premier content to throw dear, kind, thoughtful young people under the bus to protect their own reputation. It is an absolute disgrace.

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition)** [3.28 pm]: I rise to support this motion and echo the comments made by the shadow Minister for Health and the Leader of the Liberal Party. Today's rally was extraordinary. I joined both the Leader of the Liberal Party and the shadow Minister for Health at the rally. Many people there were angry at the way the Minister for Health presented his case. It was not well received. Although he might be able to deliver kind and sensible words as he placates this Parliament and in response to the questions that we ask in question time, but when he does that in front of the people whose livelihoods depend on him making good decisions and this government providing adequate resources and protection for those people, the response is very, very different. The people at the rally today were angry. They were distressed. Parents were there with their children, relying on the fact that these good people will continue to turn up because they do not want to let anyone down.

When we asked the Premier today why the Minister for Health still holds all his portfolios and why there has not been any action taken to make sure that the focus is on the health portfolio and what the people of Western Australia expect, his response was incredibly lacklustre. The Premier's response was that everyone else has these problems and every state is dealing with these problems. That is not good enough! It is not good enough from the Premier and it is not good enough from the Minister for Health. We are focused on finding out why it has taken a crisis—the fever pitch that this has come to—for there to be any kind of action from this government. Members opposite cannot come in here and blame the previous government any longer. They have had four years in government and eight years in opposition as the shadow government. It is the responsibility of the Minister for Health to get this right. The staff, the clinicians, the Australian Nursing Federation and the Australian Medical Association have some very high expectations of the minister. I do not know the last time I saw the AMA and ANF come together—that is extraordinary!

Several members interjected.

**Ms M.J. DAVIES:** Members opposite are downplaying the seriousness of the rally and the people who turned up today in their own time! That is what they are doing.

**The DEPUTY SPEAKER:** Members!

**Ms M.J. DAVIES:** They are downplaying. It is extraordinary to have those unions stand next to each other. Members opposite have absolutely no respect.

We had two weeks of Parliament and then one week—last week—when we were not in this place. In that time, a raft of new issues came to light. The minister papered over the cracks, but his inaction over the last four years is being found out. We have the leaked email from St John Ambulance to doctors at Perth's major emergency departments describing the top 10 ramped cases for the past month. It is horrifying reading. Someone waited six hours with a bleeding bowel. A 40-year-old woman had a bile duct stone and was left in the care of paramedics for eight and a half hours. Two suicidal patients waited in ambulances for more than four hours. A 60-year-old person with a head injury arrived at Fiona Stanley Hospital at 1.30 am and did not receive care until 6.45 am. A 79-year-old person with abdominal pain and distension arrived at Fiona Stanley Hospital at 8.00 pm and remained in the care of St John Ambulance staff for almost five hours. The longest wait time of these cases is over eight and a half hours. St John Ambulance staff leaked this information because they are so utterly frustrated with being blamed for being part of the problem, but it is not their fault! This government has not resourced the health system appropriately.

The opposition has seen SOS text messages from people managing the Perth Children's Hospital emergency department, calling out for staff—saying that they are short-staffed and asking people to please come in and help out. This is after the minister stood in this place and said, "We are resourcing them. There is no issue here." Sending out SOS text messages cannot be the way that our premier children's hospital is run.

Back in 2017, the Minister for Health stood and made a statement that he did not want the staff of his health system to feel ignored and that we needed to fix the cultural issues. He announced that a survey would be conducted every year. I have to say that I think the minister has probably ignored it. It is a little bit like window-dressing; he made the statements, created the survey and then ignored the findings. Either that, or he wilfully decided that he was not going to pay any attention to them. The top themes from the results of this survey were the perception that staffing levels are inadequate, that respondents do not feel safe to speak up and challenge the way things are done, support and wellbeing was identified as areas for improvement, and staff do not feel valued and recognised for the work they do. That was shown in both the 2019 and 2020 surveys. What have you done to address that, minister? What have you done to address those concerns? This was well in advance of COVID, which the Premier conveniently uses to say that the system is “under pressure”. The system is in crisis. Red flag warnings and markers were coming from the mouths of your own employees in the Department of Health well in advance of COVID.

Well done for setting up the survey, minister, but what have you done to act on those concerns? Nobody down at the rally today thought you had done anything. Absolutely all of the words identified in this survey came from the mouths of the staff we were talking to, in front of the ANF and AMA. They have called for your job. At the very least, have the goodwill and foresight to say to the Premier that you need to hold only the health portfolio. If you are going to hold it, at least focus on it. You should offer up your resignation, or at least your resignation from the non-health-related portfolios, just like everyone else in this health system has. You need to make sure that the right people are in the jobs, and you need to look after the people who turn up every day and who are under stress, under pressure and feeling totally and utterly let down by this government. You have had four years as a minister, four years in government and there is \$4 billion in the kitty. The state is awash with money. Red flags were coming up in every report. Staff were trying to raise and escalate issues with the executive of the service. Everyone has been taking responsibility for what has happened over the last four years except you, minister. Your Premier is defending you. He said today that it does not matter what happens, you have the job. If that is what is going to happen, have the goodwill and foresight to say to everyone that you need to be able to focus solely on that portfolio. We need to have confidence in the WA health system and that we will not again face the tragic events we have seen in not only Perth Children’s Hospital, but also many of the other hospitals that are functioning “under pressure”, as the minister puts it, but I would say are in crisis. Look after the people who turn up when we need them to; they are feeling utterly betrayed. The evidence was in the minister’s hands well and truly in advance of COVID.

**MR R.H. COOK (Kwinana — Minister for Health)** [3.35 pm]: I thank members for the opportunity to speak on this motion. The rally today was an important opportunity to meet with doctors and nurses, who share our concern about the pressures on the system. This was similar to a meeting I had last week with some of the doctors and nurses from Perth Children’s Hospital’s emergency department. It is similar to the situation following Malakai’s death, when I went down to the emergency department and talked to the doctors and nurses on the front line, and not with a journalist in tow, I might say, member for Cottesloe. Your spiteful and ugly observation is noted. It was an opportunity to visit those staff anonymously; admittedly, unfortunately, it was with the attention of the media. But it was an attempt to go down to meet with them and talk to them about a horrible situation that occurred in their workplace, and make sure that they understood that we support them and want to continue to support them to make sure they have every opportunity to continue to provide great health care on behalf of the people of Western Australia. That remains our goal and mission today, as it was on day one of this government.

One of the issues we discussed with staff was that we understand the system is under pressure. We have acknowledged and recognised this since late last year, and have been moving quickly to put things in place to try to resolve the issues that are impacting our health system at the moment. It is a health system of over 40 000 frontline staff and, of course, support workers, and it is the single biggest investment by the government each year. Therefore, it is obviously important that we make sure we get it right. But it is a system that, at the moment, is under pressure. We are not orphans in this; this is occurring throughout Australia. All health ministers report unparalleled demand for hospital services at the moment. More people are turning up to emergency departments. There are more acute presentations to our EDs. There are more health issues amongst our children. There are more long-stay and National Disability Insurance Scheme patients in our hospitals. More patients with mental health issues are presenting. More people have dropped their private health cover, so they depend on the public health system to get the health care they need. As a demonstration of how much this is impacting all our health systems, it is an item on the agenda of national cabinet next week. At the very highest level of government in Australia, this is of great concern. All state jurisdictions are moving heaven and earth to try to make sure that they deal with this new volume and pattern of demand.

This is occurring in Western Australia as it is occurring everywhere else. Whether there are issues to do with ambulance services or capacity in our hospitals, all health systems are being impacted by this. Since late last year we have been working with all our frontline leaders to understand what extra resources we need to provide to make sure that our hospitals have the resources they need. That work has been ongoing. The tragic set of circumstances around Aishwarya’s death in the emergency department of Perth Children’s Hospital is a death that has pierced the heart of this state. I think everyone understands that this was a tragic and horrible event and we need to respond.

I have an obligation as the minister to respond. I think the hospital system has an obligation to respond, to provide answers to that family and to ensure that it does not happen again. We are absolutely forthright in our determination to make sure that we undertake that. That was the reason that we brought in the root-cause analysis at such short notice and work was done in speedy fashion to make sure that we got that information as quickly as we could. It was important work that will inform the now independent inquiry, which I discussed in a brief ministerial statement today, to make sure that we get to the bottom of these issues and ensure that we can move forward by providing answers to the family and learning, to make sure it does not happen again, and we will continue to do so.

I will discuss further work in relation to PCH shortly, but can I just put on the record the situation concerning Malakai, a small child who died in 2016, when I committed to making sure we had an escalation system in place once our party came into government. In 2017, when we came into government, the calling-for-help system was being relaunched to increase awareness for families and staff. At my insistence, calling for help was eventually replaced by the uniform parent escalation system across WA Health called CARE—Call and Respond Early—call to make sure there was a single system right across the board. This system was in accordance with Standard 9 of the National Safety and Quality Health Service Standards. The root-cause analysis into Aishwarya’s situation has raised serious questions about the effectiveness of how the parent-escalation system operated in PCH on 3 April. We are committed to acting on the recommendation from the root-cause analysis, which is to make sure we continue to bring in a better system around parent escalation. As I said, I have agreed with the family that we would introduce a system called “Aishwarya’s Care” to make sure that we continue to improve the situation for parents who are bringing their children into these places.

The nursing staff of our hospital systems and our entire healthcare system do an extraordinary job on behalf of the people of Western Australia—an extraordinary job. Whether we walk into an airport and get ourselves tested for COVID-19, go to our general practitioner to see a healthcare nurse around vaccination or other services or go to a tertiary hospital or a regional health setting, nurses will be there. They are the backbone of our system and it is important we make sure that we take every opportunity to ensure they have the support and resources they need to do the work their training has provided for—that work will obviously be ongoing. It is always difficult in a public health system where we are balancing the need to utilise taxpayers’ money effectively against the needs of a healthcare system with infinite demand for its services. I believe that we have struck that balance and created the best emergency department system in the country—the best. When it comes to the four-hour rule we are the best, and that is something I am extremely proud of. Even during this pandemic crisis, our EDs continue to operate effectively and make sure they continue to provide good health care.

We also have some of the second-best elective surgery wait times in the country; we are pipped by Victoria, unfortunately. Under our government’s time the medium wait time for elective surgery has gone from 39 to 36 days, the second best in the country. We have caught up all those people who had their surgeries cancelled or rescheduled during the COVID-19 pandemic to ensure that we are now up to date and continue to provide great performance when it comes to elective surgery. It is never perfect, but it is a system that we should all be proud of.

It is true to say that ambulance ramping is a challenge for us. It is a challenge for all healthcare systems right across the country, in particular in Queensland, I will observe. From that point of view, we continue to make good headway by working with all the parties involved to ensure we have the very best way of providing for greater capacity in our EDs, better diversion of ambulances away from EDs when we can do so, and making sure we work closely with St John Ambulance so that we can most effectively utilise their services to ensure we get a good spread of patients right across our emergency departments and we can see to those people as speedily as possible. Again, I do not resile from the fact that this is a challenging time that we are sharing with every other health jurisdiction in Australia.

We have been working for some time to put in place plans that we want to see implemented to make sure we have extra capacity in our hospital system. Let me go through just a few of those. Let us start with beds. More than 500 extra beds will be added to the WA hospital system over the next four years. This includes 300 inpatient beds and, specifically, 100 mental health beds. It is an important capacity building program that will make sure our health system continues to add capacity as demand grows. But that is four years away, over the forward estimates, so we also understand that we need some immediate solutions to make sure we are increasing that capacity. Earlier this year, we committed to opening 117 beds in Perth hospitals as soon as possible. I am very pleased to say that 81 of those new beds are now open. We have 12 more to open at Royal Perth Hospital and another 22 to open at Sir Charles Gairdner Hospital and they will be open by August this year, so we can see that we are continuing to build that capacity in our hospitals so that there is a better flow of patients through our EDs and into our hospital system. Speaking of EDs, we are rolling out the biggest ever expansion of emergency departments in the state’s history—95 more beds or chairs right across the system. This is in the context of a massive \$1.5 billion infrastructure program, including new or redeveloped hospitals at Joondalup, Peel, Bunbury and Geraldton, not to mention the commitment for the redevelopment of Newman Hospital and, of course, our commitment to the new hospital at Tom Price. This is in addition to the installation of an MRI at Kalgoorlie Health Campus as well as a radiotherapy service at Albany Health Campus. New mental health emergency centres and behavioural assessment units to the

tune of \$19 million are being built at Sir Charles Gairdner Hospital, Royal Perth Hospital, Peel Health Campus, Midland Public Hospital, Joondalup Health Campus, Bunbury Hospital at South West Health Campus and Geraldton Health Campus. One of the real legacies of this government's time in office will be the \$1.8 billion women's and babies' hospital to be built at QEII campus. It is a significant body of work that will see our hospital system continuing to be renewed and expanded, providing for the patients of the future.

To reiterate for members, over 500 extra beds will come into our system over four years and 117 beds will be brought on just this year, as well as the single biggest expansion of our EDs in the state's history. It is all important work, but, at the end of the day, that is just the bricks and mortar. There is no use in a hospital having new beds unless it has the nurses, doctors, allied health and support staff to stand next to those beds, and there is significant work going on to make sure that that happens. Our health workforce is significantly challenged at the moment, largely because Western Australia has always depended upon doctors and nurses coming from overseas and spending time in our health system to gain invaluable experience as part of their careers. Because of the COVID-19 pandemic, that tap has essentially been switched off. Although we are now starting to see some doctors coming from overseas into our hospital system, our nursing workforce still faces a significant challenge.

The McGowan government is facing up to that new challenge and making sure that we have more nurses coming into our system so that they can continue to grow our health services. In addition to the election commitment we made to bring an extra 400 nurses and midwives into our hospitals over the next two years, the department is also bringing in an extra 100 this year and next year as well. That means that we will employ 1 000 newly qualified nurse graduates in 2021 and 1 000 newly qualified nurse graduates in 2022. That is a significant input into our nursing healthcare workforce.

This is going to be tough work because, obviously, these are new nurses coming into the system. We need the opportunity to train them and they need the opportunity to specialise. We are particularly focused on making sure that these graduates have the opportunity to train and specialise in mental health services. We know that the more exposure we give to our nursing graduates and trainees in mental health and other specialties, the higher the chance they will take them up as their specialty. One thing that the Chief Nurse and Midwifery Officer is doing is making sure that we provide many opportunities for these graduates and trainees to be exposed to mental health practices so that they then go and practise in that area. We know that we need to continue to grow our mental health and community mental health services, but we cannot grow them unless we have the workforce to do so. One thing we have identified under the McGowan government's mental health workforce strategy is the need to make sure that we have more mental health nurses and more community mental health workers to continue to grow those services.

There will be 1 000 new recruits this year and there will be 1 000 new recruits next year, which will ensure that we have a pool of staff that we can draw upon so that when we have absentees from the wards or emergency departments, we can replace them. I heard the Leader of the Opposition characterise a text message to staff as reading, "If you're interested in extra shifts ...". That is an alarmist sort of approach. This is normal practice. Do not characterise these normal operational processes in that sort of alarmist way. We are not resiling from the fact that staffing is an issue and we are not resiling from the fact that we have a lot of work to do to make sure that we can meet the demands on our systems at the moment, but, please, do not characterise these things in this manner, because that is simply incorrect.

We need to continue to make sure that we better support staff in the workplace. When systems come under pressure, the first aspect to come under pressure is the relationships that exist between not only staff on a ward, but also staff and the hospital leadership. I saw that in full display when I sat down with the doctors and nurses at Perth Children's Hospital. From that perspective, we need to make sure that we support those staff and that they feel better supported. We need to rebuild the trust relationship between the leadership of the hospital and the doctors and nurses working on those wards. Let us face it: those relationships have taken a hit. That is simply the reality of any system that is under demand, and a lot of work is now going on to make sure that we improve that. One way I can contribute is to make sure that we have better processes in place to identify where we have cultural problems. That is why I announced today at the rally that I will convene a working party of health union leaders and senior executives of the Department of Health so that we can have an honest conversation and put in place measures that we all agree are important to improve the culture within the system.

As part of this commitment, we have introduced the Your Voice in Health survey. As the Leader of the Opposition observed, we started that process. We went to all staff in the health system on an anonymised basis and asked them to please tell us how they are feeling in the workplace—whether they feel valued, whether they feel proud to be part of the system, how they rate the morale in their area, and other searching questions like that—to really test ourselves to make sure that we are doing those things that are necessary. I require each health service provider board to report to me on a regular basis about what they are doing specifically to improve the morale and wellbeing of staff working in their hospitals. This is ongoing work that we are committed to. This is a demonstration of our commitment to make sure that staff feel valued and heard. We take the good with the bad. It is not good enough to be there only when people are feeling great and celebrating successes; we have to be there in the bad times as

well as the good, which is why I was there the week of Aishwarya's death, why I was there last week talking to the doctors and nurses at the ED and why I was there today, facing the criticism and making sure that the staff know that we are committed to making sure that they feel valued.

**Mr S.A. Millman:** Real leadership.

**Mr R.H. COOK:** This is what leadership is about, and this is what a Labor government is about—making sure that we stand by our staff on the front line.

I want to go into some detail about what we are doing specifically at PCH, because it is important for all members to understand the body of work that is being undertaken, not only since 3 April, but since late last year when we identified a change of demand levels in the hospital. That work was ongoing with the PCH ED leadership to make sure that we put in place measures that they thought were necessary to alleviate the pressure. Some of these measures were captured in the Australian Nursing Federation's 10-point plan, which it put to me. I was very proud to be able to respond in a positive manner to that 10-point plan and put in place measures that we think will make a material difference to the way the ED, in particular, operates. Those measures include an extra 16 FTE nurses for the hospital emergency department, including two additional nurses rostered in the emergency department across all shifts and additional nurses to cover any leave; an extra administration officer, who will be assigned to the triage desk; a designated emergency department resuscitation team on every shift to make sure that we have the resources to come in to the ED, if necessary, in the event of a resuscitation emergency, which will be supported by senior medical and nursing staff from within the hospital attending every resuscitation; and, perhaps most importantly of all, an additional 20 beds at that hospital, including 10 inpatient beds and 10 new beds in the high-dependency unit, making sure that we have the capacity to move children through the ED quicker, have better patient flow and therefore better patient outcomes.

These are all measures that the ANF has raised with me, and, in part, these are measures that were already being worked on by the hospital leadership over the course of late last year and early this year, so I commend it for that work. It is important work that needs to be done to make sure that we can continue to provide the resources that that hospital needs. But, as I said, beds are just beds. It is all about the doctors and nurses that stand by those beds and provide the care that patients need, and we will continue to make sure that we provide those. I am very confident that the ministerial advisory panel that I put in place with the health unions will make sure that we are successful in addressing some of these issues.

No warning signs were ignored. Things were being put in place and implemented as a result of the changing circumstances in relation to the pattern and volume of demand. That work has been undertaken right across the system. Would that have had a bearing in Aishwarya's case? We do not know. None of us here was there that night. We are not the ones to pass judgement. We are not the ones to lay blame. We are the ones to make sure that we have processes in place to protect staff, to provide answers for Aishwarya's family and to ensure that this does not happen again.

This should not be a time for rank political gamesmanship. This should be a time for solemn reflection and for allowing the opportunity for these processes to be undertaken so that we can all, as one, move forward, making sure that we support staff in the workplace, making sure that we can support Aishwarya's family and making sure that we get answers and continue to learn from them.

A number of allegations have been made in this place, most of them by the member for Cottesloe and all of them false. I want members to think about what they are going to say before they stand up in this place. We have a responsibility to conduct ourselves in a manner befitting a situation of such seriousness—the death of a child in one of our hospitals. We have an obligation to conduct ourselves in a manner that befits our position.

There have been accusations that the Premier viewed video footage of the operations that night—false. There were allegations that I took a journalist with me into the hospital on the night I went to visit—false. There were allegations that the Australian Health Practitioner Regulation Agency processes were used in such a manner as to apportion blame—false. It is important that we inform ourselves before we come into this place and make baseless accusations, because they do not do us any credit and the community will not respect us for making them. It is important that we undertake this process in a way that befits the obligations and responsibilities we all hold.

Our hospital system, like every hospital system in this country, is under pressure. We have seen a step change in the ways that people are consuming our hospital services. We have seen greater acuity and a higher incidence of mental health issues; a higher incidence of longer-stay patients associated with awaiting NDIS and aged-care assessments; and a significant number of people who have dropped their private hospital cover and are therefore relying on the great services of our public hospital system. But we are determined to bring resources to bear on this situation to support the patients, the staff and the colleagues of staff who lead those teams.

We can do that because we have managed the state's finances well. We can do that because we took the hard decisions when it counted and we are now making sure that we can bring resources to bear at the time of need. The

announcements we have made on the Perth Children's Hospital emergency department expansion and inpatient beds are a good example of how we can and will respond. I will stand by every doctor and nurse in our system for the incredible work they do on behalf of all of us. I will be the last to pretend that I have the adequate expertise or experience to lay blame. I will be the first to stand by them and Aishwarya's family as we get through this current situation together to make sure that we get the answers we need and that we have the resources necessary to ensure that this does not happen again.

That is the commitment I made to Aishwarya's family, that is the commitment I made to the doctors and nurses at that ED and that is the commitment I make to the people of Western Australia. We have built up our hospital system to be one of the best in the country. It is a hospital system that is under pressure and has staffing pressures at the moment, but it is a hospital system of which we should be damn proud. We should be damn proud of the doctors and nurses who work in it, the allied health professionals, the support workers and the midwives, who all do a great job on behalf of the people of Western Australia every single day. I will stand up to any opposition that tries to drag them through the mud in the way this opposition does, and I will make sure that we continue to have one of the best health systems in this country. Thank you.

*Division*

Question put and a division taken, the Acting Speaker (Ms M.M. Quirk) casting her vote with the noes, with the following result —

Ayes (6)

Mr V.A. Catania  
Ms M.J. Davies

Dr D.J. Honey  
Mr R.S. Love

Ms L. Mettam  
Mr P.J. Rundle (*Teller*)

Noes (46)

Mr S.N. Aubrey  
Mr G. Baker  
Ms H.M. Beazley  
Dr A.D. Buti  
Mr J.N. Carey  
Mrs R.M.J. Clarke  
Ms C.M. Collins  
Mr R.H. Cook  
Ms L. Dalton  
Ms D.G. D'Anna  
Mr M.J. Folkard  
Ms K.E. Giddens

Ms M.J. Hammat  
Ms J.L. Hanns  
Mr T.J. Healy  
Mr M. Hughes  
Mr W.J. Johnston  
Mr H.T. Jones  
Mr D.J. Kelly  
Ms E.J. Kelsbie  
Dr J. Krishnan  
Mr P. Lilburne  
Ms S.F. McGurk  
Mr D.R. Michael

Mr K.J.J. Michel  
Mr S.A. Millman  
Ms L.A. Munday  
Mrs L.M. O'Malley  
Mr P. Papalia  
Mr S.J. Price  
Mr D.T. Punch  
Mr J.R. Quigley  
Ms M.M. Quirk  
Ms R. Saffioti  
Ms A. Sanderson  
Mr D.A.E. Scaife

Ms J.J. Shaw  
Ms R.S. Stephens  
Mrs J.M.C. Stojkovski  
Dr K. Stratton  
Mr C.J. Tallentire  
Mr D.A. Templeman  
Mr P.C. Tinley  
Ms C.M. Tonkin  
Ms S.E. Winton  
Ms E.L. Hamilton (*Teller*)

Question thus negatived.