

McGOWAN GOVERNMENT — 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.]

Several members interjected.

The SPEAKER: I would like the house to come to order so that I can give the member for Vasse the call.

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [3.17 pm]: I would like to take the opportunity to thank the members of the government side for supporting this worthy motion in the interests of the health of this state and also in support of our valuable health workers who are continually being asked to do more with less. That is certainly something that we have seen over the last five years of neglect that we have witnessed under the McGowan government. It has been five years —

The DEPUTY SPEAKER: Member, you need to move that motion.

Ms L. METTAM: I move —

That this house condemns the McGowan government for five years of cutting corners on our health system, leading to a health crisis.

As I was saying, it has been five years since the McGowan government was elected, five years since the Labor Party told Western Australians that it was, and I quote, committed “to drive change and fresh thinking into hospitals”. That was a statement of 15 February 2017. It has been five years since we were told this government was committed to delivering three medihotels for the state—an election policy that would free up expensive high-care hospital beds so that more patients could be treated. It sounds familiar, but that was five years ago. It has been five years since the McGowan government committed to policies that would help ease pressure on the hospital system. If they had actually been delivered, those policies would have supported our health workers, and we may have avoided the crisis in the health system that the state finds itself in. For five years, this government has cut corners in the health system, wheeling out big promises and failing to deliver on those promises, and we are now seeing a calamitous but predictable situation right across our hospital system. This situation hit a new low yesterday, when one in four ambulances in our city were ramped outside hospitals because there was not enough capacity in the system, and not enough support for our health workers, who are continually being asked to do more with less under this government. Patients are waiting hours to be seen in emergency departments and in ambulances with the support of paramedics. The system has been run down to a point at which the ambulance service issued an unprecedented warning to Western Australians to expect delays when they call that vital 000 number, due to extremely high demand. The service took the proactive step of alerting the public because it knew it was under extraordinary pressure, with one in four ambulances ramped outside metropolitan hospitals.

What an absolute disgrace, and an appalling new low that will forever be part of the McGowan government’s record of poor performance and lack of support to the hospital system. Despite sitting on a record surplus, predicted to be between \$6 billion and \$8 billion this year, and over \$5.8 billion last year, this government has continued to cut corners on health, and has successfully managed to reach a point at which Western Australians are being told that if they call 000, ambulances may not actually get there in time. Responsibility for this falls on the McGowan government, because, as we know, ambulance ramping results from a failure to move vulnerable patients through the hospital system, because our health workers need additional support. The government last week announced \$250 million for emergency department reform, including a task force to oversee reform. I am not sure that we need another task force to tell us what is blatantly obvious. Pointing to those promises in 2017 about reforming the health system and addressing ambulance ramping, and the failures we have seen with cost-cutting in health, it is extraordinary that this announcement was made with no targets, no time frame and no promises to address the dangerous levels of ramping we are seeing under this government.

The system is at capacity because there are not enough beds. More than 100 code yellows were called in 2020–21 due to a bed shortage. Is it any wonder when this government spends its first two years winding back the number of beds in the hospital system? According to the Australian Medical Association public report card of 2022, WA has the lowest ratio of public hospital beds to population in the country. The president of the AMA stated that WA started the pandemic with the lowest number of public hospital beds and intensive care unit beds per head of population in Australia, and little, if anything, was done in 2020–21 to increase capacity, while beds that had previously been closed are only now starting to be reopened. In fact, in the middle of the pandemic, the number of ICU beds in WA went backwards. A report of the Australia and New Zealand Intensive Care Society stated that WA had the lowest number of ICU beds, per capita, in Australia, with six beds per 100 000 population. The national average is 8.5 per 100 000. The report also revealed that the number of ICU beds dropped from 179 to 159 over that period. It

is quite extraordinary, and has been raised in this place before—namely, that in the middle of the pandemic, when we were told that restrictions were put in place to prepare our hospital system, this government had actually sat on its hands until the second half of last year, when it realised it would inevitably have to open these beds—and then we saw it scrambling to catch up. It has in the eleventh hour committed to effectively reopening the beds, but the complete number will not be on line until October this year, well past the winter break and the current COVID peak.

In the meantime, the flow-on effect on other services, and the impact on patients and health workers, has been continually increasing, and our health workers are being asked to do more with less. They have to do an incredible job under the most difficult circumstances, and in some cases it has been absolutely tragic, and nowhere is this more evident than with ambulance ramping. Yesterday’s dire warning was absolutely inevitable. Last year, when there was little COVID in the community, we saw 52 000 hours of ambulance ramping—double that of the year before, and five times the rate when this government came to office. There were 9 819 hours of ambulance ramping in 2017. We have heard all the excuses, but the reality is that the number of hours of ambulance ramping parked outside our emergency departments with paramedics supporting patients has been escalating since this government came to office before COVID, and significantly since 2018. This issue affects regional health services as well. In March 2017, there was just over 640 hours of ramping, with six hours in country hospitals. The latest figures, from April 2022—five years on—are 5 100 hours with 107 hours in country areas.

The Minister for Health hit the hustings last week with the Treasurer on a public relations blitz to provide some answers to this. As I said, the government proposed a task force, committing \$250 million to improve Western Australian emergency care, but, as confirmed today, no time frame has been indicated for when these measures will actually hit the ground to support those valuable health workers who have always been doing more with less. The minister stated at her press conference on Monday last week that no great improvement is expected in the coming months; the government is not looking for a quick fix. After five years, it will not be a quick fix, but we expect at least some indication that, given that Western Australians have overwhelmingly stepped up and supported the restrictions, particularly small businesses, and the vaccination rollout, the McGowan government would come good on its promise to ensure our hospital system was battle ready for COVID, and to support our health workers to ensure that they were not being continually asked to do more with less. I can only imagine how those patients and health workers felt when the minister said that the government was not looking for a quick fix and provided no indication. It said, “Don’t worry, the budget also includes \$30 million for 18 additional paid paramedics and six additional ambulances in regional Western Australia delivering on an election commitment.” However, do not expect a quick turnaround on that either. The Minister for Health said the government is rolling out a \$20 million commitment that it announced two years ago for paramedics, and this one will be rolled out over the next two to three years. It is all spin with no time frames and certainly no urgency. It is five years of cutting corners and spinning about the investment in our health system. We do not need to look far to see the failures and the corners that have been cut in what the government promised, from a government that is big on spin and short on action.

Medihotels were going to be an answer to the beds issue. Fresh from the election, former health minister Roger Cook issued a media statement on 25 May 2017 that stated —

- McGowan Government moves on election promise to build WA’s first Medihotel at Murdoch Health and Knowledge Precinct

...

“They will deliver a better experience for recuperating patients and to free up hospital beds so more patients can be treated.

In 2017, the facility was expected to be opened next door to Fiona Stanley Hospital by 2021. I quote the minister at the time —

Medihotels will help reduce waiting times in emergency departments, and waiting lists for elective surgery, by ensuring patients who are not ready to be discharged—but no longer need that high level of care—can recover in comfort, with family and loved ones close by in a convenient location.

The time frame for delivery was, first, 2021 and the next guess was 2022. We now hear that the medihotel may be delivered by 2023, according to the latest media statement of August 2020. The medihotel was to deliver up to 60 beds and operate on a 24-hour, seven-day-a-week basis. The medihotel, which will now be operated by the Aegis Aged Care Group, will deliver up to 80 beds, and operate 24 hours, seven days a week, and is expected to divert 4 500 patients. Multiple media statements were made, but there is still no medihotel five years later.

In June 2017, the government excitedly announced that it had co-signed a statement of intent to deliver on the Joondalup hospital expansion and medihotel. The plan was to see the state government honour its \$167 million election commitment to provide 90 additional public inpatient beds, on top of the existing 467, and between 25 and 30 mental health beds. The medihotel was also to be built to free up more hospital beds and improve patient flow. The expansion was to include eight new operating theatres, up from 12, and a six-bed stroke unit. The Premier told

us at the time that Western Australians could count on this state government to properly manage our hospitals and create a health system in which patients were the priority, providing health care where and when people needed it. However, we have seen something quite different. The eight operating theatres that were promised have dwindled to one and the medihotel was all talk. It is a common theme of this government; it is all spin and very short on delivery. After five years, the eight operating theatres promised are now one and, according to the former Minister for Health in last year's estimates hearings, the medihotel is now a vision. I quote the former Minister for Health —

It is true that we adjusted the scope and size of the development. In relation to the medihotel, it remains part of the vision for the hospital ...

When questioned further, the health minister at the time said that the scope of the current works did not include the medihotel, but that the medihotel would be developed as part of the ongoing redevelopment of the hospital. It was an election promise, but it is now just a vision. The original \$160 million election promise was reduced to \$96 million. What the government achieved in five years is basically a car park.

The third medihotel promised was at Royal Perth Hospital. It is the only one that this government has managed to deliver. That is probably because it is made up of just four beds—just four beds in five years. That was a key election promise in 2021, the premise of which was to relieve pressure on our hospitals and attempt to mitigate the situation that we now find ourselves in. Bed block is creating a flow-on effect into other services, including St John Ambulance, and having a major impact on patient care and the overall efficiency of the health system. The past five years of the Labor government have been defined by a common theme in the health portfolio, and that has been spin. The government made plenty of shiny promises before it was elected, and has made plenty more in government, but the reality is that it has failed WA health workers and the patients of WA.

Yesterday's unprecedented call from St John Ambulance reflects that our hospital system was already at capacity going into COVID-19, and that is completely inexcusable. Despite the state's riches, this government has refused to invest in the one thing that everyone in the state will need at one point or another in their lives, and that is a first-class health system. That is something that WA patients deserve and it is certainly something that WA health workers deserve. The government has cut corners to make the books look good while sitting on a record surplus. Yesterday's unprecedented warning by St John Ambulance in Western Australia is a consequence of five years of failing the health system in Western Australia, and the health service and health workers as well. In a state as prosperous as ours, we should not be telling people to avoid calling 000. We should not have patients waiting in ambulances for thousands and thousands of hours each month to be admitted to emergency departments. We should expect a world-class health system. As I have stated, our health workers are doing more with less. Our small businesses have obediently supported the restrictions that this government has put in place. As a whole, Western Australians have overwhelmingly stepped up and supported the vaccination rollout program. However, this government has failed on its promise to ensure that our hospital system was battle ready for COVID. Six COVID patients were in ICU yesterday and eight are in ICU today. The health system is under extraordinary pressure and that is simply inexcusable.

MR P.J. RUNDLE (Roe) [3.38 pm]: I also support this excellent motion by the member for Vasse that this house condemns the McGowan government for five years of cutting corners on our health system, leading to a health crisis. When I first came to this house, the thing that struck me was the constant attack every day from the Premier and the then Treasurer that we had left them \$40 billion in debt. That was obviously a theme that the Labor Party and the government decided to run for a good couple of years. When I look back at the number of hospitals that were built by the previous Liberal–National government, I am very impressed. The Perth Children's Hospital and Fiona Stanley Hospital were both built for a reasonable price at the time and they both delivered. When I look at it now, I see that this government has not added any beds at all. I very much support what the member for Vasse said about some of the failures of this system. It is very interesting that every time the member for Vasse asks a question of the Minister for Health, it is framed as an attack on the staff and the people who work in the health service. As an opposition, we recognise the value of our health service; we recognise the great role that health service workers have played over the last few years. I know that is some form of defence, minister, but this government has not delivered the number of beds, especially considering the surpluses that we have seen in the last couple of budgets and I am sure we will see in the budget this Thursday. This government has dropped the ball.

For regional health, the previous government delivered hospitals with the royalties for regions program in the likes of Karratha, Kalgoorlie, Albany, Narrogin and Katanning—and the list goes on. The responses of the Minister for Health are quite disingenuous. I would like to highlight a couple—firstly, Geraldton Health Campus. I still remember that back in 2017, Geraldton hospital was going to be great. The Labor government said it was going to do such good things. They said, "This is what we're going to deliver!" Here we are, five years later, and all we have is a car park and a new facade. After five years, the car park was completed in June last year and there is no sign of stage 2 starting any time soon. The Minister for Health has flown up there, we have maps and the member for Geraldton has made promises about the long-awaited upgrades, but this project has gone from a 2022 completion date to a 2023 completion date, and now to a 2024 completion date. I can see that it is probably going to be delivered sometime after 2025. I am concerned that the Minister for Health is not delivering.

This is happening at not only Geraldton hospital but also Mullewa Hospital. The member for Moore is sorry that he cannot be here today because he has written to the Premier about Mullewa Hospital, which is another one that was promised. The previous government had plans for Mullewa Hospital back in 2015–16, and, once again, similar to Geraldton, they have not been delivered. Another one is the Margaret River Hospital. I know the member for Vasse has been doing a lot of work on this. The Margaret River Hospital has been identified by the WA Country Health Service as a priority for expansion. We have not even seen any allocation from this government. I look forward to seeing something in the budget for it. Plantagenet Hospital is another. Regional health services are struggling to find staff. St John's volunteers are having to do transfers to Albany. In Mt Barker, only one person is qualified to take X-rays. We have some real issues in the regional health system. When the Minister for Health gets asked a genuine question about regional health, I would appreciate it if she could give a genuine answer rather than trying to turn it into some sort of attack on the health workers who are doing fantastic jobs.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [3.44 pm]: I also rise to support this excellent motion by the shadow Minister for Health. When the budget came down last year, the government was touting a \$1.9 billion boost in spending for health and mental health, and it went through the detail of that. At the time, I said that I had done an analysis across the time of this government and I pointed out that this government had boasted about cutting health expenditure in its first term of government. This government boasted that it had cut expenditure. The Minister for Health actually came into this chamber and boasted that the government, unlike the Liberals who had increased spending in health, had it under control and had cut expenditure in health. At the time, I pointed out that if we looked across the forward estimates and from the baseline of when the government took office, \$1.9 billion of expenditure would not be enough to even catch up with the projected cost increases of around four per cent per annum and that, in fact, the government would be \$1.5 billion short in its funding for the health system. The government was not even catching up to where it should have been. What did we see subsequently after we made that criticism? In the midyear budget review, another \$1.28 billion was announced, and then a further \$252 million was announced targeting care, which adds up to \$1.5 billion. There was no increase; the government was simply catching up on its failure to invest adequately in the health system.

The government loves glossy announcements. I also note that it now has the COVID excuse, but, of course, excessive ramping in hospital hours has been increasing steadily before COVID hit this state. Before February 2020, the government was already at three times what the Labor side of politics had previously described as a crisis. There has been no change in the trajectory of that line. The government can try to blame COVID all it likes, but the simple fact is that the writing was on the wall back at the start of 2020 that this government was failing to provide adequate health services for the people of Western Australia.

Every time the member for Vasse and others raise questions, they are said to be attacking staff. Let me make it very clear: on this side, we have the utmost admiration for staff in the health system. A good number of my family members work in the health system and they are having to cope with the lack of investment in the health system by this government. All health workers in the system have my absolute support and admiration, but government members clearly do not care. A system that the government touted as being important was the Your Voice in Health survey. We heard that that survey would result in a dramatic improvement. Members opposite say that they care about health workers and that they listen to them, but what did they do? The Labor government suspended the survey in March.

Why did the government suspend it? It was because government members did not like the answers that they were getting. They did not want to hear it. They want to come here and verbal us, have glossy press conferences and announce funding that is simply catching up as new funding, but they do not want to hear from health workers. The leaked results from 2021 show that just 19 per cent of the 227 staff at Albany Health Campus who took the survey agreed that the organisation was making the necessary improvements to meet future challenges, and only one-quarter of the staff said they believed their organisation cared about the staff's health and wellbeing. Of course, similar results came out of other areas.

MS A. SANDERSON (Morley — Minister for Health) [3.48 pm]: I rise to make a contribution to this incredibly poorly written motion because it is fundamentally wrong in its assertion that somehow the government has cut corners, to quote. It is fundamentally wrong and actually dishonest to say that this government has cut funding. There have been no funding cuts under this government, and I challenge any individual who makes that claim, inside this place or outside, to show the evidence that there have been funding cuts to the health system over the last five years. Show me the evidence. The health budget has increased by 22 per cent in the last two years. It increased steadily in the first term of the McGowan government. At no point under this government has the health budget gone backwards. I challenge any individual, whether they make that claim in this place under parliamentary privilege or outside in the media, to show the evidence to back up that claim. Show us the evidence.

I want to step back and reflect on the context of this motion, which was moved by an opposition that did not even have enough members present to support it. It needed only five members in this chamber to support the motion. What an absolute and utter humiliation for members of the Liberal Party and the Nationals WA that they came to

the Labor government to request that our members—government members—support their motion! Let us just reflect on that. Not only is it a humiliation for the Liberal and National Parties, but it is also a reflection of their standing in the community. The number of members that they have here is a direct reflection of the number of people in the community who voted for and support them. Frankly, the number of people who are listening to those members is probably directly reflected by the number of members in this chamber now. It is quite extraordinary that members opposite shamelessly continue to prosecute things that are not true, things that are scaring people and things that are totally dishonest, and then suffer the enormous humiliation of not even having enough numbers in this place to move a motion. It is frankly pathetic. It is shocking.

The community deserves and wants a system that is working for it. That is what is happening. That is what we have in Western Australia. We have a world-class health system. The member for Vasse claims that all that the healthcare workers want is a world-class health system. I say to the member for Vasse that we have a world-class health system. Western Australia has a world-class health system and world-class health workers. Like the member for Cottesloe, I, too, have many family members who work in the health system. People will get world-class health care when they enter Western Australia's public health system.

This government has a commitment to public health services. That is demonstrated by the significant investment that we have made not only in infrastructure, but also in ongoing recurrent funding to uplift staffing. That is our clear commitment. We know that the Liberal–National government did not support the public health system. We know that it privatises when it is in government. It sells off the public health system, it sells off services and it sells off healthcare workers and their jobs. With the Midland Health Campus, it sold off the rights of women and their ability to access family planning. That is what it did and that is what it thinks of public health. I agree with the Premier's comments. I hope the opposition is a very long way from government. I would be frightened to have the member for Vasse as the Minister for Health and Hon Nick Goiran as the Attorney General because he will work every day to undermine the rights of Western Australians, particularly for women and access to public health services.

The member for Vasse framed this as a so-called emergency department package. It is actually called that; it is called the emergency department package. I will run through some of these initiatives. There is clearly a misunderstanding. I will help clarify the situation for the opposition. It seems to think that \$250 million is the only funding that is going into the health system. This \$250 million will specifically address emergency department issues, including access. It is entirely separate from the ongoing funding for the multitude of services in our system. This \$250 million is broken down into a number of initiatives, which reflect the complexity of these issues. I wish it were as simple as throwing buckets of money at an issue. We are in a global race for healthcare workers. We are in a global race for mental health workers. The money is there for staff across all those systems, and we are working to employ those staff, but there is a global shortage. We are in a global pandemic.

This package also includes \$18 million for real-time data capability, which is about understanding what is happening across the system at any one time in a centralised fashion. It will also work towards a state health operations command centre, which will centralise regional and metropolitan hospitals so we have a single point of truth and we can move people around the system where there are pressure points and understand what we need to do to mitigate those pressures at any one time. We have committed \$55.8 million for registered nurses in 15 emergency departments and waiting rooms. A highly qualified nurse will be located in an emergency department 24 hours a day, seven days a week. There was some confusion from the opposition about its position on this. Although the member for Vasse welcomed the nurses, acknowledging that they were a recommendation from the inquiries into the circumstances surrounding Aishwarya Aswath's death, she welcomed them with some reservations. The member for Cottesloe criticised the policy in an extensive Facebook rant, which I will get to later. The opposition does not know what it is doing.

The government has also committed \$74 million to support, importantly, aged-care and National Disability Insurance Scheme clients. This is commonwealth bread and butter, but the commonwealth is dropping the ball. Every single member of Parliament in this chamber would be dealing with constituents who have plans—constituents who are bogged down in the NDIS quicksand, who have plans that have been slashed without proper reviews or cut back with no notice, and families with children who have long-term disability who are told that they have to have an annual review. That is deeply offensive to those families. It is not in the spirit of what was intended for the NDIS. Reasonable supports are getting whittled away by the system. Not only that, but the rampant commercialisation of the system by the commonwealth is basically leaving people in limbo. They say, "Your package isn't enough and the pricing is too low." They pick and choose because they cannot afford to support everyone because the pricing is too low. Clients are left in state hospitals. I have heard stories of providers calling Royal Perth Hospital threatening to drop all their clients in Royal Perth Hospital in one go. "Come along with 50 clients and put them in Royal Perth Hospital." That is where the sector is under the commonwealth. That would be devastating for the state system—we cannot cope with that—and utterly devastating for those clients and their families. The commonwealth has utterly dropped the ball. I visit hospitals regularly. When Parliament is not sitting, I am out there visiting hospitals. In a mental health

ward or a general medical ward, staff spend their time with at least one person who is fighting with the NDIS, battling, back and forth, with paperwork and dealing with complex issues. They are taking up time in our system battling this commonwealth agency. That is putting a major strain on the system. We are stepping in. We are paying for the packages, we have worked with the disability providers and we are purchasing those transition packages while the NDIS sorts out those packages for those patients.

The other area is aged care. Western Australia has the lowest ratio of aged-care places anywhere in the country. We also have very few aged-care places in the regions. The state government does not have aged-care providers in regional Western Australia because the pricing from the commonwealth does not acknowledge the extra costs of providing regional and remote aged care in the largest health jurisdiction in the world. I credit the aged-care providers for working cooperatively with the state government and with each other. Hats off to the big six providers in Western Australia. They have worked really well together and they have worked well with us—better than we have seen in the eastern states. They have provided places for us. The state government is funding them and we will be working with each family and individual. We are essentially case managing patients. We are putting together a case management around each of those patients. That is the complexity of the issues that the opposition calls bed block. They are actual individuals who need better support outside of hospitals.

The other important part of this package is \$55.2 million for telehealth services, providing patient care outside emergency departments. It is all very well having diversionary programs, which we do, like the virtual emergency medicine program, a program similar to one run by Royal Perth Hospital, but we need somewhere to divert them. At the moment aged care is lacking. We want to provide telehealth services for those lower acuity patients who may be able to avoid an emergency department admission and also, critically, continue to use telehealth for mental health support for children and families in regional Western Australia. That is another area in which the commonwealth has just dropped the ball. It has blown a \$20 million hole in the state budget by cutting emergency telehealth for mental health in country areas. Where is the member for Roe's criticism of that? The commonwealth has just blown a \$20 million hole in funding for a service for his constituents. I made representations to Minister Hunt and to his junior minister, but they had no sympathy—no, they were not doing that at all—so the government is stepping in and it is funding that critical service for those families. The arguments we hear from the opposition are so one-sided. We are doing our bit; I take responsibility for our bit of this system—for the state part of the system—but it is a whole system. It is a health ecosystem that requires primary care to do the heavy lifting, as well as acute and emergency care, which is the wheelhouse of the state.

They are incredibly important packages that should not be belittled. For the member for Vasse to say that somehow it was written on a press release is, again, deeply offensive. The member jumps the gun every time, trying to get the grab and make the news, and ends up putting her foot in her mouth, frankly. She regularly puts her foot in her mouth, particularly with healthcare workers, even some who live in her electorate. A great example is when we erected marquees as part of our emergency department screening for COVID and rapid antigen tests, and it was mocked by the member for Vasse and mercilessly mocked by the member for Cottesloe. Using those marquees was an idea that came from senior emergency department physicians. The idea came from clinicians on the ground and those members mocked them. That is the kind of disdain and regard Liberal members have for people who work on the ground.

The emergency department package has been developed in conjunction with emergency department clinicians and administrators. There is a unit in the Department of Health that has been working to put together this package and it has consulted with them. These are their ideas. These are the things that they have come up with. They have said, "This is what we think will help." I want to give an example of how it is supported by people who are actually on the ground and do the work. Dr Peter Allely from The Australasian College for Emergency Medicine regularly talks about what is happening with our emergency departments. He said on ABC radio —

So, the State Government looks after hospitals and the Federal Government looks after the community. And if one aspect of that fails, the impact is felt in emergency departments. So it's a hugely complicated thing ... we need to work together to try and fix it.

He added —

... we need primary care, we need community care just all to get together to try and fix this problem.

He is absolutely right. His comments directly on the package were that it is welcomed and that it acknowledges the complexity of the problem. I think the only people who criticised the package were the member for Vasse and the Australian Medical Association, who clearly have not read it properly. It is not piecemeal and it is not short term. If they actually looked at the package, they would see that it is comprehensive and it is long-term, systemic change. Everyone else welcomed and supported the package and saw it for what it is.

There is also a total reluctance by the opposition to acknowledge what is happening today. At any point, members opposite might stand up and criticise the health system. We are in a global pandemic. We are in our first wave of COVID. I think members opposite forget how terrible it has been across other states. We saw parts of the community

crumble and fall apart in New South Wales and Victoria. There were deaths. People could not get an ambulance. People died waiting for ambulances. Ambulances were not just delayed; there were no ambulances. My sister was in New South Wales during the peak. She had COVID and was at home. She desperately tried to call the helpline. She waited for two hours but she got nothing, not even remote care. We have people being looked after at home by COVID care at home. At any time, several hundred people are being cared for. A whole range of things are in place to make sure we are, as the member described it, battle ready. We are in the battle. We are winning the battle. The battle is hard, and it is tough, and our healthcare workers are tired, but we are winning that battle—ambulances are arriving and they are getting people to emergency departments. It is slow when people get there, and I will explain why it is slow. Across the system, 2 000 staff are furloughed at any one time. That is an enormous number of clinical staff to be furloughed across our hospital system, but there is no acknowledgement of that. Not only are those staff furloughed; their co-workers and colleagues are having to step in and do extra work, extra shifts and overtime. They are working really hard. They also have extra duties and workload, with infection control, donning and doffing PPE, rapid antigen testing, sometimes dealing with uncooperative people, doing temperature checks and screening, and making sure that patients with respiratory illness are separated from other patients.

I visited a hospital during visiting hours. I have to say that the staff at Sir Charles Gairdner Hospital were incredible. They did not know who I was when I walked in. I was wearing a mask and a hat. There was no special treatment. It was not because the minister was visiting. They were superb. They were screening people. They were kind and patient with elderly people. They let people sit down. I have to say credit to them. It is really challenging when they open up for visiting hours and there is a queue of literally hundreds of people going around the corner, who are trying to visit their loved one in a really short window, and they have to get them through quickly. I give them credit. We have higher numbers of furloughed staff and that is ultimately slowing down everything.

Obviously, we are in a global race for recruitment. We are doing everything we can to recruit locally and to encourage people to come back from retirement. We have also been filling roles in vaccination and testing clinics. We have had the biggest vaccination program in the history of the state. We have administered millions of vaccinations to people across the state, including in some of our most remote regional areas. Those staff who are vaccinating vulnerable members of the community often work in hospitals in clinical areas. We have recruited significantly since the pandemic began, and our healthcare workforce has increased by 4 700 full-time equivalents in two years. That is huge. That is a 15 per cent increase, including 512 medical FTE. We are recruiting graduates—registered nurses, enrolled nurses and midwives—but we need to grow our own. We need a plan for that, but we need to import people, too. It currently takes 12 to 18 months to immigrate to Australia. We are in a global competition. The race is on—it is a race, Prime Minister Scott Morrison! This is a race and we are in a global competition. We will continue to lose in that competition if we do not do something to fast-track immigration for our most required healthcare workers. Currently, the National Health Service is working through a program with a fast-track process, a guaranteed contract and citizenship at the end of that contract. People can get on that program in a matter of weeks. It takes 12 to 18 months for a qualified doctor or a qualified healthcare worker to get through the Canberra immigration process. We are not in a place to complete. Those are things the commonwealth needs to do instead of pitting the states against each other, back and forth.

To say that we have somehow cut corners is just wrong. It is more dishonesty from the opposition. I will say that the emergency department package was welcomed by St John Ambulance and the Australasian College for Emergency Medicine. Frankly, more people listen to those organisations than to the three members on the other side of the chamber, who could not even get the numbers to move a motion. Those organisations have credibility in this space. The members opposite have no credibility in this space.

I want to run through some of the infrastructure, particularly regional infrastructure, which is obviously so important to the member for Roe, to highlight that we have government processes to go through. We are not about to fritter and waste hundreds of millions of dollars, which we know the Liberal–National government did when it was in government. It frittered away \$118 million on an ICT program at Fiona Stanley Hospital that did not work. There was no business case for the \$3 billion contract, just lots of dinners with Serco; that was enough. Joe Francis and Mike Nahan were wined and dined as backbenchers. Dinners with Serco is all it took for them to land that contract. We have a \$3.4 billion capital works program. That is a record investment in our health infrastructure. Investment is important, but people, the workforce, are the lifeblood of the health system, and that is why we are investing in them as well. That investment includes redevelopment and works in progress, not just those in the forward estimates. We have secured the extended care unit at Bentley Health Service. We have invested in the Carnarvon aged-care palliative care facility, the Murdoch child and adolescent mental health service and in the Bunbury Hospital redevelopment and the Collie Hospital upgrade. We have invested in Fremantle mental health beds—a culturally appropriate facility—the Geraldton Health Campus redevelopment and the Joondalup Health Campus stage 2 development. That will be a game changer in the northern suburbs. We have provided 102 mental health beds. Members opposite are not interested at all. We have a significant number of beds coming online. They will be literally a game changer in the northern suburbs. Excellent quality care is provided by Joondalup Health Campus. We have funded an MRI at Kalgoorlie Health Campus and mental health emergency centres at Meekatharra Hospital,

Armadale and Rockingham. We funded the Royal Perth Hospital's innovation hub and opened 26 new intensive care beds at Royal Perth Hospital's intensive care unit just in time. I recently went to the new 12 secure-bed unit mental health observation area at Royal Perth Hospital, which will take pressure off Royal Perth Hospital.

This is an extensive list. I will run through it quickly because I want to make sure that the member for Roe understands the investment that is happening in the regions before I hand over to the member for Mount Lawley, who I know is keen to make a contribution. King Edward Memorial Hospital for Women is getting critical infrastructure upgrades while we build the \$1.8 billion facility. Laverton and Newman Hospitals will receive funding and the PathWest State Mortuary will be upgraded. Peel Health Campus is being redeveloped. That is a huge commitment, and the work was brought in-house. Let us just pause on that. It was privatised by a former Liberal government. Perth Children's Hospital will be upgraded, and funding will be provided for the reconfiguration of its spinal cord injury unit. The WA Country Health Service command centre will be expanded. Urgent health works include the women and newborn services and the St John of God Murdoch Hospital medi-hotel, which will provide a range of services. This is record investment by this government. We know the opposition's record on health. It is privatising and cutting. We know that is what the opposition would deliver in health.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [4.13 pm]: In her contribution, the member for Vasse criticised the work of the state government at Joondalup Health Campus and said it was all spin. That is fundamentally wrong and flawed and it should be retracted and she should apologise. Since this government was elected, it has invested in a mental health unit, a stroke unit, a behavioural assessment unit and provided palliative care beds at Joondalup Health Campus. Seventy-two per cent of the employees at Joondalup Health Campus live and work locally.

In March 2020, Joondalup Health Campus was responsible for treating COVID-positive patients from the *Artania* cruise ship. On 30 March, Joondalup Health Campus in Perth's northern suburbs was called on to accept 30 COVID-positive patients from the beleaguered cruise ship the *Artania*, which was alongside at Fremantle port. At that point, the hospital's COVID-19 clinic had been operational for five days. It had three COVID-19-positive inpatients, at least one of whom was from another cruise ship. A raft of strategies had been put in place to prepare for the pandemic. It is outrageous that the member for Vasse can come in here and make those criticisms of this health campus, which has served the northern suburbs of Perth so well, but particularly since the significant investments that have been made by the McGowan Labor government.

This opposition will come in here and tell us that when the former government was kicked out of office in 2017, it left to us a rolled-gold health system. Nothing could be further from the truth. The member for Roe talked about the hospitals that were built during his time in office. No commissioning of a hospital has been worse than that of Fiona Stanley Hospital. After that hospital was opened, it was an absolute disgrace. The way the government of the day handled bringing that hospital online was an indictment on its ability to run a health system.

Ms S.E. Winton: Don't forget the children's hospital.

Mr S.A. MILLMAN: I will not forget Perth Children's Hospital, member for Wanneroo, because I sat on the Public Accounts Committee with the honourable Dean Nalder, the former Minister for Finance, as we roundly condemned the handling of that contract by the former government. Mike Nahan and Dean Nalder had a stand-up blue as a result of the fact that the former member for Bateman refused to accept his responsibility. He was part of the unanimous report that fundamentally condemned the handling of the Perth Children's Hospital contract. The commissioning of Fiona Stanley Hospital was an absolute disgrace.

The member for Roe said that Perth Children's Hospital was built by a Liberal-National government and opened when it was in office. Nothing could be further from the truth. When we came to government in March 2017, that hospital had lead in the water and asbestos in the ceiling. Never let the opposition trick you into thinking they left us with a rolled-gold health system. Nothing could be further from the truth. Members of the opposition have the temerity and audacity to criticise us for wanting to listen to health workers. The opposition does nothing but criticise the United Workers Union and the Health Services Union. Opposition members cannot wait to stick the boot into those union members and workers who tirelessly work day after day providing a world-class health system for Western Australia. Do members opposite know what we did when we were elected in 2017 to make sure that we heard the voice of health workers? We instituted the Your Voice in Health Survey. We put that in place. It was our initiative. This year, in the midst of a global pandemic, we have temporarily suspended that survey, but at least we put it in place in the first place, unlike the opposition. Opposition members do not care. They do not listen to the unions or the workers. It is an absolute disgrace for members opposite to suggest that they care about what is going on.

Meanwhile, the Nationals right here have never seen a dollar that they did not want to spend. Health spending under the previous government was out of control. Let me give members a quote from 2018 —

Extract from Hansard
[ASSEMBLY — Tuesday, 10 May 2022]
p1939c-1947a

Ms Libby Mettam; Mr Peter Rundle; Dr David Honey; Amber-Jade Sanderson; Mr Simon Millman

Spending on health in WA has more than doubled in the past 10 years yet outcomes in population health and ... care have not improved ...

Dollar after dollar went down the drain. All the National Party wants to do is throw more money at it, but at what cost? The state budget was in a parlous position when we were elected.

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 (3)

Dr D.J. Honey	Ms L. Mettam	Mr P.J. Rundle (<i>Teller</i>)
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Noes (38)

Mr S.N. Aubrey	Ms M.J. Hammat	Mr S.A. Millman	Dr K. Stratton
Mr G. Baker	Ms J.L. Hanns	Mr Y. Mubarakai	Mr C.J. Tallentire
Ms L.L. Baker	Mr T.J. Healy	Ms L.A. Munday	Mr D.A. Templeman
Ms H.M. Beazley	Mr M. Hughes	Mrs L.M. O'Malley	Mr P.C. Tinley
Dr A.D. Buti	Mr W.J. Johnston	Mr S.J. Price	Ms C.M. Tonkin
Mr J.N. Carey	Mr D.J. Kelly	Mr J.R. Quigley	Mr R.R. Whitby
Ms C.M. Collins	Ms A.E. Kent	Ms M.M. Quirk	Ms S.E. Winton
Ms L. Dalton	Mr P. Lilburne	Ms R. Saffioti	Ms E.L. Hamilton (<i>Teller</i>)
Mr M.J. Folkard	Ms S.F. McGurk	Ms A. Sanderson	
Ms K.E. Giddens	Mr K.J.J. Michel	Mr D.A.E. Scaife	

Pairs

Ms M.J. Davies	Mr R.H. Cook
Mr R.S. Love	Mrs J.M.C. Stojkovski
Mr V.A. Catania	Mrs R.M.J. Clarke

Question thus negatived.