



Parliamentary Debates

(HANSARD)

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LEGISLATIVE ASSEMBLY

Wednesday, 16 August 2017

Legislative Assembly

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THE SPEAKER (Mr P.B. Watson) took the chair at 12 noon, and read prayers.

SENATE VACANCY — ELECTION OF WILLIAM EDWARD SLADE BROCKMAN

Statement by Speaker

THE SPEAKER (Mr P.B. Watson): I advise that the joint sitting of both houses was held on this day, Wednesday, 16 August 2017, and that William Edward Slade Brockman was duly elected as a senator of the commonwealth Parliament.

The Minister for Health wants me to let everyone know that today is the anniversary of Elvis's death. I do not know whether he is showing his age or his taste in music!

PAPER TABLED

A paper was tabled and ordered to lie upon the table of the house.

COMMISSIONER OF POLICE — APPOINTMENT

Statement by Minister for Police

MRS M.H. ROBERTS (Midland — Minister for Police) [12.02 pm]: It is with great pleasure that I advise the house of the appointment of Mr Chris Dawson as Western Australia's next Commissioner of Police. Commissioner Dawson returns to Western Australia after three and a half years as the chief executive officer of the Australian Criminal Intelligence Commission, and director of the Australian Institute of Criminology, where he was responsible for national criminal intelligence and operations.

Commissioner Dawson already has a long history of service to the people of Western Australia. In his junior years he served at the Scarborough and Mt Barker Police Stations. After a series of promotions and appointments, he was appointed Deputy Commissioner of Police in 2004. As deputy commissioner he had responsibility for a number of significant projects, most notably the security for the Commonwealth Heads of Government Meeting in Perth. Amongst other tasks, he chaired the state tasking and coordinating committee, the police operational command group, and the Response–State Emergency Management Committee. He also drove the introduction of cold case review methodology within the special crime squad.

During his time as deputy commissioner from 2004 to 2014, Western Australia saw a decade of reductions in crime. In recent years, methylamphetamine use has become rampant in our community, dividing families and driving crime. Commissioner Dawson is ready to take a leading role in our fight against drugs, and in this regard his experience leading the Australian Criminal Intelligence Commission will be invaluable. Under his tenure, the ACIC produced the first national methylamphetamine report in 2015. He also drove the establishment of the National Ice Taskforce in 2015, and this year the ACIC established the national wastewater drug monitoring program, which identified that Western Australia has the highest consumption of methylamphetamine in Australia. During his time with the ACIC, the agency recorded drug seizures with a street value of \$1.6 billion.

Any new police commissioner has no easy task. In Commissioner Dawson I am confident that we have chosen a person whom the community can trust. As a sworn officer of the Crown with a long record of service, I am sure that he is deeply aware of the responsibilities he carries to the people and government of Western Australia to serve, protect and lead. I expect all members of this house to join with the government in welcoming his appointment.

Members: Hear, hear!

PLAYCRICKET CAMPAIGN

Statement by Minister for Sport and Recreation

MR M.P. MURRAY (Collie–Preston — Minister for Sport and Recreation) [12.05 pm]: I rise to inform the house that this Saturday marks the launch of the regional PlayCricket campaign. PlayCricket is the sport's national participation and awareness drive, and as the Minister for Sport and Recreation, I am very excited to be officially launching it in Bunbury and the south west.

The Perth Scorchers will host a MILO in2CRICKET and MILO T20 Blast session and a pop-up skills and games session as well as other fun activities for the whole family. Scorchers all-rounder Ashton Turner and fan-favourite fast bowler Andrew Tye will be in attendance. It will be a great opportunity for young up-and-coming cricketers to meet some of the best of the best to talk cricket, get their autographs and learn a few secrets of the game. The event runs from 12 noon to 3.00 pm this Saturday at Leschenault Recreation Park Pavilion. I hope the event will be a source of inspiration for young south west cricketers, and encourage new fans of all ages to participate in cricket as part of a healthy lifestyle.

DIGGERS AND DEALERS MINING FORUM*Statement by Minister for Mines and Petroleum*

MR W.J. JOHNSTON (Cannington — Minister for Mines and Petroleum) [12.06 pm]: Last week, I was fortunate to attend the Diggers and Dealers Mining Forum in Kalgoorlie. Diggers and Dealers showcases the excellence and entrepreneurial spirit that exists within Western Australia's mining, services and technology sectors. I am very appreciative of the fact that I am the first minister to speak at the gala dinner since Alan Carpenter did so in 2006.

The resources sector has undergone a rough period of challenging commodity prices and weak investor sentiment, and by all reports it was great to see a more buoyant atmosphere at the conference than has been experienced in the last few years. Of the many examples of excellence on show there are those that stand out, and each year Diggers and Dealers presents awards in six highly competitive fields. I congratulate the following award winners for 2017: St Barbara Ltd for winning the Digger Award for being the industry standout Digger of the Year for delivering stakeholders strong equity growth; Gold Road Resources for winning the Dealer of the Year Award, which is awarded for the most beneficial deal or joint venture each year; Jim Askew for winning the G.J. Stokes Memorial Award for his contribution to the resources sector; Tess Ingram from *The Australian Financial Review* for winning the media award for excellence in resources journalism; Kin Mining for winning the Best Emerging Company Award; and Janelle McPhee for winning the Ray Finlayson Medal for Leadership and Academic Excellence.

Thank you to the organisers of the Diggers and Dealers conference and I look forward to attending next year.

HEALTH PRACTITIONER REGULATION NATIONAL LAW (WA) AMENDMENT BILL 2017*Introduction and First Reading*

Bill introduced, on motion by **Mr R.H. Cook (Minister for Health)**, and read a first time.

Explanatory memorandum presented by the minister.

Second Reading

MR R.H. COOK (Kwinana — Minister for Health) [12.08 pm]: I move —

That the bill be now read a second time.

This bill seeks to give effect to amendments to the Health Practitioner Regulation National Law (WA) Act 2010 that are made nationally through the Queensland Parliament and adopted in most jurisdictions. The amendments are enacted by regulation in South Australia. This legislation is commonly known as the national law, which commenced in other jurisdictions on 1 July 2010. The WA Parliament passed the Health Practitioner Regulation National Law (WA) Act in 2010 as a corresponding law. When amendments are proposed nationally, they must be introduced and passed in WA before they can be enacted in this state. The Council of Australian Governments signed an intergovernmental agreement on 26 March 2008 that sets out the process for amending the national law. The national law provides the framework for regulating 14 health professions across all jurisdictions, and gives protection of title for these professions. Ten health professions in Western Australia joined the National Registration and Accreditation Scheme—the national scheme. These comprised chiropractors; dental clinicians, including dentists, dental hygienists, dental prosthetists and dental therapists; medical practitioners; nurses; midwives; optometrists; osteopaths; pharmacists; physiotherapists; podiatrists and psychologists. From 1 July 2012, another four health professions joined: the Aboriginal and Torres Strait Islander health practitioners, Chinese medicine practitioners, medical radiation practitioners and occupational therapists. The national law provides health practitioners with a single registration that is recognised across all Australian states and territories as well as ensures there are consistent accreditation and registration standards. Additionally, it includes, amongst other functions, codes, guidelines, national registers, notification requirements and complaint processes.

The intergovernmental agreement requires that an independent review of the national law be conducted after three years of operation. In 2014, Australian health ministers appointed Mr Kim Snowball, a former director general of the Department of Health to conduct the review. Mr Snowball released a consultation paper in August 2014 and conducted forums in all jurisdictions, enabling interested parties and stakeholders to comment. Following consideration of the 230 written responses to the consultation paper and feedback at the forums, the final report dated December 2014 outlined 33 recommendations being submitted to the Council of Australian Governments Health Council. The COAG Health Council accepted in principle the majority of the recommendations.

The amendments contained in the Health Practitioner Regulation National Law (WA) Amendment Bill are to the national law in Western Australia and reflect those recommendations. The amendments also seek to implement the decision to include paramedics in the national scheme. An additional two sets of amendments resulting in further changes to the national law in Western Australia may be introduced at a later date following further consideration by jurisdictional representatives and agreement by all health ministers sitting as the COAG Health Council. The major amendments that form part of the bill are as follows. In November 2015, the COAG Health

Council resolved to include paramedics in the national scheme as their duties include clinical skills, which can be more invasive, and they are required to make urgent clinical assessments in a variety of settings. Accordingly, the bill provides for the establishment of the Paramedicine Board of Australia and for the protection of the title “paramedic”. This reform will ensure that only those persons that are competent to practise and are registered can use the title of paramedic. Paramedics will be required to pay an annual registration fee, to be set by the Paramedicine Board in conjunction with the Australian Health Practitioner Regulation Agency. The fee is not set by the state. The Paramedicine Board will be able to manage the performance of paramedics that engage in professional misconduct, are impaired or practise in an unsafe manner.

I am tabling two documents titled “Summary of the draft—Health Practitioner Regulation National Law Amendment Law 2017” and frequently asked questions released by the COAG Health Council, which provide additional information.

[See papers 519 and 520.]

Mr R.H. COOK: The amendments to change the structure of national boards allow the COAG Health Council to combine national boards with a low regulatory burden or to separate them depending on health workforce needs, resulting in efficiencies in governance, membership and cost effectiveness. At this stage, there will be no change to the national boards. National boards and other bodies established under the national law are self-funding from registrants’ fees, and are not subsidised by the government. I table draft amendments to the National Regulations for members’ information only. I believe they have already been tabled, Mr Speaker.

The independent review’s recommendation of changes to strengthen public protection includes stronger powers to take immediate action in the public interest, to obtain practice information and to issue prohibition orders and improvements to inform notifiers regarding the reasons for the decision made and the actions taken. The amendments provide for national boards to be given discretionary power to inform notifiers at different intervals during the complaints process. Previously, only publicly available information was provided. National boards and the Australian Health Practitioner Regulation Agency will develop a common protocol to ensure that a practitioner’s privacy is not compromised.

Another amendment separates the nursing and midwifery profession to clearly reflect that they are two distinct professions. The Nursing and Midwifery Board of Australia will continue without a name change. Nurses and midwives will not notice a change. Those with qualifications as both nurses and midwives can simultaneously maintain registration in both professions. A WA-specific amendment modelled on a provision in the South Australian national law is also included in the bill to restrict birthing practices to registered medical practitioners and midwives. This involves managing the three stages of labour. Generally accepted as the first stage of labour is the start of regular contractions until the cervix is fully dilated. The second stage is the time from when the cervix is fully dilated until the birth. The third stage is after the birth of the baby, ending with the delivery of the placenta. The independent review recommended that the South Australian model be adopted nationally. A WA coroner supported the proposal in June 2015. Accordingly, WA has included this important amendment.

Birthing practices will be restricted to a health practitioner registered with the relevant national board—medical or nursing and midwifery. This does not prevent other nominated support people, such as a doula or partner, being present during labour provided they are not providing any clinical care during the three stages of labour, except in an emergency when an individual may support the woman until such time as a registered medical practitioner or midwife takes over her care.

At the consideration in detail stage, I will also seek a minor amendment to the Civil Liability Act 2002 in section 5AB, “Good Samaritans”, in part 1D to update the definition of medical qualifications in that act.

I commend the bill to the house.

Debate adjourned, on motion by **Dr M.D. Nahan (Leader of the Opposition)**.

CORRUPTION, CRIME AND MISCONDUCT AND CRIMINAL PROPERTY CONFISCATION AMENDMENT BILL 2017

Introduction and First Reading

Bill introduced, on motion by **Mr J.R. Quigley (Attorney General)**, and read a first time.

Explanatory memorandum presented by the Attorney General.

Second Reading

MR J.R. QUIGLEY (Butler — Attorney General) [12.18 pm]: I move —

That the bill be now read a second time.

This bill amends the Criminal Property Confiscation Act 2000 and the Corruption, Crime and Misconduct Act 2003 to equip the Corruption and Crime Commission with important powers in the fight against corruption and organised crime in this state. With the passage of the Criminal Property Confiscation Act, Western Australia became the first Australian jurisdiction to implement legislation providing for the confiscation of unexplained

wealth. The Criminal Property Confiscation Act's unexplained wealth provisions allow for the confiscation of assets and wealth in circumstances in which a court is satisfied that a person's total wealth is greater than their lawfully acquired wealth. Serious and organised criminals are motivated principally by greed, money and power. The objective of unexplained wealth laws is to deter crime, particularly organised crime, by removing the primary financial motivation for it. Targeting unexplained wealth in turn targets figures in criminal organisations who play a key role in directing and financing criminal operations but arrange their affairs so that they can enjoy the proceeds of their crimes without personally taking part in them.

The Australian Criminal Intelligence Commission conservatively estimates that serious and organised crime costs Australia \$36 billion annually. The source of that figure is the Australian Crime Commission's report "The Costs of Serious and Organised Crime in Australia 2013–14", published in December 2015. The profitability of crime comes at a cost to the entire community. The illicit drug market in particular is known to be a main source of profit. The Australian Criminal Intelligence Commission assesses methylamphetamine as posing, by far, the greatest threat to the Australian public of all illicit drug types. More than 60 per cent of Australia's highest risk serious and organised crime targets are involved in the methylamphetamine trade.

The 2013 National Drug Strategy Household Survey found that methylamphetamine was used more by people in Western Australia than by people in any other state or territory. The results of the 2016 National Drug Strategy Household Survey will be released later this year. The Australian Criminal Intelligence Commission's report "National Wastewater Drug Monitoring Program: Report 2", published in July 2017, found that regional Western Australia had the highest levels of methylamphetamine consumption in the country. The result is that Western Australia is an attractive and profitable market for serious and organised criminals. The Criminal Property Confiscation Act's unexplained wealth laws are there to disrupt them. Unexplained wealth laws do not require proof that an asset's owner has committed a criminal offence. As a result, the Criminal Property Confiscation Act provides a powerful mechanism for confiscating assets obtained with unexplained wealth that cannot be recovered using traditional conviction-based means. Under the Criminal Property Confiscation Act, Western Australia Police, in conjunction with the Director of Public Prosecutions, is empowered to investigate unexplained wealth. It is the function of the Director of Public Prosecutions to initiate and conduct unexplained wealth confiscation proceedings.

Although Western Australia was the first jurisdiction to implement what was considered to be ground-breaking legislation providing for the confiscation of unexplained wealth, those powers have seldom been used. In the 16 years since the commencement of the Criminal Property Confiscation Act, a total of 28 applications for unexplained wealth declarations have been made. However, since 2011, only one application has been made. This is because the DPP simply has not had the resources to pursue those applications. The result is that the Criminal Property Confiscation Act has not significantly benefited the fight against serious and organised crime in this state. The fight against organised crime is greatly enhanced by legislation that ensures that crime does not pay. Western Australia is armed with such legislation, but it is not being used.

The first purpose of this bill is to grant the Corruption and Crime Commission powers and functions to investigate and to initiate and conduct civil confiscation proceedings relating to unexplained wealth, and to seek orders from the court freezing assets in circumstances in which there is evidence of unexplained wealth. The bill also grants the Corruption and Crime Commission powers to investigate and to initiate and conduct civil confiscation proceedings relating to criminal benefits, and to seek orders from the court freezing assets in circumstances in which there is evidence of a criminal benefit. Under the Criminal Property Confiscation Act, criminal benefits are a form of unexplained wealth.

The bill does not propose that the conferral of powers upon the Corruption and Crime Commission in relation to unexplained wealth and criminal benefits be a transfer of those functions to the exclusion of the Director of Public Prosecutions. The DPP's power in relation to unexplained wealth and criminal benefits will remain. The DPP will maintain exclusive jurisdiction over investigating or initiating proceedings in relation to crime-used property, crime-derived property and drug trafficker declarations. These conviction-based means of confiscation align closely with the functions of the DPP.

In both New South Wales and Queensland, the state crime commissions are the sole agencies involved in the investigation and confiscation of unexplained wealth. Marcus Smith and Russell Smith, in their December 2016 report to the Criminology Research Advisory Council entitled "Exploring the procedural barriers to securing unexplained wealth orders in Australia", concluded, after conducting interviews with principal stakeholders throughout Australia, that the New South Wales Crime Commission's approach is the most efficient and effective approach in Australia to unexplained wealth. A number of positive attributes of the New South Wales Crime Commission model were highlighted. These included that matters are dealt with by a single agency with experienced specialist financial intelligence analysts, are investigated using the agency's coercive powers to obtain information, and are settled in almost all cases without the need for costly litigation. Conferring an unexplained wealth and criminal-benefits function upon the commission—a single agency with experienced specialist financial investigators and coercive powers—would realise for this state the same positive attributes of the New South Wales model.

The “Review of the Corruption and Crime Commission Act 2003” by Hon Justice Gail Archer was tabled in Parliament in February 2008. That review recommended that the Criminal Property Confiscation Act be amended to allow the Corruption and Crime Commission to apply for, amongst others, unexplained wealth declarations and criminal benefits declarations. That recommendation was endorsed by the Joint Standing Committee on the Corruption and Crime Commission in its twenty-eighth report of 2012 and its first report of 2013. The Corruption and Crime Commission Amendment Bill 2012 was introduced into the Legislative Assembly on 21 June 2012. The 2012 bill proposed legislative amendments that provided the Corruption and Crime Commission with functions under the Criminal Property Confiscation Act. The 2012 bill lapsed and further proposals for this legislative reform have not, until now, been pursued.

The Corruption and Crime Commission is a multidisciplinary agency, employing lawyers, specialist financial investigators and covert operatives. The Corruption and Crime Commission has both the physical and technical capabilities required to investigate and conduct proceedings in relation to unexplained wealth. It is uniquely placed to successfully carry out both investigative and confiscation proceeding functions. The bill proposes that the Corruption and Crime Commission be given the power to conduct controlled covert operations and to use its coercive powers of issuing notices, requiring the production of information, documents and other things, to advance unexplained wealth and criminal benefits investigations. The bill provides the Corruption and Crime Commission with access to powers under the Criminal Property Confiscation Act to obtain search warrants and to seize documents, to seek production orders, and monitoring or suspension orders from the court. The bill proposes that the Corruption and Crime Commission be provided with powers under the Criminal Property Confiscation Act to make examination orders to enable it to use its coercive examination powers to compel evidence on oath from targets and witnesses about wealth and assets. The bill does not require the Corruption and Crime Commission to apply to the court for orders to conduct examinations. This proposal will reduce the time taken to undertake investigations into unexplained wealth. It will allow for proactive action and immediate applications to the court for freezing orders if assets are at risk of being disposed of.

The protection of individual rights is not altered by this bill. A decision to make a freezing order or an unexplained wealth or criminal benefits declaration remains with the court. Any application by the Corruption and Crime Commission to the court must be supported by the admissible evidence. The bill proposes that the Corruption, Crime and Misconduct Act 2003 be amended to provide the commission with the unexplained wealth functions that are conferred upon it under the Criminal Property Confiscation Act. The bill provides the commission with the power to investigate unexplained wealth and criminal benefits cooperatively with any other body, such as the Western Australia Police, the Australian Criminal Intelligence Commission or the Australian Taxation Office. The bill authorises the commission to consult and exchange information with independent agencies, appropriate authorities, and any other relevant persons and bodies regarding those investigations.

The Corruption and Crime Commission is both a corruption and a crime commission. By conferring powers and functions in relation to unexplained wealth and criminal benefits on the Corruption and Crime Commission, this bill addresses what is at present a deficiency in the sphere of law enforcement in Western Australia, and better facilitates the crime-reduction purpose of the Corruption and Crime Commission. The seizure of unexplained wealth is a major strategy to disrupt crime that would effectively employ the Corruption and Crime Commission’s coercive powers and expertise in corruption investigation. This bill sends a clear message to those involved in organised crime at the upper levels that they are not untouchable and that, in fact, the Corruption and Crime Commission stands ready to engage them.

The second purpose of this bill is to restore the power and jurisdiction of other authorities, particularly the Corruption and Crime Commission, into misconduct by members of Parliament, which could constitute a breach of section 8 of the Parliamentary Privileges Act 1891 and a breach of the Criminal Code. The jurisdiction of the Corruption and Crime Commission to investigate members of Parliament for such breaches was removed by the Corruption and Crime Commission Amendment (Misconduct) Act 2014. The restoration of this power will be achieved by a minor amendment to the Corruption, Crime and Misconduct Act. The proposed amendment leaves the powers and privileges of Parliament unaffected.

I commend the bill to the house.

Debate adjourned, on motion by **Mr P.A. Katsambanis**.

DOMESTIC VIOLENCE ORDERS (NATIONAL RECOGNITION) BILL 2017

Second Reading

Resumed from 15 August.

MS C.M. ROWE (Belmont) [12.37 pm]: I rise today to speak on this very important bill, the Domestic Violence Orders (National Recognition) Bill 2017. As we know, the bill will facilitate Western Australia’s participation in the scheme and will remove one of the burdens on victims who are fleeing domestic violence, which was a previous need to register domestic violence orders across jurisdictional boundaries. Without this bill, an order made in one state or territory does not automatically operate within Western Australia.

When I gave my inaugural speech a few months ago, I said that I wanted to make a difference in the area of domestic violence. It was an issue that I felt at the time, and still feel today, the McGowan government will make a real difference in. I am pleased that another step in the right direction is being taken here today. We must make things easier for victims. The inconsistent system that existed prior to the Council of Australian Governments' agreement had placed too high a burden on victims in the time and effort associated with having multiple orders in multiple states. We know that victims of abuse often have to move long distances away from former workplaces, family supports and friends to build a violence-free life, often to a new state or territory. Also, the system simply did not hold perpetrators to account across jurisdictions. This change, in particular, will ensure that an order put in place in New South Wales or Victoria, or anywhere else in the country for that matter, is also recognised in Western Australia, thereby enhancing victim safety and perpetrator accountability by providing consistent, instantaneous legal protection across the country.

This change puts victims at the centre and helps make just that little easier what are often difficult and traumatic transitions. It will unburden victims by providing seamless nationwide protection without more effort on their part, allowing them to concentrate on building their lives rather than spending more time in a courthouse. This change facilitates the shift of enforcement from the victim to the state, where we know and recognise it should be. The Attorney General rightly pointed out that in the long term this system will only be as good as the information sharing arrangements that support it. I hope that the dedicated information sharing platform due to come out in 2019 will receive proper attention from the commonwealth and will deliver the ready access that our police and courts need to effectively implement this important change. I want to reiterate how important it is to keep working on these changes to remove the barriers for victims and their families. Although women often feel ashamed for not leaving a violent partner, we know that the barriers to leaving a violent home are often truly enormous. They include dealing with homelessness, problematic child custody arrangements or fear of losing custody of children altogether, financial insecurity and the very real threat of further violence or reprisal. These issues would be hard for the average person to deal with, let alone someone who may have had their supporting circle curbed or removed entirely and may be suffering from sustained coercive behaviour and violence targeted at them and their children. Despite all of these mammoth roadblocks, statistics from 2014 from the Australian Institute of Health and Welfare show that women leaving partners who perpetrate domestic violence make up nearly one-third of the recorded homeless population. That is a really harrowing statistic. We need to ensure that legacy issues—ineffective legislation, older and more casual attitudes towards family violence, and historically poor standards of enforcement—are at every turn challenged and fundamentally changed so that victims as much as possible can avoid the very real social and economic consequences of escaping violence. These include homelessness, disconnection from the community and unemployment, and the list goes on and on.

A clear area that has seen the thinking about domestic violence policy shift in other jurisdictions, as well as in WA, is the mechanisms that support not only women who choose to flee violence, but also those who choose to stay at home, recognising that the cost is borne by the victim when they have to abandon their life, work and home to relocate to escape violence. This is obviously a complex area of change and without a proactive and reliable support system, including policing and court action, these arrangements are more open to breaches of intervention orders than those that involve relocation. But again, it is important that the cost of family violence is not waged on the victim. These strategies argue that the victim, not the abuser, should be entitled to stay in their home should they choose to do so, and in the right framework they can be an effective way of limiting the social and economic consequences of family violence. A broader range of interventions reflecting this diverse cross-section of women need to be available. The biggest issue determining the effectiveness of protection orders has always been enforcement. Great strides have been made since the days when victims were largely ignored and disbelieved, and perpetrators shielded from the law, but more can always be done. We should always look for improvement, because if legal interventions are to be most effective, they need to be timely, graduated and consistent.

I would like to raise the issue of children and the effect that domestic violence has on them. Australian research published in the *Journal of Family Violence* in 2013 showed that in approximately 44 per cent of all reported cases of domestic violence within Australia, parental incidents of adult-on-adult abuse are witnessed by their children. That is a staggering statistic. The paper titled "Lifting the domestic violence cloak of silence: Resilient Australian women's reflected memories of their childhood experiences of witnessing domestic violence" outlined some of the coercive behaviours and violence that children are exposed to on a daily basis in domestic violence situations. They include physical abuse, verbal abuse; emotional abuse; sexual abuse, including rape; financial abuse; and social abuse. I quote from that paper —

A definition that captures the entirety of the childhood experience of hearing violence; seeing violence, being forced to spy on a parent; being made to participate in an assault; being used as a weapon or hostage; attempting to intervene in order to defend a parent and/or to stop an assault. In addition, in the aftermath of the abuse, patching up an injured parent's wounds, having to telephone for emergency assistance, and dealing with the abuser's oscillation between a caring parental role and a perpetrator role.

Just imagine what these children are going through on a daily basis; it is absolutely harrowing. Even after all this, if they do flee the abuse, they are then often separated from family and friends, and they miss school, much more so

than children who are not victims of domestic and family violence. It is clear that this is having a truly profound effect on children across the country. That same paper goes on to discuss the fact that despite this widespread occurrence, we know little about the long-term impacts on children who witness domestic violence in the home, but obviously what we do know is extremely chilling. Findings from various studies show that children who come from homes experiencing violence usually experience their first incident whilst they are under the age of five. Again, this study and other research indicates that this early age witnessing of violence places children at a prolonged risk of negative cognitive, behavioural and emotional developmental outcomes. I quote from the article —

Characteristically, these negative developmental outcomes manifest themselves in young children as the overt signs of distress. For example, excessive or atypical patterns of acting out, bedwetting, clinginess, sleep disturbance, disordered eating, moodiness, irritability, school/social withdrawal, aggression and, in adolescents, as excessive risk-taking and feelings of terror, shame, angst, confusion, self-blame, insecurity, powerlessness, hopelessness, loneliness, fear and anxiety.

That is a very troubling list. We also know that children experiencing violence are much more likely to have other situational risk factors, such as insecure attachments with parents, distant parenting, parental mental health issues, parental substance abuse, inter-parental hostility, breakdowns in relationships, circumstantial poverty, repeated relocations to shelter housing and new schools, as well as issues with peer acceptance. As adults, they seem to be at much higher risk of poor psychological adjustment and functioning, resulting in increased incidence of depression, antisocial behaviours and, indeed, suicide. The long and the short of it is that they face profound challenges because of their exposure to domestic violence, and they are often hidden victims.

In my first few months as a member of Parliament, I have been visiting local schools in my area and speaking directly with principals. I was particularly horrified when I went to one school and the principal said that one of the big challenges is when children present to the school with post-traumatic stress syndrome. I was absolutely gobsmacked; I could not believe that children could be presenting with such serious stress and anxiety disorders. At another school in my electorate, as I was walking to the principal's office, I walked past the sick bay and saw a very, very small child crying his eyes out all alone. I asked the principal whether that boy was okay and the principal replied that the boy was there every morning. He needed time to recover because there was so much violence going on at home. The principal said that the child was allowed to stay in the sick bay until he had recuperated enough to attend class. In the words of the principal, the school was a safe place for that child. It is truly unacceptable in this day and age that children present to classrooms with symptoms of post-traumatic stress syndrome and high levels of anxiety. I was saddened to hear that these were not isolated incidents just at one school in my electorate. These children are experiencing unfathomable traumas and are simply unable to cope, and I worry about the future that they might have.

The study I referred to previously included some interviews with women who had experienced violence as children. I would like to share the experience of participant 2. She clearly articulates the experience that these young children are possibly not able to articulate at the time. I quote —

He knocked mum to the ground and she couldn't even, she couldn't even breathe, and I was just standing there staring at her and thinking, What the? You know helpless, helpless to do anything. She was trying to look at me and say: It's okay. And you know ... you could see the fear in her eyes when she was lying there on the ground.

The participant witnessed this attack on her mother when she was only seven years old.

In the same study, another woman called participant 3 talked about the effect that domestic violence had on her schooling. Again, I quote —

I don't think I was learning much (at school). Like I might have been smart, but I wasn't learning anything. And, because I suppose, you know, you try to be brave and you try and you try to get through the day, but at the end of it you know you've gotta go home to the house and you know that anything could have happened. You just know because he was home during the day and you don't know what he could have done to mum.

[Quorum formed.]

Ms C.M. ROWE: We cannot turn away from people who experience this trauma on a daily basis. As I said in my inaugural speech, we do not need to start conversations; we need action. We know what a lot of the issues are and we have piles of reports on them. We now need to simply take action. We need to start valuing the lives of women and children who are in danger in their own homes every day. That is why I am really proud of the Labor government's leadership on this issue. We took substantial policy around this issue to the election and we have already made way with many of these issues. As well as the commitments we are discussing today in this bill, I am particularly proud of our commitment to establish two additional women's refuges because it is absolutely clear that women's refuges save lives.

The first women's refuge in Australia, Elsie, was set up in New South Wales in the mid-1970s by a university student by the name of Anne Summers and 14 other women. They had no money and no experience dealing with victims of domestic violence. In an article in *The Sydney Morning Herald* on 12 April 2014 titled "40 years of Elsie", Dr Anne Summers, AO, is asked whether violent behaviour has changed in the last 40 years. Her response was, I quote —

"It hasn't changed at all," she says. "In fact, it's worse!"

The article identifies that use of contemporary drugs, such as crystal methamphetamine, is one of the major contributing factors to the increase in domestic violence rates in this country. It was pretty much non-existent 40 years ago and obviously those types of drugs can trigger aggressive and psychotic episodes. In the same article, the journalist, Mandy Sayer, recalls her own traumatic experience, which is rather harrowing, but I would like to share it with the house today. I quote —

My stepfather used to beat my mother and me so badly that she tried to commit suicide three times. The last attempt landed her in intensive care. By that time, we'd been abused for three years and there had been nowhere to turn: neighbours, clergy and even the police refused to get involved in what they considered mere domestic disputes.

As my mother was recovering, she read an article in *The Australian Women's Weekly* about a woman's shelter called Elsie in Sydney's inner west. A few nights later, after my stepfather went into yet another violent rage, threatening to drop my baby brother into boiling water, my desperate mother dragged us in our pyjamas out into a thunderstorm, hailed a cab, threw us in, and told the driver to step on it. An hour later we were sitting in the living room of Elsie, weeping with relief.

The article also recounts the plight of another victim staying in Elsie in 2014. Her name is Marie. I quote —

"I've been bitten, had my ribs broken, and my back's been kicked so badly I can't feel my spine." ...
"It started on our honeymoon and lasted all of 22 years."

The article also shares Polly's harrowing story. I quote —

"As soon as he moved in with me, after the birth, that's when the abuse began. He's six foot four. I'd come out of hospital, right after surgery, already with internal injuries, and he'd hold me down on the floor and restrain me, and then he'd rape me—repeatedly—and I was still wearing a colostomy bag."

I think it is really important to share these horrific, real-life stories. They speak to the terror that women and children face, often in silence, behind closed doors, all across this country. They also highlight the fact that this is not a new crime. I think it is important that we acknowledge it is a gendered crime; it overwhelmingly happens to women. Women die every single week in this country and we must take dramatic measures to stop this vile crime.

I would like to take this opportunity to acknowledge the work of women's refuges. Each and every day, they save lives. I would especially like to acknowledge those in my electorate and its surrounds.

[Member's time extended.]

Ms C.M. ROWE: Firstly, I acknowledge Nardine Wimmin's Refuge, which is on the edge of my electorate. It provides refuge accommodation for women with or without children who experience or are at-risk of homelessness due to domestic violence. The fantastic staff also provide vital information and emotional and practical support to the victims and their families.

Starick is another important provider across many of our electorates in the south east metropolitan area, including mine. Starick provides support services to women and children who experience family domestic violence. It has two refuges for women with children and it provides counselling, court support and other absolutely crucial services. I would like to acknowledge the hard-working chief executive officer, Leanne Barron, for her dedication.

Western Australia's eastern corridor has one of the highest rates of domestic violence in our country. I think it is time we all put our shoulder to the wheel and work towards making violence against women history. In closing, I am very proud to support the Domestic Violence Orders (National Recognition) Bill 2017.

MR D.R. MICHAEL (Balcatta) [12.57 pm]: I will rise briefly today. A lot of members have spoken about the need for the Domestic Violence Orders (National Recognition) Bill 2017 and the reason it has been brought forward as an urgent bill. I agree with those reasons. I am proud that the bill has come to the house to create a nationally consistent framework to deal with domestic violence orders. It is very important to allow victims of domestic violence to be able to go anywhere in Australia and for those orders to continue. As a councillor for the City of Stirling for the past almost 12 years, up until March, I have always been very proud that the city was one of a few local governments with a women's refuge, which is now called the Stirling Women's Centre. Over the years, the centre has had support from the former state government, which went a great way to help provide women's refuge services in the northern suburbs of Perth. It was not only for people in Stirling—sometimes for people not in Stirling—but also people in the regions. Currently, the city receives about \$950 000 annually to provide the service. The former government should be congratulated for continuing its funding. The centre has

operated for 38 years as a crisis accommodation and outreach service for women and children who experience family and domestic violence. They come from all parts of Western Australia and a lot of them who do not come from the City of Stirling, once their issues are dealt with, end up finding their own accommodation and a life in the City of Stirling, which I have always been proud of. A high proportion of those women have Aboriginal or culturally diverse backgrounds and language and cultural barriers. Others have drug and alcohol issues. Mental health issues are also very common.

The Stirling Women's Centre provides basic homewares to assist in the set-up of a new home, including furniture and kitchenware items that reduce the expenses faced by women who have had to leave their homes and find a new home. This is very much supported by the local community, which donates a lot of goods and funds to aid those vulnerable families.

The Stirling Women's Centre also runs the Safe at Home program to provide support for women and children, enabling them to be safe in their home. Staff conduct assessments to establish the safety and risk factors for women and, if it is safe to do so, provide assistance and enable them to stay in their home through case management, safety planning and provision of improved security measures. I am told that in the first six months of this year, 89 women were referred to the Stirling Women's Centre, 23 of whom were provided accommodation, along with 46 children.

I asked for a case study of a typical example of someone whom the very hardworking and dedicated staff at the centre deal with. They gave me one example of a lady who arrived with her two sons, aged two and three months, by a taxi arranged by Crisis Care. They were referred by their child health nurse after the mum called and disclosed that she had been hit on her face by her husband the night before. An investigation found that she was from Asia and had met her husband online. They got married and she came to live in Australia. During the three-year relationship that she had with her husband, there were numerous occasions of physical and sexual violence. He made threats to kill her and the children if they attempted to leave and would lock them in the house for hours at a time. She was not allowed a bank account or access to money. She received ongoing emotional and psychological abuse during those three years and was not allowed any supports or friends in Perth and was not able to leave the house without him. Some of the services that the centre provided included case management; court support for the violence restraining order application for her and her two children; police support to report assault and breaches of the VRO; and some domestic violence education, which covered cycles of violence, forms of abuse, and healthy and unhealthy relationships. Many members spoke about some of those issues yesterday and this afternoon. The centre also assisted with child care and organised Centrelink payments. That is something that can be provided for someone who is not in the system or someone not used to being in that system. The centre also assisted with access to public transport; opening a bank account; cultural competence for people from overseas; financial assistance; reading material; safety planning; risk assessment; financial counselling and simple things like obtaining a tax file number; advocacy for the police, courts, lawyers and immigration; assistance to get a driver's licence; education and training resources; respect and confidentiality; tools to empower and promote self-determination and resilience; and emotional support. The centre also offers referrals to direct services such as legal aid, domestic violence advocacy services, and humanitarian services, including immigration support, psychology and medical doctors.

I am told that the women's centre assisted in reporting the abuse that this woman had experienced the night before. She was successfully granted a VRO, which unfortunately was breached. The centre then helped her report those breaches. She was very isolated here in Perth so without those services, she would not have had anywhere to turn and probably would still have been locked into the awful situation that she experienced in her home.

I want to put on the record the fact that groups such as the Stirling Women's Centre do an absolutely amazing job and are deserving of continued funding from government. As the member for Belmont said, the staff who work at these centres deserve high commendation for their compassion, commitment and dedication to helping these women and their families through these tough times.

I was not going to go over the operation of the bill, as many members have, and why it is needed. I think that has been made pretty clear from the great speeches that we have heard. I commend this bill to the house. I am very proud to be part of a government that is continuing to look at this very important issue and doing all that it can to reduce domestic violence and hopefully end it in our community.

MS S.F. McGURK (Fremantle — Minister for Prevention of Family and Domestic Violence) [1.04 pm]: I, too, rise to make a contribution to the Domestic Violence Orders (National Recognition) Bill 2017. I do so with a significant amount of pride as the inaugural Minister for Prevention of Family and Domestic Violence in the McGowan Labor government and, in fact, in this state. The importance of that portfolio cannot be understated. The many contributions that we have heard from members across the chamber on this issue relate to the human price that has been paid to date across our community for unacceptably high levels of violence, particularly inflicted on women and children, but also the many elements and dimensions of that violence and the particular circumstances of violence perpetrated by one's most intimate partner—someone that we trust. Some speakers have spoken about that. That violence has an effect on children, who are at important developmental stages. They rely on security and comfort and that is stripped away from them in an atmosphere of fear and uncertainty. It also has an effect on women who are unsure of their cultural connections. They may have no real skills to find services that are available or, if they do have the skills, are ashamed or not confident to go out and seek help.

Underpinning all of this is an attitude in our community that we have to challenge. We need to make sure that the message is clear that violence and violence against women and children is not acceptable in our community. That is an attitude that must change. That might sound like an obvious statement to make or even a trite statement to make. I am reminded of a conversation that I had last weekend. I set up one of the mobile offices that many members have in our local parks. One of the people who came to see me was a Maritime Union of Australia member named John. He came with one of his friends. His friend was telling me that his friend's niece and her little girl had been trying to get help from a women's shelter and were having trouble finding accommodation. This was a few months ago. John started to say that over his life attitudes to violence and violence against women have changed but we need to go further. He was saying that he was brought up in the north of England, where there was a very violent culture—violence was accepted. There was a strong drinking culture. He said that that was the norm; people would hit each other and there was a lot of violence at home in front of the children and between couples. He said that slowly that had changed. Although there was still a way to go, he understood now that that was not acceptable. Underpinning that change is the need for men like him, his friends, his colleagues and his sons to understand that we have to respect women, that women are equal partners in our community and that underpinning the challenge to violence is an attitude of respect generally in our community. That is the challenge that we have as a government. Successive governments face this challenge and this is the one upon us today.

The effect of family violence is so pervasive. We know the statistics. I can talk a bit more about the statistics that members have quoted. WA has high levels of family violence; we cannot get away from that. We have the second highest rate in the country—second only to the Northern Territory. In the 2015-16 figures, 53 000 cases were reported. Out of those cases that were then triaged—the former police minister, the member for Scarborough, spoke about this last night—between the police and child protection, about half of that number, or 65 per cent of those cases, involved children. So in 65 per cent of those recorded family and domestic violence cases, children either witnessed that violence or experienced it themselves. That has an enormous impact on their development and their confidence in important growth stages—their emotional, physical, cognitive and behavioural development. We have an obligation to not only adult members of our community but also future communities to do something about this. The member for Belmont, who spoke just before me, spoke very eloquently about that.

The McGowan WA Labor team took a policy to the state election with a raft of different initiatives that acknowledged the extent of this problem and the need for a coordinated, concerted effort to reduce the level of family and domestic violence. Many other speakers today have acknowledged the different elements of that policy. It is about keeping victims safe, holding perpetrators to account, making sure that the justice system is responsive, and working on prevention and early intervention, so that we change the culture in our community that says that violence against women and children is okay—it is not. The bill before the house today, which will enable Western Australia to participate in the National Domestic Violence Order Scheme, fits into a number of those categories. It means that victims will be safer, that perpetrators will be held to account and they will understand unequivocally that they cannot get around the system by moving to other states, and that our government and other governments in this country take this matter very seriously. It brings our justice system into the modern era. So much of our justice system is simply not suited to the particular circumstances of family violence, and that needs to change. I know that the Attorney General is aware of this. Other states, as well as the commonwealth, have done a lot of work on this. Frankly, Western Australia is behind the game in these efforts, and it must do better. This bill is being debated as an urgent bill because Western Australia is the only jurisdiction that has not passed legislation to come into the national scheme.

The domestic violence restraining order scheme—a very important change to definitions, and an acknowledgement of the very particular circumstances of family violence—was introduced in the dying days of the previous government. We were debating that legislation on the last day of sitting in the previous Parliament. We agreed with that legislation. It was good legislation. It broadened the definition of restraining orders and the understanding of family violence. We were not able to debate that bill to the extent that we should have. For instance, I moved an amendment to give witnesses in family violence restraining order proceedings more protection, and that was defeated. We can continue to do more work on those sorts of changes. I look forward to continuing the work that my office has done with the Attorney General, and the resources that he has at his disposal, and also the Minister for Police and other senior ministers in this government, to make sure that we start to bring the justice system into line with what is needed and send a very clear and unequivocal message to our community that domestic violence will not be tolerated.

A number of speakers, including the Attorney General, have talked about the technicalities of the scheme, so I want to talk about some other areas on this issue. I give credit to Western Australia Police. They have asked for an exception to the national scheme so that they can ensure that people affected by family violence are given the maximum amount of protection possible. The police will be able to, if you like, override a FVRO if they do not have the full details of the restraining order that may have applied in another state. They will then be able to apply their own order to ensure that the victim receives the maximum amount of protection. I understand that some of the systems underpinning this national scheme are still being developed, and I thank the people who are doing that

work in Western Australia and across the country. The back systems, the information technology and the sharing of information seem like things that should have happened a long time ago, considering the communication systems we have at our disposal, but they are welcome nevertheless.

As I said before, we have not only a dedicated minister but also an acknowledgement of a coordinated response that is required across government. People experiencing family violence will come into contact with the police system and then have interactions with the justice system. Women's refuges are funded by the child protection system, which is under my portfolio responsibility. They may have interactions with the Housing Authority about tenancy issues or they may need financial counselling. A lot of work needs to be done across government. This goes to the question of how we provide services for people in need in a much more coordinated and client-centred, or victim-centred, approach. The people we are trying to serve—the people in need—are subject to the Westminster system, under which portfolios and the work of departments will determine how they receive services. People are often having to navigate a lot of different and often very uncoordinated systems. We need to bring our best efforts of coordination together to serve vulnerable families; in this case, people experiencing family violence. In the human services area, we can do a lot better as a state government, working with all layers of government, federal and local, and not-for-profit service providers.

As I said, this government took a raft of different policies to the election, and I am proud to say that we are getting on with the job of meeting those election commitments. We have introduced paid family and domestic violence leave for public sector employees. There has been some interest from a number of private sector employers in sending the message to their workforce that if people experiencing family and domestic violence need help, they can come forward and ask for it, and it will be there. It also shows that it is okay to talk about family and domestic violence, perhaps starting a conversation in those workplaces. I am glad that the government has instigated that, as the largest employer in Western Australia. We have joined Our Watch, the national primary prevention organisation—a significant contribution and another one that is long overdue. We know that it is important to invest in prevention and early intervention if we are to achieve long-term change. Other members have spoken of our commitment to the Pets in Crisis program, so that people are given the sort of practical support that they need. If they need to leave the family home, what are the logistics of doing that, if they need someone to look after their pet? As we know, and as the current family violence restraining order definitions acknowledge, violence or the threat of violence against pets is an indication of an escalating situation that has to be acknowledged.

There is still so much more work to do. We committed to a number of other services, including more refuge spaces, and to trying to bring together hubs for service delivery. This has worked very well, for instance, in the area of a much more coordinated response to child sex abuse. Western Australia's work in that area has been acknowledged nationally, in the discussions before the royal commission. We have a joined-up approach so that victims and families can come to one place. They can see police and support workers, obtain legal advice and, if necessary, some financial advice—whatever is required—and perhaps some child therapy work as well to provide some assistance to children.

We need to do a lot more in bringing our services together, as I said. We have committed to more work in perpetrator programs and in Respectful Relationships training in schools. We are supported in other states and nationally in some of these efforts. I want to acknowledge the work of Australia's National Research Organisation for Women's Safety, which was established in 2013. It works on delivering relevant and translatable research so that we have evidence-based policy and practice in our efforts to reduce the levels of violence against women and their children. What are the practices? What are the interventions that are actually working? How are women going in six months or 12 months? How are those women getting back on their feet? Are they going back to the same relationship and have the dynamics changed? Are they going to a different relationship that is also violent? What are the other interventions and services that those women need to get them and their children onto a stable footing so that they can lead happy and healthy lives, as they should do? ANROWS is leading important research to inform that policy and practice. In fact, a number of Western Australian women participate in that, including Dr Vickie Hovane, who serves on the board of ANROWS.

If we are going to be effective in our response to family and domestic violence, our responses have to be tailored and targeted. Examples of where that is necessary are no more obvious than in culturally and linguistically diverse communities and in Aboriginal communities.

[Member's time extended.]

Ms S.F. McGURK: I have had cause to visit a number of the services, particularly in the northern suburbs, that are operated through some of the women's health services and also a range of refuges. They do a fantastic job of bringing in, for instance, CALD women and giving them a safe place in which to live. It might happen initially through seeing a doctor and then through other services where they can get behind closed doors, away from their family, and take the steps they need to take in the time that they need. I want to acknowledge the need for us to better understand some of the cultural inhibitors that might be stopping women from seeking help and the changes in conversation that need to happen in communities to establish a violence-free future.

Shamefully, there is an over-representation of Aboriginal women in the family violence sphere. In 2014–15, hospitalisation rates for Aboriginal family violence victims was 32 times the rate for non-Indigenous women. Indigenous people are between two and five times more likely than non-Indigenous people to experience violence as victims or perpetrators. Various inquiries have linked the over-representation of Aboriginal people and increased interpersonal violence to the impacts of white colonisation and dispossession of land. This acknowledgement also includes an understanding of intergenerational trauma, the forced removal of children and interrupted cultural practices. We know that Aboriginal children, too, are grossly over-represented in the child protection system, for which I have ministerial responsibility. In out-of-home care, 54 per cent of the children are Aboriginal.

It is my strong belief that if we can work together with the Aboriginal community to build healthy communities and families—if that can be done—we will keep children together with their parents, where they should be, in strong, healthy families built on respectful relationships and who celebrate Aboriginal culture. That is our task with the Aboriginal community. When we have discussions about child sex abuse in some of those communities, the over-representation of children in out-of-home care and the disproportionate number of Aboriginal women experiencing family and domestic violence, we must work together with Aboriginal leaders to reach a solution that encompasses their culture and acknowledges the interruptions to their culture and the disruptions to their family.

The paternalistic or external imposition of policies and practices has failed before and I know that it will fail in the future.

In that effort, I would like to acknowledge considerations by a number of senior Aboriginal women who are trying to look at what the solutions might be, particularly in the family violence area. I mentioned Dr Vicky Hovane. I have just finished reading Dr Hannah McGlade's book, which was very insightful about child sex abuse in the Aboriginal community. Dorinda Cox, June Oscar, Mary Cowley, Glenda Kickett and Corina Martin are women who are working hard to come up with a genuine voice for Aboriginal women and a link of their culture to the solutions of the trauma that faces their communities.

Some members may have seen an opinion piece in *The Weekend West* just a few weeks ago on the weekend of 29 and 30 July by Senator Pat Dodson headed "I hope you feel well in your heart". Senator Dodson talked about the number of suicides, particularly youth suicides, in the Kimberley. Some of the themes in this article and the themes that have been picked up in the current coronial inquiry into the suicides of young people in the Kimberley area could also apply to this discussion of family and domestic violence in our Aboriginal communities. In that article, Senator Dodson talks about—I hope I pronounce this correctly—*liyan*. The article states —

Liyan is a Yawuru concept and hard to explain in English. It describes the interconnectedness between the self, the wider community and the land. For Yawuru people, *mabu liyan* is at the heart of what it is to have and to know a good life. The closest English translation would perhaps be "wellbeing", but *mabu liyan* is different from the Western concept of wellbeing.

Liyan is individual spiritual wellbeing. But it is more than that. *Liyan* recognizes the continuous connection between the mind, body, spirit, culture and the land. *Liyan* is about relationships, family, community and what gives meaning to people's lives.

I suspect that some of those sorts of concepts will be at the heart of our work when we try to engage with communities in general, but particularly with the Aboriginal community as we work through closing the gap and trying to build healthy communities with community-led organisations and leaders in that community.

Just quickly, I acknowledge that in terms of the discussion that we are having in this Parliament, we stand on the shoulders of many advocates of women who have for decades been calling for more, and more effective, action on family violence. Some speakers have acknowledged Pat Giles, her passing last week and her advocacy in the northern suburbs, in particular. She was a woman who was active first of all in the community. She was a community activist. She spoke out for families and she spoke out about women. It was pointed out to me that a number of the contributions to this debate were made by women representing the seats of Belmont, Wanneroo, Morley, Kingsley, Bicton and Joondalup, who may not have been in this chamber if it had not been for the advocacy of people like Pat Giles. She advocated for affirmative action. She advocated for Parliaments to not only look like their community, as I have said in the past, but also start to take up the issues of women and families in a more effective and determined way. Of course, we know that there is a women's refuge in the northern suburbs named after Patricia Giles. Many women could be named in acknowledgement of the work that they are doing today.

Since taking up this portfolio, I have visited over 16 refuges in this state, from the Kimberley to Albany. I have not visited them all, but they all bring incredible dedication and commitment and have varying specialty areas. It is heartening to see the respect and dignity that they give to the women and children who come through their doors in need of a safe place.

I want to acknowledge someone else. After a meeting that was held in May 1974 between members of the Women's Electoral Lobby and the women's liberation group, the result was to establish the Women's Centre Action Group, which had the aim of setting up a women's health and community centre. That included a women's

refuge that went on to become Nardine, which was mentioned by the member for Belmont. The health service that was set up through that group was Women's Health Care House. It was the fourth women's refuge set up in Perth and has worked continuously since 1974. The inaugural chair of that refuge was Lois Gatley, who was my stepmother. She passed away last year but it would have been her birthday just the other day. I acknowledge Lois, who I know will be looking down at me and probably ticking me off for something—an added extra that I should advocate for, for women, their children and this area. We should always ask for more and never stop in our efforts to give women and children a safe place and to make sure that our systems are effective.

Similarly, Rosie Batty needs to be acknowledged. Many advocates have taken these issues into the public arena. Rosie Batty's tireless advocacy was driven by the grief over the death of her son and the passion in her heart that said that his was an unnecessary death, like so many deaths, whether it be Saori Jones, Andrea Pickett or Luke Batty. Those were unnecessary deaths that we can stop. In 2017 violence is not acceptable in Western Australia. Violence against women and children is not acceptable. We have to change the conversation in our community and we all have a role to play in that. This Parliament, in particular, has a responsibility to send the unequivocal message to our systems of government and our community that the violence must stop.

MR C.J. BARNETT (Cottesloe) [1.32 pm]: I want to make a couple of comments about the Domestic Violence Orders (National Recognition) Bill 2017. It has the support of all members of Parliament and is a sensible improvement to the system. I think that most people recognise that it is not as though domestic violence has just been discovered, but until 20 years ago or so it was largely ignored by most of the community. Successive governments have made progressive investments in support for refugees; a series of legislative changes, particularly relating to restraining orders; and the establishment of a Victims of Crime Commissioner to give women, in particular, a voice. I recognise that more needs to be done.

Quite a bit has been said about Western Australia being the last state to implement this legislation; that is true and I do not deny it. However, this is the easy part. I want to make a little observation about the way the Council of Australian Governments works. I have been to quite a few COAG meetings and have experienced working with five Prime Ministers during that time. For a start, my observation is that on issues such as this, health, education, drugs and elsewhere, the states—of all political persuasions—tend to be very cooperative with the commonwealth. The commonwealth takes a leadership role, and it can be said that it has done so on this, but it does so from a fairly aloof environment. It is a reality that the commonwealth performs its functions under the Constitution, but it has very little practical experience on the ground in difficult areas such as this. It probably has more experience in the area of drugs because it has a role in customs and so on.

Although COAG decided in late 2015 that it would do this, that agreement was a matter of principle. The major issues were in those states that have borders and are not, in effect, separated by deserts. Members can imagine the cross jurisdictional issues on the New South Wales–Victoria border or the New South Wales–Queensland border. That is where this was a real issue and those states tended to take the lead in this. I would also like to make the point that it is not new. Police services, justices, attorneys general and others have worked together for a long time in this area, sharing information and acting on each other's behalf and the like. But this is a good way forward.

As I said at the beginning, the legislation is the simple part of it. Implementing this and making it work more effectively will be difficult, and that is where the commonwealth has no experience. If members think that I am just taking an anti-commonwealth position, I am not. I will give a couple of practical examples of the reality of COAG and the different experiences and capabilities of the states versus those of the commonwealth. Members might remember that a few years ago it was proposed that the commonwealth take over public hospitals. From my observation, all the public hospitals have been built by state governments, whether they are managed by the state or by independent groups such as St John of God. In one of the COAG discussions, the move of the commonwealth was to introduce efficient pricing. The idea was that hospital funding would be related to the procedures undertaken and the cost of those procedures. Victoria had been doing that for years and Western Australia had largely—not totally—implemented that system. However, everyone went along with it. The highlight—or the lowlight—was when it emerged during the COAG meeting that the commonwealth did not know that even the full implementation of efficient pricing would fund only half the cost of a public hospital. It was not aware of that because it is an on-the-ground issue. It does not run public hospitals and has no experience of hospital reality.

More recently, the National Disability Insurance Scheme was a commonwealth initiative that all the states agreed to in principle. The states, with their different experiences, pointed out the complexities of that scheme. The lowlight of that particular COAG meeting was when the then Prime Minister did not realise or, in fairness, had not been told by the commonwealth bureaucracy, that it was the states that funded 80 per cent of disability services. He was unaware of that. Again, that is the difference between taking a policy decision from above and doing something on the ground. The same thing has happened in education and the like.

The point I am making with those anecdotal examples is that the real success of this will not be about this legislation. This formalises something that was happening informally and will hopefully allow it to be improved. If this succeeds in making a difference, and I sincerely hope that it does, it will be because of the state jurisdictions working together. The commonwealth will put out the press release, get the national media onside and claim a great

advance in dealing with domestic violence, but it will only be a reality if the state police services and the state judicial services and the like work effectively to do it. That will not be easy—not through any lack of preparedness to do it, but because it will be incredibly complicated. Some of the contributions that we have heard in this debate, including from former police officers, bear that out. It is good that Western Australia has now got there, but this is not the critical step at all. The principle of this legislation is very simple but the implementation of it will take time and be very difficult. I sincerely hope that it works.

MR A. KRSTICEVIC (Carine) [1.38 pm]: I also put on the record my support for the Domestic Violence Orders (National Recognition) Bill 2017 and acknowledge the Council of Australian Governments' 2015 decision to implement this initiative so that we have a national database that records domestic violence orders and allows them to be enforced anywhere in Australia so that when people, unfortunately, have to move interstate because of their circumstances, they will not have to go through the heartache and pain of getting a new order in that state.

It has been sad listening to the stories told by people in this chamber who in some cases have frontline experience of, and have been directly involved in, family and domestic violence and dealing with the effects of that on women and children. As I am sure everybody would agree, the family home is our sanctuary. It is the place where we should feel safest and loved, and where we should feel comfortable to be ourselves and flourish. Many people in our community do not have that opportunity. It is with a heavy heart that, in 2017, we reflect on the statistics of the last financial year, with 53 000 reported cases of domestic violence, of which we heard that at least 65 per cent involved children, knowing that that is only the tip of the iceberg. The problem is much bigger than that; that is just what we know about. When we reflect on those statistics and we think about all the damage that has been done to those families, we realise that it affects not only those women and children personally and directly, but also future generations within those families. People take it with them through their journey in life and in some cases the suffering and pain that they have gone through is passed on to their children. It has an impact for a long time to come. It is quite distressing to have to go through that.

I was one of the lucky ones. We did not have any fighting or arguing in our house. The only arguing and fighting that occurred was between my brother and me, but that was expected between two young boys. But our parents offered us a safe and loving environment and I am very grateful for that. When I see things on the news, read articles in the paper and hear people's stories, to be honest, I could not even imagine what it would be like to live through that. We look at it and it is shock-horror. We feel distressed, but at the same time we do not really appreciate what it is like unless we have lived through it ourselves. We do not appreciate the heartache and pain that people go through.

Domestic violence takes many forms. There is the physical, which is shocking, but then there are also the mental and financial sides of it. Domestic violence takes place for many different reasons, which we have heard in this place, whether it be because of drugs, alcohol, mental health issues or, as we said, financial issues. Different stressors and different things lead to domestic violence and, of course, the financial cost to the community is huge. It is one of the biggest contributors to homelessness; women and children flee the home and look for support. The reality is that there is no silver bullet for this because every single situation and group needs different sorts of support. We need targeted and specific strategies for Aboriginal communities. We talked about culturally and linguistically diverse communities and new migrants. Every single grouping of migrants has a different perspective on their family unit and what it means to walk away from the family unit. Each ethnic group and culture requires different sorts of strategies to help them through that process. Again, there is not one answer.

It is fantastic that we have a minister now who will be focusing on this and I wish the Minister for Prevention of Family and Domestic Violence every success in trying to continue to put a dent in this area. I hope that she gets all the financial and moral support from the government that is needed in this area. I look forward to supporting her cause in working through that. It is very, very important to ensure that we all give her that support. It is very difficult for people to walk away from their families. Women, especially, feel an obligation to their children and to their partner. They are able to endure a lot. People always have excuses for why they should give the offender another chance or why they are going to change or why they should still be in that relationship. I do not think anybody gets into a relationship expecting to experience domestic violence, or has children and expects their children to be subjected to domestic violence. Our starting point is that it is not anyone's intention to end up in this situation, but through circumstances invariably beyond their control, they end up in this situation. We need to look more closely at understanding. I have no doubt that the corporate knowledge about why these things occur and what strategies need to be put in place is out there in both the public and private sector.

Maybe it is just that we have not put enough money, energy or thought into this area. Maybe we are putting in the money and the resources, but we are just not coordinating things properly. I am not an expert in this area. Many people are more qualified than I am to examine the approach and the strategies that we are taking and whether they are the right ones. Ultimately, I do not think anyone would disagree that early intervention by government agencies and family members is critical. In a lot of cases when domestic and family violence is occurring, the extended family members are probably aware that there are issues and concerns and things going on. I cannot speak from experience, but I would assume that in a lot of cases family members would encourage the wife to stay in the

marriage to try to work through it or to stay for the sake of the kids. There may be all sorts of reasons why people are encouraged to try to work through that. We need more expert intervention, rather than just family and social intervention, because sometimes we just cannot work through these issues; it is too difficult and there is no easy solution, particularly if we are dealing with mental health issues. That is very complicated at the best of times, let alone in the worst situations.

It is great that we are heading down the path of acknowledging this. It is fantastic that we are doing something here today. A lot more needs to be done and we need to start bringing down these figures and doing more to support families in our community. We need to do more to support these victims and children. I have no doubt that we can do a lot more. It is a matter of deciding that it is something that we are going to get rid of or at least reduce. We have the expertise and the knowledge. If the machinery of government was to pick this up and say, “We are going to fix this and we are going to make a difference”, I have no doubt that a big dent could be made in this area. Of course, the benefit to the community, future generations and the state is immeasurable.

Sometimes we look at the financial cost of our decisions and what it will cost today to do this, but we do not look at the benefits in the future. We do not look at the money we could save by having fewer people in our hospitals and mental institutions, fewer drug and alcohol issues in the community, and reducing homelessness. We need to look beyond the dollars and cents and we need to value life and people in our community. It is not that we do not value them, but we need to raise the bar. I am sure that if we turned our minds to this and said that we really want to reduce this, we really want to get rid of it and we are committed to this more than anything else in this term of government, we can have a significant impact on this.

I am sure everybody here would agree with me that we are looking at this in a more holistic way, working with the not-for-profit sector, which has the experience here, and the multicultural and Aboriginal communities. I hope that all that combined will make a difference. I support this bill. I agree with my parliamentary colleagues in terms of the debate here today and yesterday, and with their issues and concerns. We need to find a way forward and work together. I think it is great when this Parliament works together and talks as one voice. That makes a difference because it shows the community that we are able to find a common voice, and with a common voice we are able to work better at developing a solution.

I look forward to this bill going through Parliament as quickly as possible, and I also look forward to the Attorney General introducing many more initiatives and programs and consulting with stakeholders so that we can really make a difference in the future.

MR J.R. QUIGLEY (Butler — Attorney General) [1.50 pm] — in reply: I thank all members of this chamber who have contributed to this debate. Of course, the debate is about the Domestic Violence Orders (National Recognition) Bill 2017 and we are at one in this chamber on the necessity that this bill go forward. We have heard the many speeches given in this chamber that are not directly on point of the national registration scheme but have been on domestic violence and the terrible havoc and destruction that it brings. And, of course, in a second reading debate it is appropriate that members do not stick narrowly to the confines of the legislation but address what is behind the legislation which, in this case, is the tragedy of domestic violence.

The words “domestic violence” in themselves are a euphemism. The member for Cottesloe spoke second last on the bill this morning, and he pointed out that, say, 20 years ago there was an acceptance of domestic violence and that there has been an evolution in community attitudes towards domestic violence, and part of that evolution is the recognition. But the words themselves are a euphemism. They are a euphemism for a serious criminal offence. That is what assaulting an intimate partner is—a serious criminal offence. We all use the term “domestic violence”; indeed, the bill uses that term in its title, but none of us in this Parliament or the community should forget that it is a euphemism for a serious criminal offence. In her speech yesterday, the member for Vasse said that during an investigation into domestic violence, the priority should be to bring the perpetrators to account. Of course, that is very important because it is a serious criminal offence. Once a crime has been committed, there are often many hurdles to prosecuting that crime and pursuing the perpetrator. Of course, identification in these cases is easy because the victim knows the perpetrator. The location of the perpetrator can be somewhat problematic. But domestic violence orders were introduced, of course, to offer protection to victims to try to stop serious criminal offences occurring.

I will depart here for a moment and reflect on a briefing given here by the Ombudsman on the Ombudsman’s investigation into the police response to domestic violence. The Ombudsman took the year 2015 and whilst I do not have the Ombudsman’s report with me—it was delivered in the afternoon tearoom; I can remember the briefing—it pointed out that in 2015, from my recollection, there were 42 murders in Western Australia. The Ombudsman pointed that out of those 42 murders, 22 were intimate partner murders; and, of those 22, about 95 per cent of the victims were female. There were a couple of exceptions but apart from that they were female. Of those 22 murders, just over half of them—12 by recollection—were intimate partner murders. Might I suggest to the chamber that if 12 Western Australians died per annum at the hands of terrorists, we would call in the Army; it would be a national crisis. But because of the historical acceptance of domestic violence, it does not get the prominence in the media and elsewhere that it deserves.

Domestic violence restraining orders are taken out to try to prevent domestic violence by making a perpetrator subject to orders of the court, but there has been difficulty enforcing those orders across borders. I take the member for Cottesloe's point that the passage of this legislation through this chamber is the easy part—and made all the easier by the opposition's intention to support it—and that the hard part will come later. Whilst not wanting to be too political, I could ask, if it is so easy, why are we dealing with it as an urgent bill and why was it not done in a timely manner before? However, we will have this in position by White Ribbon Day, 25 November, if, if, if, if our parliamentary colleagues in the upper house do not delay it. As I said, I appreciate the support for the bill indicated by the shadow Attorney General's spokesperson in this chamber, the member for Hillarys, who raised some valid points during his second reading contribution. I will touch upon those in my response and of course in further detail during consideration in detail.

The member for Hillarys raised concerns about information sharing and the infrastructure that will support it. I will turn to that issue shortly. The house also had the benefit of speeches by the members for Kalgoorlie and Burns Beach, who are both experienced police officers who have had to deal with domestic violence in a practical manner. Those second reading contributions were complemented by the contribution of the member for Bunbury, who talked about the expectation that support services alert the perpetrator when a victim seeks to move. On the subject of regional and remote Western Australia, I acknowledge the contribution of the member for Warren–Blackwood on behalf of the National Party. He highlighted the reality, rooted in Western Australia's unique geography, that the justice process that looks equal on paper does not often feel that way in regional and remote areas. I am pleased to say that we have responded to this reality by preserving the existing powers of WA police officers to issue police orders, even when a court order is already in place. This required us to depart from the model law framework. That was done in order to preserve the power of the local police down there, member.

The contributions from government members are symbolic of the priority that this government is affording the issue of family violence. We heard from the member for Armadale. If anyone doubts the member's passion for tackling family violence, his enthusiasm was such that he could not resist —

Debate interrupted, pursuant to standing orders.

[Continued on page 2918.]

QUORUM PROTOCOL

Statement by Speaker

THE SPEAKER (Mr P.B. Watson): Before we proceed to question time, I advise members that when the bells are ringing for a quorum and members come through any set of doors of this chamber, they cannot turn around and walk out. Members must remain within the chamber, where they can be counted for the purpose of ascertaining whether a quorum is present. The option left to the Chair is to send the Sergeant-at-Arms after those members who walk out. Be very, very scared! Thank you.

QUESTIONS WITHOUT NOTICE

THERMOSTATIC MIXING VALVES — LEAD CONTAMINATION TESTING

333. Mr S.K. L'ESTRANGE to the Minister for Health:

I assume the minister has been briefed by his department following yesterday's questions. Given the public health implications of the thermostatic mixing valves and assembly boxes, can the minister now update the house on the following.

- (1) Where were these TMVs and assembly boxes manufactured?
- (2) Are these TMVs and assembly boxes found in any other hospitals or public buildings in Western Australia; and, if so, how many?
- (3) Has the minister begun testing for lead in these other buildings to ensure that Western Australians have not been exposed to any high levels of lead?

Mr R.H. COOK replied:

- (1)–(3) I thank the member for the question. The member is seeking, essentially, construction information. This is information we have sought from the managing contractor, John Holland, particularly in relation to not only where the assembly boxes were manufactured but also, obviously, the source of the components in the manufacture of the assembly boxes. My understanding is that the managing contractor has some time to come back to us, although I am not the project manager, I hasten to add, and that information comes via a few people, so that has not reached me yet. Can I assure the member that what we are doing is making sure that we protect the sick kids who will be using that hospital, and they are our priority in this matter. I can assure the member that the water consumed by the public generally, but obviously in relation to our public buildings, is of the highest quality and meets all the standards. We know this because exhaustive testing takes place all the time on these things. From that point of view, I think the member is getting a bit ahead of himself and getting a bit excited on this matter. But I can understand, in the face of not much else to talk about, that members opposite are focused on this particular issue.

Several members interjected.

The SPEAKER: Members!

Mr R.H. COOK: The \$1.2 billion hospital, as the member for Scarborough is drawing our attention to, is essentially a \$1.2 billion bungle that the former government managed. What we are doing, members on the other side, is getting on with the job of fixing their mess.

THERMOSTATIC MIXING VALVES — LEAD CONTAMINATION TESTING

334. Mr S.K. L'ESTRANGE to the Minister for Health:

I ask a supplementary question. The minister's recent media effort in this space has it that these TMVs and assembly boxes are the primary concern of the minister with regard to lead in the Perth Children's Hospital. Will the minister now commit to immediately undertake tests on water where these TMVs and assembly boxes, which the minister is most concerned about, are used in other public buildings in Western Australia?

Mr R.H. COOK replied:

What we could also undertake is perhaps some workshops for the other side on what a supplementary question should look like.

The SPEAKER: Minister, I will make those decisions, not you.

Ms L. Mettam interjected.

Mr R.H. COOK: I can assure the member for Vasse that I love being asked these questions, because day in, day out I get up to tell members of the former government about how much they stuffed up this project and how we are fixing their mess. The fact of the matter is that the assembly boxes are manufactured —

Mr D.T. Redman interjected.

Mr R.H. COOK: I do not think so, member.

The fact of the matter is that the assembly boxes are built for a particular construction project. So we can no more say that these assembly boxes have been installed in other buildings than we can say that about any other component of the building. The fact of the matter is that I am focused on this particular project. If the other side had been equally focused when they were in charge of government ventures, we might not be in this mess that we are in today.

SENTENCE ADMINISTRATION AMENDMENT BILL 2017

335. Ms J.J. SHAW to the Attorney General:

I refer to this government's support for the loved ones of victims of crime, such as Margaret Dodd, Don Spiers and the Puddy family, a group the member for Hillarys said are hurting when they should not be hurting.

- (1) How are these families now being treated?
- (2) How is their chance of closure being hindered?
- (3) Who is responsible for this treatment of grieving families?

Mr J.R. QUIGLEY replied:

- (1)–(3) In short, the Liberal Party and the National Party have joined forces in the Legislative Council to hinder the passage of the Sentence Administration Amendment Bill 2017 through this Parliament and send it off to a committee, no doubt, for debate and Lord knows what. We know that the shadow Attorney General in the other chamber is diametrically opposed to this measure of no body, no parole. We know that because we introduced a private member's bill last year, and when it came into the chamber, the then Attorney General's spokesperson in this chamber, the then Deputy Premier, sat here and said there was no need for this legislation. She gutted the private member's bill and put it in the objects section of the Sentence Administration Act. We brought that bill back on in this chamber, and, when we brought it back on, just think of what happened in this chamber. There was enthusiastic support from the Liberal and National Party members in this chamber. Indeed, the opposition spokesperson for the Attorney General in this chamber said —

... the opposition supports this legislation and wishes it speedy passage.

Several members interjected.

The SPEAKER: Members!

Mr J.R. QUIGLEY: Now, the Liberal Party and the National Party in the other place are giving comfort to murderers! I assure this chamber that Cameron Mansell, who murdered Mr Puddy and disposed of his body Lord knows where, will sleep a lot easier in his cell tonight knowing that he has got the Liberal Party and the National Party in his corner protecting him.

Let us have a look. We know what happened before the private member's bill came on last time, because the member for South Perth has given us an insight to that. In fact, he said he took Mr Puddy Sr's letter into the Liberal party room and pleaded with them to support the legislation. He went on to say that he was surprised that the amendment —

Several members interjected.

The SPEAKER: Minister, there is a wall of noise. A question has been asked and the minister is answering it. I want to hear the whole lot.

Mr J.R. QUIGLEY: He did not realise that the amendment being moved by the then government was to gut the private member's bill. Look at what the member for South Perth said —

I congratulate the new Attorney General for his persistence in bringing this legislation back into the chamber. I would like to think that if we had won government, we would have introduced this legislation too, ...

No, members opposite would not, because they are trying to stop it in the Council and give comfort to murderers! Listen to what the member for South Perth said then —

We, as an opposition, will completely support this legislation.

Well, the Liberal Party is not doing that in the other place. It is giving comfort to murderers. If we look at what the opposition spokesperson for legal affairs said here—this is the member for Hillarys —

... the opposition supports this legislation and wishes it speedy passage.

Go and tell that to Hon Michael Mischin, who is doing his best to stop this legislation by bringing on board the National Party and sending this legislation off into the never-never.

Several members interjected.

The SPEAKER: Minister for Tourism!

Mr J.R. QUIGLEY: Many families in Western Australia —

Mr P. Papalia: He's only the Leader of the Liberal Party in this house.

The SPEAKER: I am the leader of this house and I call you to order for the first time, Minister for Tourism. Government members, your own member is on his feet.

Mr J.R. QUIGLEY: The member for Hillarys went on to say —

Clearly, this is legislation that many families —

If I may interpolate, a record-breaking petition, signed by 40 000 Western Australians, called for this legislation. The member for Hillarys was quite right when he said —

Clearly, this is legislation that many families in Western Australia have been campaigning for and want to see pass, and there is no point in prolonging their pain.

I hope I can be heard across the courtyard, because that is what the member for Hillarys said, Hon Michael Mischin and his friends up there in the Legislative Council! I will wind it up, Mr Speaker.

The SPEAKER: I know you will, minister.

Mr J.R. QUIGLEY: We brought this legislation in as a private member's bill last year, as the second state in Australia following South Australia. I was contacted by Attorneys and shadow Attorneys around Australia. They have now all introduced this. Queensland has now passed it, and thanks to the Liberal and National Party members in the Council, they have frustrated this.

The SPEAKER: Wrap it up now, minister.

Mr J.R. QUIGLEY: They have got on the side and offered comfort to the murderers. This has been pushed back into the nether. This is quite wrong. On behalf of the families of the deceased—on behalf of Margaret Dodd, the Puddys and everybody—I plead for a rethink by the Liberal and National Parties for their irresponsible position in the Legislative Council.

THERMOSTATIC MIXING VALVES — LEAD CONTAMINATION TESTING

336. Dr M.D. NAHAN to the Minister for Health:

I refer to the minister's comments that the thermostatic mixing valve assembly boxes are the leading source, if not the only source, of lead in the Perth Children's Hospital. Can the minister confirm that these TMV assembly boxes, an off-the-shelf product purchased originally from Sweden, are available for purchase in Western Australia and can be used in applications throughout Western Australia, Australia and the world, including hospitals, nursing homes and aged-care facilities?

The SPEAKER: Leader of the Opposition, can you be a bit more precise and shorter with your question, please. I do not even know what the question was myself.

Dr M.D. NAHAN: Okay, I will reiterate it. Can the minister confirm that TMV assembly boxes are an off-the-shelf product available for purchase in Western Australia, and are used in a variety of applications such as hospitals, nursing homes and aged-care facilities? Can the minister confirm that? I lay on the table the report, appendix 26 —

The SPEAKER: No, you cannot.

Several members interjected.

The SPEAKER: Minister.

Mr D.J. Kelly: Next question!

The SPEAKER: Members, I will make that decision. Minister.

Mr R.H. COOK replied:

I have not been to Bunnings lately!

Tabling of Paper

Mr S.K. L'ESTRANGE: I am not sure whether this was addressed. The Leader of the Opposition requested to lay something on the table. Did you make a ruling on that?

Several members interjected.

The SPEAKER: Excuse me!

Mr S.K. L'ESTRANGE: I am just asking whether you made a ruling on that, Mr Speaker.

The SPEAKER: On what?

Mr S.K. L'ESTRANGE: On whether he can or cannot lay something on the table.

The SPEAKER: No, he cannot lay it on the table when he is asking a question.

Questions without Notice Resumed

Mr R.H. COOK: I have not been to Bunnings lately.

Mr F.M. Logan: And you do not work for Galvin!

Mr R.H. COOK: Or Coventrys or anywhere like that! I am the Minister for Health. I am responsible —

Several members interjected.

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

Several members interjected.

Mr R.H. COOK: I am still not sure what I am doing with this.

Tabling of Paper

The SPEAKER: Further to the point of order raised by the member for Churchlands, the Leader of the Opposition can table the paper, but he has to seek permission to do it; so I was wrong.

Mr P.C. Tinley: You have to read the standing orders.

The SPEAKER: I have to read them; not the Leader of the Opposition!

Questions without Notice Resumed

Mr R.H. COOK: As I said, I have not been to Bunnings lately and, as a result, I cannot assist the Leader of the Opposition with his inquiry. What I can do is assure the WA public that we are going to deliver this hospital in a timely fashion and in a way that maintains the safety of the sick children who will be using the hospital. We are simply doing the job of getting on and delivering a crucial piece of health infrastructure. We are simply getting on with the job of fixing the mess that was left to us by the other side. I appreciate the Liberal Party's acute interest in this issue now, I just wish it had a greater interest in this project when it was in government.

Tabling of Paper

Dr M.D. NAHAN: I seek permission to table appendix 26 from the "Report on Perth Children's Hospital Potable Water" released by the minister last week, which indicates the source and type of TMV assembly boxes.

The SPEAKER: Leader of the Opposition, can you clarify what you are trying to table?

Dr M.D. NAHAN: It is an appendix contained in the Chief Health Officer's report that was released last week. It tells the minister what the TMV assembly boxes are, where they are manufactured and where they are from. If the minister looks at this appendix, he will see it is an off-the-shelf product from Sweden.

[The paper was tabled for the information of members.]

THERMOSTATIC MIXING VALVES — LEAD CONTAMINATION TESTING

337. Dr M.D. NAHAN to the Minister for Health:

That appendix should inform the minister that these are off-the-shelf products used widely throughout Western Australia, even if he did not know.

The SPEAKER: Leader of the Opposition, can you just ask the supplementary question? You have tabled the paper; that was part of your first question. Can you just do the supplementary, please.

Dr M.D. NAHAN: I have a supplementary question. Given that these TMVs are an off-the-shelf product, has the minister contacted his colleague the Minister for Commerce and Industrial Relations, questioned the manufacturer about the facilities, and spoken to the Australian Competition and Consumer Commission to give consideration to a product recall?

Mr R.H. COOK replied:

One of the issues that the Premier called for upon that crushing election victory back in March was that we would be transparent in the way that we dealt with the issues around the hospital. The Minister for Commerce and Industrial Relations has a copy of this report, in the same way that the Leader of the Opposition does, and the minister for commerce will no doubt take advantage of it. I wonder whose side the opposition is on.

The SPEAKER: Minister for Health, through the Chair.

Mr R.H. COOK: Day in, day out the opposition comes to this place peppering us with questions about the contract as though somehow the opposition is on someone else's side.

Ms R. Saffioti: Maybe the contractor's side.

Mr R.H. COOK: Maybe the contractor. I want to assure this place that we are on the side of the WA taxpayers and the sick kids who will be using this hospital.

Dr M.D. Nahan interjected.

The SPEAKER: Leader of the Opposition!

Mr R.H. COOK: It does not matter how many questions the opposition asks along these lines or how many questions it is given to ask along these lines —

Dr M.D. Nahan interjected.

The SPEAKER: Leader of the Opposition!

Mr R.H. COOK: — we will continue —

Dr M.D. Nahan interjected.

The SPEAKER: Leader of the Opposition, I call you to order for the first time.

Mr P. Papalia: Who is in charge in the upper house?

The SPEAKER: Minister for Tourism, I am in charge and I call you to order for the second time.

Mr R.H. COOK: Day in, day out the opposition comes in with these questions and I sometimes wonder where it gets these questions from. Have opposition members had a meeting lately with John Holland about these issues?

The SPEAKER: Minister, through the Chair.

Mr R.H. COOK: Has the opposition had a meeting?

Several members interjected.

The SPEAKER: I have been on my feet for five minutes—maybe three—but this is very disrespectful to the Chair. Premier, I call you to order, as well as the member for Bateman and the Leader of the Opposition. This is not a shouting match; it is question time. The government answers questions and whatever answer you get, you accept. I am not having this shouting across the chamber, otherwise I will cancel question time.

Mr R.H. COOK: The question has to be asked: Whose side is the opposition on? Who is its office meeting with? Who is the Leader of the Opposition meeting with?

Mr A. Krsticevic interjected.

The SPEAKER: Member for Carine, you obviously are not paying attention. I said no interjections. I will close question time down. We have only had three questions, but I am quite happy to stop. We are here today for the opposition to ask the government questions and for the government to answer them, but if you shout, we will just call it off and go on to the next item of business.

Mr R.H. COOK: We are on the side of the WA taxpayer and the sick kids who will be using that hospital. It is clearly something that the opposition does not share with us. We will continue to do the hard work that the former government was incapable of doing—producing a safe hospital for our sick kids.

CORRUPTION, CRIME AND MISCONDUCT AND CRIMINAL PROPERTY
CONFISCATION AMENDMENT BILL 2017

338. Dr A.D. BUTI to the Attorney General:

- (1) How will this government's anti-corruption legislation introduced today reverse the previous soft approach to organised crime?
- (2) How will this legislation reverse the previous Liberal–National government's decision to make MPs untouchable and immune from investigation?

Mr Z.R.F. Kirkup: The Labor Party's talking about corruption!

The SPEAKER: You're talking too much so I call you to order for the first time.

Mr J.R. QUIGLEY replied:

- (1)–(2) The member for Armadale was quite right to characterise the previous government's approach as very soft on organised crime. Not only was it soft on murderers who will not give up the whereabouts of the remains of the deceased —

Point of Order

Mr S.K. L'ESTRANGE: This appears to be more of a second reading speech on an issue that has been dealt with by this chamber than an answer to a question.

Several members interjected.

The SPEAKER: Members! He has only just started his answer. We will give him a go and see how he goes but he has only just started so I think it is very hard to make a decision on that already.

Questions without Notice Resumed

Mr J.R. QUIGLEY: As I said, having frustrated the no body, no parole bill in the other place, why can we justly say that the opposition was this soft on organised crime during its term of government? I will tell you why, Mr Speaker. In 2008, a report by Hon Justice Archer recommended that unexplained wealth provisions be transferred to the Corruption and Crime Commission so that it could use its coercive powers against organised crime in Western Australia. Fair enough. That report was written during the term of the previous government and was only handed down just before the change of government. But then during its own term of government, the committee that Hon Nick Goiran chaired—the Joint Standing Committee on the Corruption and Crime Commission—also recommended that the CCC be given unexplained wealth powers, which was completely ignored by the government. Then it introduced a bill that it went to sleep on, allowing it to lapse, so it was asleep on organised crime. It did not proceed with its bill. The joint standing committee came back in 2013 and made a recommendation to transfer the unexplained wealth powers to the CCC. The former government did nothing.

The legislation that we introduced today for the CCC to have unexplained wealth powers is part of our package against drug dealers, especially methamphetamine dealers. As I said in my second reading speech today, at the moment 60 per cent of the organised criminal activity around drugs is around methamphetamine. The amendments will give the CCC the power to financially analyse and target wealth. They will have the coercive powers to pull those people into the CCC and explain the origins of their wealth, and if they are honest, law-abiding citizens, they will have no problem producing their tax return or report from their accountant explaining that. But if they cannot explain how they accrued this wealth, the CCC will move to seize it. Once the New South Wales Crime Commission pulls these people in and lays it there in front of them, they usually give up their wealth. Not many applications are made.

I have had a number of discussions with the Corruption and Crime Commissioner, Hon John McKechnie, QC. He has assured me that, in anticipation of this legislation, the CCC is already scoping targets, so there should now be criminals out there worried that the CCC is already scoping them. We will be right on their track and right on their neck so long as those people in the other place do not do what they have done to the no body, no parole laws and try to hold this up. The CCC's most important role in our community is to use its coercive powers to attack those people at the head of the syndicates—those people who never get their hands dirty touching ice or other drugs but finance it, organise it and reap the huge wealth from it and then have ostentatious cars, houses and everything else. They will lose the lot so long as the Liberal and National Parties do not go tummy up in the other place and let them off the hook.

ROYALTIES FOR REGIONS — FINANCIAL ASSISTANCE AGREEMENTS

339. Mr P.J. RUNDLE to the Treasurer:

The Treasurer will be aware that once government decisions are made authorising expenditure of royalties for regions funding, financial assistance agreements are negotiated between the Department of Primary Industries and Regional Development and the proponent, which in many cases are local governments.

- (1) Has the Treasurer sought State Solicitor's Office advice or any other legal advice on the legal standing that the government has should it wish to renege on signed financial assistance agreement commitments?

- (2) Has the Treasurer been advised of litigation risks to government should he wish to unilaterally renegotiate signed financial assistance agreements in his pursuit of budget savings from approved projects?
- (3) Is it the Treasurer's intention to unilaterally renegotiate signed FAAs to meet savings targets and potentially expose government to litigation for breach of conduct?

Mr B.S. WYATT replied:

I thank the member for the question. Before I try to answer the question, I note that it was the National Party's key election promise at the last election to unilaterally change the state agreement acts to fund a range of different things. I did not think that unilaterally changing things was a problem for the National Party. I will start with that.

- (1)–(3) In respect of legal advice around apparently unilaterally renegotiating signed FAAs, I have not as Treasurer requested any particular legal advice. As a former lawyer, I am always aware of litigation risks. Unless the member has a specific FAA that he is particularly concerned about, I do not have any general comments to make other than in about 26 sleeps, he will see the budget.

ROYALTIES FOR REGIONS — FINANCIAL ASSISTANCE AGREEMENTS

340. Mr P.J. RUNDLE to the Treasurer:

I have a supplementary question. I will take that as a no. Can the Treasurer confirm that this government is undertaking a review of all royalties for regions projects with a view to cutting them, yet has not sought legal advice on whether that is actually possible under the agreements?

Mr B.S. WYATT replied:

Presumably, if we make a decision that we are not legally allowed to make, the decision will not be made. I can only assume that. We all pass laws so we try to comply with them along the way. I can confirm that we are looking at every aspect of government spending. I have said that in this place time and again, including projects that are funded from that part of the budget that is termed royalties for regions. Absolutely. We need to understand that all these things have an impact on the budget. Royalties for regions is a funding source. Admittedly, during the last term of government it became a government within government because we had two different components of government not speaking to each other. It did become quite an unwieldy beast within the former government. I get all that. I assure the member that compliance with the law is something that, as a government, we are keen to do.

FORRESTFIELD–AIRPORT LINK — PRECAST CONCRETE PLANT

341. MR S.J. PRICE to the Minister for Transport:

I refer to the precast concrete plant that has been set up in my electorate, supporting local jobs on this government's Forrestfield rail line project.

- (1) How is this local job-creating project being progressed and delivered by this government?
- (2) Given that this project is underway, will the minister now release the business case?

Ms R. SAFFIOTI replied:

I thank the member for Forrestfield for that question. Before I answer it, I acknowledge, on behalf of the member for Fremantle, the town planning students from Curtin University and their lecturer, Ms Maggie Turnbull.

- (1)–(2) This project is underway, creating local jobs for Western Australians. It was great to be there this morning looking at the concrete plant. Basically, the plant is creating the segments that will line the tunnel from Forrestfield to Bayswater. It was a great opportunity to meet the local workers. A great aspect of this project is that the operator is training a lot of people from diverse backgrounds in this construction area. It was a great opportunity to meet those workers. It is a very, very good project.

The member for Forrestfield asked whether I could release the business case or the project definition plan for this project. The interesting thing about this is that the Leader of the Opposition has denied me, as Minister for Transport, access to the project development plan for this project. We know that the Leader of the Opposition denied me access to the business case for the Perth Freight Link, and he has now written to us and denied the Minister for Transport who is overseeing this project access to the project development plan for this project. I can understand the commercial confidentiality issues when the project has not gone out to tender and is still in its development phase, but this is under construction. The PFL has gone, but the opposition will not give me access. Last week, we reached the incredible point where I received a grievance from the member for South Perth about a report to do with new ferry connections, and when I asked my agency whether I could have access to that report, I was told that it was cabinet-in-confidence. The member for South Perth had a cabinet document, waved it around and gave it around everywhere.

Let us compare the rhetoric of the Leader of the Opposition when he announced that ill-fated whistleblower website. He said that there needs to be information on the activities of government; we need to have access to documents without going to our lawyers, he said, yet he will not allow the current Minister for Transport access to the project development plans of projects I am overseeing. The absolute hypocrisy—the dodgy whistleblower website! Maybe I need to ask someone in my agency to place those project development plans on the whistleblower website so that I can access them. The opposition set up a dodgy whistleblower website, yet the Leader of the Opposition will not release documents that I believe are necessary for me to do my job, even though the projects are under contract. This is again hypocrisy on the part of the opposition when it comes to accountability and transparency in this place.

PERTH CHILDREN'S HOSPITAL — PRACTICAL COMPLETION

342. Mr D.C. NALDER to the Minister for Health:

Can the minister confirm that he took practical completion of the Perth Children's Hospital on the basis that lead in the water was only a minor defect and would not unduly impact on the operation of the hospital?

Mr R.H. COOK replied:

I can confirm that we took practical completion because we took charge of the hospital site in order to fix up the previous government's problems.

Dr M.D. Nahan interjected.

The SPEAKER: Leader of the Opposition, I call you to order for the third time.

Mr R.H. COOK: The level of interest being shown by the other side is extraordinary, I must say, but can I just assure members opposite that we are seeking to resolve the assembly box issues because we want to make sure that this hospital is safe for the sick kids who will be using it. The problem with these particular assembly boxes is in all likelihood the chlorination events that caused the dezincification —

Mr A. Krsticevic interjected.

The SPEAKER: Member for Carine, you are coming off the market. I call you to order for the second time.

Mr R.H. COOK: The dezincification process was a result of the hyperchlorination that occurred in the building site under the watch of the previous government. That is the reason we are having to deal with these issues. The fact of the matter is that we took practical completion of this hospital because we wanted to get on site and stop the festering disputes and the ongoing conjecture about the site and the lead contamination in order to take control and resolve these issues. The question has to be raised again: Has the Leader of the Opposition or his office or his staff or others in opposition met with John Holland in order to try to prosecute these arguments? Whose side are they on in relation to this?

Several members interjected.

The SPEAKER: Members, please!

Mr R.H. COOK: Has the member for Bateman or his office met with John Holland for instructions in relation to this question?

Mr D.C. Nalder: I am asking this question.

Mr D.J. Kelly interjected.

The SPEAKER: I charge you, Minister for Water. I call you to order.

Mr R.H. COOK: Let the record show that members opposite will refuse to answer about the dealings they have had with the contractor in trying to enter and run interference in this difficult contract process. The fact of the matter remains that we took practical completion of the site because we wanted to resolve the issues around it, and the ongoing conflict in relation to the dezincification of the brass fittings and the impact that is having on the quality of the water at that site. These are issues that the previous government refused to take charge of and refused to resolve, and we are continuing to take charge of this hospital site because we want to fix it, and fix up the previous government's mess.

PERTH CHILDREN'S HOSPITAL — PRACTICAL COMPLETION

343. Mr D.C. NALDER to the Minister for Health:

I have a supplementary question. How can the minister possibly consider the replacement of over 1 000 thermostatic mixing valves a minor defect, and how could he say it would not unduly impact operations given that he cannot open the hospital?

Mr R.H. COOK replied:

There is a range of defects that ultimately have to be addressed, and the contractor will be required to fix those, just like any of the other defects across this hospital. I am surprised that the member agreed to ask that question on behalf of someone else. It seems that the opposition is really running off the rails here in terms of the inquiry. At the end of the day, what we are trying to do is resolve the lead issues as a result of the dezincification process, which is occurring because of the hyper-chlorination in those pipes that took place under the previous government's watch.

FIONA STANLEY HOSPITAL — NON-CLINICAL SERVICES CONTRACT

344. Mrs L.M. O'MALLEY to the Minister for Health:

I refer to the previous Liberal–National government's decision to hand Serco the contract to run non-clinical services at Fiona Stanley Hospital, and the Auditor General's report released today into that contract.

- (1) Are the costs of the contract actually at the level of what was promised by the Liberal–National government?
- (2) Have taxpayers been duddled by the Liberal–National government's contract with Serco?

Mr R.H. COOK replied:

- (1)–(2) The Auditor General's report makes for sobering reading. It is a great exposé of what can go wrong when a government is hell-bent on its privatisation agenda and has an ideological commitment around having to outsource at all costs. It is sufficient to say —

Mr D.T. Redman interjected.

The SPEAKER: Member for Warren–Blackwood, I know you are very lonely there with no-one around you, but talk to someone behind you, not across the chamber. I call you to order for the first time.

Mr R.H. COOK: The WA taxpayer has been duddled by this contract, and has been duddled by the mismanagement that went into the crafting of this contract, which essentially means that the South Metropolitan Health Service now has to wade through more than 12 000 pages of reports each month to look at the key performance indicators associated with this contract. At the moment, there are in excess of \$25 million worth of disputes in relation to the contract, and the contract itself is running \$25 million over its estimated cost—partly because it was not properly put together, managed and oversighted by members on the other side of the house. I want to place on the record this government's commitment to not privatising government services and to bringing these services in-house wherever possible, because we believe that public sector workers delivering public services offers the best deal for WA taxpayers and the best deal for the WA public when it comes to these sorts of public services.

Several members interjected.

The SPEAKER: Members!

Mr D.C. Nalder interjected.

The SPEAKER: Member for Bateman, I call you to order for the second time.

Mr R.H. COOK: The Auditor General has done a rigorous assessment of those contracts. He has seen the South Metropolitan Health Service struggling to deal with a wide range of key performance indicators, and that it is in constant disputation with Serco and constant renegotiations around the dimensions of this contract. All the problems associated with this contract go back to the very ideology and approach of the previous government around putting this together.

Several members interjected.

The SPEAKER: Members! I called the member for Cottesloe for the first time.

Mr R.H. COOK: The Auditor General is at pains to say that Serco workers on the ground are working well with Fiona Stanley Hospital workers on the ground and are doing their best under difficult circumstances with a contract that essentially ties people up in knots. We all know about the debacle around the porters at the hospital. The Auditor General points to a disputation around cleaning in the emergency department, which introduces another \$1 million that is in dispute. At the time, we told the former government: do not do this; you will tie the government up in knots in a contract that will be bad for WA taxpayers and WA patients, and bad for the people who have to deliver on this contract. We will continue to make sure that this hospital continues to provide quality health care for WA patients, but our hands will be tied behind our back because of the contract that you guys put in place.

WOODSIDE — FLY IN, FLY OUT CAMP — KARRATHA

345. Mr D.T. REDMAN to the Premier:

I note the Minister for Lands' response to my question yesterday saying that she is waiting for advice before making a decision to support the proposed work camp in Karratha.

- (1) As the minister responsible for state agreements, has the Premier approved Woodside to proceed with its \$400 million 700-bed camp in Karratha?
- (2) If yes, did the Premier meet with the City of Karratha to seek its views?
- (3) If no, why does the front page of today's *Pilbara News* imply the decision is made, and what discussions has the Premier had with Woodside to give it the impression that he will just sign off on this work camp?

Mr M. McGOWAN replied:

- (1) I thank the member, who is one of the two-fifths of the National Party that decided to turn up to question time today. It is a question that the member asked the Minister for Lands yesterday, and I want to say a few things about this. Clearly the National Party, as indicated by the member for Warren–Blackwood, continues its hostility towards the resources, mining, and oil and gas industries in Western Australia.

Mr D.T. Redman interjected.

Mr M. McGOWAN: We heard the member just then saying, "I support regional communities." The truth is that approval for the Onslow camp, about which the member for Warren–Blackwood railed against whilst in government, was signed off by LandCorp in January when he was still the Minister for Lands. So let us not have any more hypocrisy from you, my friend. I continue —

- (2)–(3) The matter of a camp in the Pilbara that has been referred to is under consideration. I want to make plain to people in this house that my colleagues and I are supporters of the mining, and oil and gas industries in Western Australia. The Pilbara has no better advocate than the new member for Pilbara. I also note that the former member for Pilbara, who seemed to think his role was to lose jobs for his constituents, lost his seat. The new member for Pilbara has taken up the cause of the Pilbara. There has been no fiercer advocate for it than the new member for Pilbara. The big issue from my point of view when it comes to Woodside, a very good Australian company of high reputation, is bringing Browse gas onshore at the North West Shelf. That is what we are working towards. In that quest, I am not going to be derailed by those economic vandals in the National Party. The government, the member for Pilbara and I, will continue to pursue the Australian interests of bringing Browse gas onshore, which the former government lost. We are keen to ensure it will come onshore at North West Shelf, as it should always have done and as we will advocate and try to achieve. All of the member's hypocrisy on this issue and his efforts to undermine Australian companies, I think, will come to nought. Decisions in relation to this camp will be made in due course. No decision has been made.

WOODSIDE — FLY IN, FLY OUT CAMP — KARRATHA

346. Mr D.T. REDMAN to the Premier:

I have a supplementary question. Given the Premier has shown a lack of backbone in dealing with other mining companies in this state is Woodside right in assuming he will allow it to build a work camp in a regional city?

Mr M. McGOWAN replied:

I was in the Pilbara recently with Rio Tinto and BHP announcing a doubling in the number of apprenticeships they are putting on to their mine sites. I was up there doing that.

Mr D.T. Redman interjected.

The SPEAKER: You are going to get called to order again, member for Warren–Blackwood. You are like your leader. You ask your question and you want to give the answer. Give the Premier the opportunity to answer.

Mr M. McGOWAN: I was up there announcing additional apprentices; in fact, a doubling of apprenticeships for BHP and a significant increase for Rio, plus large increases in their local content requirements. We engaged in a cooperative arrangement with the mining, and oil and gas industries in Western Australia. It is a very different approach from the former government, which was frightening investment in this state.

Mr C.J. Barnett: Inpex—how'd you go on that one?

The SPEAKER: Member for Cottesloe, I call you to order for the second time.

Mr M. McGOWAN: There he is. I am glad to see him acting with such dignity!

As I indicated, the former government lost Browse and Oakajee. We will work with Woodside to bring Browse gas onshore at North West Shelf, as it should always have done. We will not be derailed by the protestations of the member for Cottesloe or the activities of the member for Warren–Blackwood.

WAGES POLICY

347. Ms C.M. ROWE to the Minister for Commerce and Industrial Relations:

I refer to the latest Australian Bureau of Statistics report that shows increases in private sector wages in Western Australia are the lowest in the country. How does this compare with the government's public sector wages policy and why is this government's public sector wages policy fair?

Mr W.J. JOHNSTON replied:

It is not something that I like to see, but the reality is that private sector wages growth in Western Australia is very low; in fact, it is the lowest in Australia. The wage price index for June 2017 for Western Australia just released by the Australian Bureau of Statistics is 1.2 per cent, which means that Western Australian private sector wages are growing at the slowest rate in the country. I note that for professional scientific and technical services there has been a reduction in wages and salaries paid to people in those highly technical areas. Unfortunately, the private sector is not granting significant wage rises to workers in Western Australia. As we know, what is worrying most people in this state is job security, which is tending to hold down private sector wages. That is the environment in which the state government is making wage offers to its public sector workers.

I was very interested in the answer from the Minister for Health regarding Fiona Stanley Hospital. He made the point that the Labor Party recognises the central role performed by the public sector. In fact, without an effective, functioning public sector society cannot operate. We are the party that has an understanding of that. We know the Liberal Party does not understand it, otherwise it would never have entered into that contract with Serco at Fiona Stanley Hospital. We want to reward, to the best of our capacity, public sector employees, which is why, when we have been confronted with an extraordinary situation in this state, we have had to respond by making tough decisions. As I have said a number of times, the hardest thing in the world to do is to look a friend in the eye and say no, but that is what the Labor Party is prepared to do. Unlike the people on the other side, who talk and do not deliver, we are serious about managing the finances of this state. Unfortunately, the \$1 000 offer for the first four years of each enterprise agreement as they expire is all we have the capacity to offer. We would love to be able to offer more, but that is the capacity the state has to pay. As an example, I make the point that for a first year constable, that is a 1.4 per cent increase, which is still above the private sector wage price index for this state. We are making a fair and reasonable offer to the unions in this state. I was very pleased that the Leader of the Opposition supported our position and I was shocked that he then reneged on that support. The Treasurer would say that that is one of the reasons that the Leader of the Opposition was such a hopeless Treasurer when he had that job.

PERTH CHILDREN'S HOSPITAL — LEAD CONTAMINATION

348. Mrs L.M. HARVEY to the Minister for Health:

I refer to page 158 of the report the government commissioned—the Chief Health Officer's report on Perth Children's Hospital's potable water.

Several members interjected.

The SPEAKER: Members, please. I want to hear the question.

Mrs L.M. HARVEY: The report outlines the design specifications for the FM Mattsson Pressure Balanced Thermostatic Mixing Valve, which clearly state that it meets Australian Standard 4032.1 requiring it to be made of dezincification-resistant brass.

Mr P.C. Tinley interjected.

The SPEAKER: Minister for Housing!

Is the minister still categorical that the TMVs in the assembly boxes are the source of lead in the hospital and can he once again confirm his position that the QEII ring main is free from lead and is not a source of lead in the precinct?

Mr D.J. Kelly: Kind regards, John Holland.

Mr R.H. COOK replied:

Written and authorised by John Holland!

Mrs L.M. HARVEY: You have to back up an accusation like that!

Several members interjected.

The SPEAKER: Members!

Mr R.H. COOK: To the last point that the member raised, yes; I can confirm that the ring main is not the source of the lead contamination. On the thermostatic mixing valves, the observation that the Chief Health Officer made

in his report and also in his press conference on Friday was that it is not the thermostatic mixing valves, it is the assembly boxes, which have within them a range of fittings with a predominance of brass. He made the observation that some of that brass did not have watermarks. He does not have a judgement about that; that is an observation he makes. That will be something for the Building Commission to resolve. He makes the observation that the photo of the specific assembly box that is detailed in the contract looks very different from the ones that he inspected; that is, there is a predominance of silver or stainless steel fittings in the assembly boxes in the contract specifications, but the ones that he observed in the hospital had a predominance of brass fittings.

Several members interjected.

The SPEAKER: Members!

Mr R.H. COOK: On the dezincification process, that is why he suspects that the assembly boxes are the chief culprits for the elevated lead levels. He went on to test that theory with some scientific rigour. He tested the water behind the assembly box and in front of the assembly box and noted that there was a peak of lead in the water sample at the point at which it would have originated from the assembly box. After that, with more flushing, the lead levels dropped. It is a very good report and I highly commend it to all members of Parliament to have a good read of because it provides a good deal of clarity.

I want to also make the observation that although we asked the Chief Health Officer to go in and do this report, it is his report. It is not our report. The Chief Health Officer is a statutory officer.

Several members interjected.

The SPEAKER: Members!

Mr R.H. COOK: We are not in a position to instruct the Chief Health Officer on that. That is something that those on the other side are overlooking; that is, the Chief Health Officer is there to protect the health of all of us. Thank God for the Chief Health Officer because if we had not brought him in to provide some clarity and oversight on this, we would never have got to the bottom of these sorts of issues and we would never have got to the bottom of just how poorly managed this contract was under the previous government.

PERTH CHILDREN'S HOSPITAL — LEAD CONTAMINATION

349. **Mrs L.M. HARVEY to the Minister for Health:**

I have a supplementary question. Given that the minister has identified a potential breach of the Australian Standards in relation to those TMVs and the consequential threat to public health, has he notified the Australian Competition and Consumer Commission to investigate and to get an external oversight of that breach of standards of the TMVs?

Mr R.H. COOK replied:

We have obviously provided a copy of the report to everyone as part of our transparency but, in particular, we have provided a copy to the Building Commissioner and, clearly, he will take a good look at that and take the appropriate action.

The SPEAKER: That is the end of question time.

DOMESTIC VIOLENCE ORDERS (NATIONAL RECOGNITION) BILL 2017

Second Reading

Resumed from an earlier stage of the sitting.

MR J.R. QUIGLEY (Butler — Attorney General) [2.57 pm] — in reply: I was talking about the comments of the member for Armadale, his passion for this, what he relayed to the house and the horrible abomination of domestic violence. The member for Joondalup also made a contribution and spoke of a refuge in the Joondalup area. The member astutely observed that the government's response to family violence is not something that is confined to any one portfolio. It must draw upon a broad array of resources and capabilities: the police, courts, human services, housing and, as we learned from the member for Southern River, who was a teacher, education. He stressed that during his speech. The government has recognised this reality through the appointment of a dedicated Minister for Prevention of Family and Domestic Violence, the member for Fremantle. The minister is already doing an outstanding job in coordinating the many strands of government action in this area. As the Minister for Prevention of Family and Domestic Violence highlighted, the government is committed to an ambitious reform agenda—one that we have already made progress on delivering. In particular, I am pleased to note that the minister has brought the national Our Watch program to Western Australia, which she spoke about. All members agreed that education and awareness is a fundamental part of an effective response to family violence and our partnership in the Our Watch program represents a significant advance in that area. I was pleased to hear the member for Joondalup highlight the grant this government has provided to the Patricia Giles Centre, which is situated in the member for Joondalup's electorate and is the refuge of which I earlier spoke, and the outstanding

support that the service has provided. But as all members know, an effective response is more about government initiatives. It takes action from passionate and committed members of our community. That is why it is very pleasing to hear the member for Mount Lawley talk about the recent White Ribbon fundraising dinner held in his electorate, an event that was organised by local community members and highlighted the outstanding work of our not-for-profit sector.

We heard a similar example, of course, from a member I previously referred to, the member for Southern River, who spoke about a community forum in the Gosnells area that brought together a range of community stakeholders, including police, to discuss how the community can better respond to family violence. We also heard an excellent contribution from the member for Bicton, who highlighted some of the issues facing the culturally and linguistically diverse, and lesbian, gay, bisexual, transsexual, intersex communities. We heard from the member for Wanneroo, a former teacher, who highlighted the traumatic impact of domestic and family violence on children. The member for Mirrabooka spoke of the wonderful contribution of the late Patricia Giles as well as the ongoing contribution of the service named in her honour. It is clear from members' contributions that family violence is an issue that touches our entire community. It has no barrier in class, ethnicity or geography. I do not doubt that many members were prompted to speak in this chamber because they all too frequently deal with distressed victims of domestic and family violence in their electorate offices.

The rationale for the proposed National Domestic Violence Order Scheme is that domestic violence does not stop at the border. In a federation such as Australia, which has six or seven jurisdictions, the perpetrators of domestic violence can easily move across borders and, of course, victims often do move across borders to try to start a new life away from the person who was assaulting and perpetrating the family violence on them. The rationale for a national scheme is self-evident and it was placed into human context by the member for Burns Beach, who related the story of an unfortunate lady who moved to WA, a place with which she had no connection, to escape an abusive husband. The member for Burns Beach, having some knowledge of the legalities of this as a serving police officer at the time, recounted to the chamber that the lady's New South Wales court order had no effect in Western Australia and offered her no protection in this jurisdiction. This is precisely the scenario that the scheme is designed to address. We are indebted to the member for sharing this story with us because this legislation, first and last, is about protecting victims and holding perpetrators to account, which, as I have previously said, is the ambition of the member for Vasse, who urged the chamber to hold perpetrators to account. As I said at the outset of this speech, domestic violence is merely a euphemism for "serious criminal offence". All perpetrators of serious criminal offences ought to be brought to justice.

Nevertheless, as the member for Hillarys and others have rightly observed, good intentions are not enough. It is imperative that the scheme is underpinned by effective legislation and sound operational processes. I take this opportunity to touch briefly on some of the specific issues raised and, in doing so, perhaps I will be able to help expedite the consideration in detail process, because I want to address some of the issues raised by my friend the member for Hillarys. Firstly, I offer some clarification about the two issues of timeliness and preparedness. The Council of Australian Governments agreement committed all jurisdictions to introduce enabling legislation in the first half of 2016. COAG did not commit to roll out the scheme.

Point of Order

Mr C.J. BARNETT: I think there is a fair bit of tolerance in this house and I go along with that in many respects, but it is very clear that the only opportunity for a minister to read a speech is in delivering the second reading. There is nothing wrong with using notes, but standing order 1 and its footnotes are quite clear. The reading of speeches is not allowed. I think that latitude is given to newer members, but an experienced member of Parliament, the Attorney General, reading a written speech in response to the second reading debate is not parliamentary and is in breach of the standing orders. There is nothing wrong with using notes and referring to things, but this is just a prepared speech. I am not personally offended by it, but I think that if we are to have standing orders, we ought to abide by them.

The ACTING SPEAKER (Ms S.E. Winton): Attorney General, I remind you not to read your speech, but I will allow a bit of latitude on this occasion given that you are trying to go into the detail of the debate that has been had in this place.

Debate Resumed

Mr J.R. QUIGLEY: I will not read this word for word, but I have noted various members' concerns. As I pointed out, I was just addressing the topic of preparedness and timeliness. There was a COAG agreement that the states would introduce this legislation in the first half of 2016. The commonwealth had not promised to introduce the scheme in 2016, but it said it would wait for the states. That takes us to the matter that the member for Hillarys raised, and that is Victoria, his former home state.

Mr P.A. Katsambanis: A long time ago.

Mr J.R. QUIGLEY: Not that long ago, member. But we welcome the member for Hillarys here and he has been in Parliament now for quite some time, but he remembers Victoria well. The Victorian government expressed some concerns about the preparedness of even the commonwealth to have in place the architecture that would allow national registration.

We have liaised with Victoria, and the Victorian government is committed to having its legislation and scheme up and going by 25 November, which is the national fire-up date for this. The member for Hillarys is quite correct that the minister in Victoria expressed some concerns, in his second reading speech given in the Victorian Assembly, about the process of implementation. That was some time ago and the minister in Victoria also expressed some concern about the model framework and what could be taken out of the model framework. This was primarily around police orders. Western Australia has followed that lead and expunged or taken out some provisions and retained police orders in Western Australia. I also referred to those earlier this afternoon when I addressed the comments made by the member for Warren–Blackwood. We are not going to get the full benefits of this scheme until the information-sharing platform comes online. The Victorian minister alluded to this in his second reading speech, as I have referred to it here today.

This will be staged, which addresses another matter raised by my friend the member for Hillarys, who asked what will happen between now and 2019 when there is a final information-sharing platform. As previously stated, we have no particular grounds for concern about the development of that platform. As other members have stated, as it is with any information technology project, it is a challenge to get the whole registration system online so that police from anywhere in Western Australia can access it to get information about any other jurisdiction. We are also not blind to the fact that IT systems can be challenging and face cost overruns in their developmental stage. Funding for the development of the architecture for the national scheme will come from the commonwealth, with the cost then split between the states, territories and the commonwealth—but in the first instance, it is being funded by the commonwealth.

There is already a lot of forward movement in the sense that Western Australian court officials and police are already engaged in working groups responsible for the design and implementation of the IT programs. As my learned friend the member for Hillarys rightly pointed out, there has to be interim arrangements between 25 November 2017 and some time in 2019 when it is anticipated that the national infrastructure will be up and firing.

We come to the point raised by the member for Hillarys about the national police reference scheme and what part that will play. As an interim measure, the scheme will be leveraged off the existing national police reference scheme, which is administered by the institute of the Australian Criminal Intelligence Commission. It will administer it on an interim basis.

Mr P.A. Katsambanis: It is ACIC?

Mr J.R. QUIGLEY: Yes.

The purpose of the national domestic violence scheme that we are introducing in the bill is to have access to the information contained on the system that has to be extended to all court officials. As I said, this is being done on an interim basis through ACIC. The police reference system will be augmented. This system is an interim system, so it will not be live. It will have to be augmented using a manual process, because the information available under the reference system will not of itself be comprehensive or authoritative. Manual searches will have to be done. It can be asked: is this all ready to go? If we do not get forward momentum on the national agreement now, it will not happen and there is a chance of it faltering. Whilst the interim arrangements are not perfect arrangements, we know that Western Australia courts and police are already on the working group working up the final architecture.

The sort of rhetorical question asked by the member for Hillarys was how this interim arrangement will work in practice.

Mr P.A. Katsambanis: It is not rhetorical; it's the key question. How's it going to work in practice?

Mr J.R. QUIGLEY: In practice, the courts and police reference use the adapted police reference to check whether a recognised order is in force. They will be able to access that to see whether an order is in force in another state. If the search of the Australian Criminal Intelligence Commission's database reveals that an order is in force in another state, the officer will lodge a request to obtain the full details of the order from the issuing jurisdiction. I am advised that under agreed protocols between the states, this information will be provided within an hour in urgent cases on a 24-hour, seven-days-a-week basis. Each jurisdiction will nominate a contact point to coordinate and streamline the information flow. There will be an interim basis whereby if the police and courts contact the database, they will find out that an order exists in, for example, Queensland. The authorities here will then have an agreed number to contact in Queensland. In urgent cases, the full details of the order will be made available to the Western Australia Police or other authorities within an hour, seven days a week around the clock. Of course, at fire-up, we would like it to be deluxe; we would like the full national database with details of the orders in detail on a live system that a terminal can search and get. We will get there. The Council of Australian Governments took a big step forward under the present federal government and was agreed to—I am sure the community is grateful—by the previous Liberal government in Western Australia. It is our responsibility as the incoming administration to continue with that started by predecessors—and we will.

The interim processes are being developed by the national working group, which comprises members of the police and court representatives from all jurisdictions. The working group reports—the member for Hillarys might be aware of this body—to the Law, Crime and Community Safety Council, which is a ministerial council that feeds back into COAG. It also feeds into—it has changed its name—the State and Territory Attorneys General Meeting, or STAG, which replaced SCAG, the Standing Committee of Attorneys-General.

Mr P.A. Katsambanis: It used to be SCAG.

Mr J.R. QUIGLEY: It is now state and territories. That committee feeds into those two. As I said, there is a working group of the Law, Crime and Community Safety Council. It is at the ministerial level and goes back into COAG and STAG.

The partial reliance on manual processes that characterise the interim system may create some brief delays—we are hoping that they will not be too long—in the enforcement of the orders. But I am sure the member for Hillarys would agree that it is a big step forward that to even have a database that will alert us to orders from other areas with a contact number available 24 hours, seven days a week to get details of those orders in short order. Sorry, I should have said in short time so that we do not confuse ourselves.

As mentioned in my second reading speech, the bill preserves the capacity of WA Police to issue police orders. As members would probably be aware, these police orders are crucial in the interim protection in emergency situations. Permitting the national scheme to dilute the use of this protective option would have been a retrograde step. We wanted to preserve the police orders. I have seen police orders work in the Kimberley. If there are instances of domestic and family violence in the street, attending officers can issue an order on the spot. That is a very powerful tool. After a breach of two orders, the presumption is imprisonment. Therefore, interim police orders carry weight, and in a state as big as Western Australia, it would have been a retrograde step if the police had lost the power to issue interim orders.

The member for Hillarys also highlighted his concern about the potential misuse of the national scheme by vexatious litigants who may go from jurisdiction to jurisdiction to get an order or change an order.

Mr P.A. Katsambanis: To vary an order.

Mr J.R. QUIGLEY: Yes, to vary an order. I imagine this would occur on the east coast more regularly than it would occur on this side of Australia. A perpetrator who lives on the east coast would only need to get in a car and drive from Coolangatta in Queensland —

Mr P.A. Katsambanis: Or from Wodonga to Albury, over the bridge.

Mr J.R. QUIGLEY: Or from Twin Rivers to the Gold Coast, or wherever, to vary an order. A party could go to an interstate court and seek to vary or cancel an order, and that might make it difficult for the other party to contribute to the proceedings. A perpetrator who lives in New South Wales might drive to a Victorian country town and seek to have the order varied, and because the victim is the carer of infant children, for example, it might not be easy for her to travel to Victoria to appear in court. Therefore, we recognise that that would be a risk. Another risk identified by my learned friend the member for Hillarys is that the national scheme could be used for forum shopping. A perpetrator could treat the capacity to apply for variation or cancellation of an order as almost a de facto appeals situation by going from one jurisdiction to another to see whether they will have better luck. We will deal with this in consideration in detail, because I am sure the member will have more questions of the government in this vein. The bill contains safeguards to deal with forum shopping. Specifically, clause 26(4) provides that the court may decline to hear an application, let alone grant an application, to vary or cancel an interstate order if there have been no material changes in circumstances and the application is effectively in the nature of an appeal against the original decision. We need to remember that after 25 November 2017, all orders will be registered on the national database and court officials will be able to check the database to see whether an existing order is in place. Until 2019, court officials will need to contact the particular jurisdiction to get details of the order. However, after 2019, the database of all states and territories will be live and court officials and magistrates will be able to bring up that information on the screen in front of them. Therefore, although there will be a slight delay, the bill contains some very good protections. In addition, clause 26(3) sets out a number of factors to which the court may have regard when considering whether to hear an application to vary or cancel an interstate order. These include the normal place of residence or employment of the parties. If a party turns up in court in Echuca but lives on the north coast of New South Wales —

Mr P.A. Katsambanis: I am not worried about them; I am worried about people in Western Australia.

Mr J.R. QUIGLEY: If it turns out that the person's normal place of residence is Victoria, that is a circumstance that the court would take into account when considering whether to entertain the application. The court is also required statutorily to take into account any difficulty that a respondent—who in the overwhelming number of cases would be female—would have in attending the hearing. The court is also statutorily required to take into account whether it has sufficient information available to it to make a decision on variation or cancellation of the order. My learned friend the member for Hillarys raised the issue of whether children might fall off an order if it

was varied or cancelled. The court is also statutorily required to take into account the interests of any children who would be affected by the decision. Those are all reasons that a court might decline to hear an application to vary an interstate order. The criteria set out in clause 26 go to fairness and justice. These safeguards are supported by provisions that enable the court to consider an application to obtain and consider relevant information from issuing authorities in other jurisdictions. The whole point of this national scheme is that courts in Western Australia will have the latest information available to them when considering applications for orders that have been made in other jurisdictions.

The member for Hillarys has correctly identified that in relation to information sharing, the Australian Criminal Intelligence Commission is neither a law enforcement agency nor an issuing authority for the purpose of this bill. That is a fair point. I am harping on the point that this is an interim arrangement. Part 4 of the bill includes a regulation-making power to enable the ACIC to be a prescribed agency with which the Western Australian authorities can exchange information. The member for Hillarys is the shadow spokesman for police. Under this legislation, WA Police will have the power to declare ACIC a prescribed authority with which it can share information—that is, the order and information around the order.

During this address, I have dealt, in a scattered fashion, with the transitional provisions. However, before I resume my seat I would like to touch on this important issue again. I understand and appreciate the concerns of my learned friend the member for Hillarys about the date from which Western Australian orders will automatically be recognised. It is not right to suggest that it would be simpler for Western Australia to provide for retrospectivity than it would be for other jurisdictions. Almost every other jurisdiction has the same form of distinction between general violence orders and family violence orders, which Western Australia introduced on 1 July. Despite this, almost every jurisdiction, with Victoria as the exception, has adopted the same position as Western Australia has in this bill—that is, that only new orders will automatically be recognised. I must say that the advice we have had from our Western Australian court administration is that given that we did not even have a central database happening here, to retrospectively capture existing orders would substantially complicate the IT preparations for the commencement of the scheme. Presumably, governments in other jurisdictions have received the same advice, because they have taken the same line. Western Australia is already lagging behind in our legislative preparations and I would be loath to introduce any provisions or accept any amendments, no matter how well intentioned, that would jeopardise our capacity to join the scheme in step with other jurisdictions, for not only would we be compromising people in Western Australia, but we could be compromising people in other states where the victim is Western Australian and has fled to another state for protection—those who left our beautiful state and have gone to hide somewhere else. I would hate for the scheme to be held up and compromised, leaving such a person unprotected. I am sure that that is not the intention of the member for Hillarys, so we will do the same as every other state and have exactly the same start-up date. The solution to this, as the member for Hillarys has already sort of alluded to, is to make this position clear in the communication that supports the role and operation of the scheme. The general consistency between jurisdictions in respect of the transitional arrangements, again with Victoria the sole exception, will make this a relatively straightforward exercise. Of course, all the orders may not be within the scheme.

Before I resume my seat, I turn to specific issues regarding clause 14. I will quickly go through them. The member for Hillarys queried the purpose and the operation of clauses 14(5) and (6). The purpose of this clause is simply to ensure that the legislation does not inadvertently eliminate protection for a child simply because a new order is made in respect of the adult. As the member suggested, there may be circumstances in which the operation of an order in relation to a child should be superseded, varied or cancelled. This is correct, and I can assure the member that it can be accomplished under this bill. There are two ways that this could occur. Firstly, and most simply, the new order could include the child, in this case, in the entirety of the original order, including the terms that relate to the child. They would be superseded under clause 14, noting that the caveat only covers situations in which the new order does not refer to the child. Secondly, a parent could seek to cancel or vary an original order under part 3 of the bill if it is an interstate order or under the terms of the WA Restraining Orders Act if it is a WA order. Another matter my learned friend the member for Hillarys raised is the issue relating to family law. To the extent that the interactions between the regimes can be problematic, this is not a product of this bill; it is of the substantive act and the Family Court Act. In fact, a national process has recently been commenced to look at how family law deals with family violence, including interface with restraining orders and child protection regimes. This is not an issue created by the NDVOS and it will not be solved by it. In practice, courts in all jurisdictions will still make, vary and cancel restraining orders in accordance with their own local laws. In WA, the Restraining Orders Act prohibits a court from making a restraining order that is in conflict with an affirming order—section 65. This is supported by the provision requiring the person applying for a restraining order to notify the court of any relevant family court orders—section 66.

Although this may not have obviated the need for consideration in detail, I have generally tried to address some of the concerns of the opposition spokesperson.

Question put and passed.

Bill read a second time.

Leave denied to proceed forthwith to third reading.

*Consideration in Detail***Clause 1: Short title —**

Mr J.R. Quigley: Is there any particular clause that the member might want to go to?

Mr P.A. KATSAMBANIS: I would not mind just making a few comments on clause 1 and then going to clause 2. After clause 2, we will then go, I think, to clause 14. We will then carry on from there. There are about six or seven clauses.

Mr J.R. Quigley: So we might be able to put some en bloc.

Mr P.A. KATSAMBANIS: Sure.

The ACTING SPEAKER (Ms S.E. Winton): Members, I just remind you that clause 1 is the short title, so shall we go to clause 2?

Mr P.A. KATSAMBANIS: I would not mind making some overview comments just clarifying what the Attorney General said in his contribution in reply during debate on this clause.

The ACTING SPEAKER: Member for Hillarys, clause 1 is just as printed, so perhaps you can wait until the next clause to make comments you seek to make.

Mr P.A. KATSAMBANIS: Can I make some broad-ranging comments?

The ACTING SPEAKER: Not on clause 1.

Clause put and passed.**Clause 2: Commencement —**

Mr P.A. KATSAMBANIS: Clause 2 is the commencement clause and the questions I had about clause 1 will fit neatly into this. Obviously, the Attorney General has indicated that there is an intention that the scheme will start operating on 25 November 2017. Can it be assumed that that is likely to be the commencement date of the rest of the legislation? Just reading the provision, clause 2(a) provides that clauses 1 and 2 will come into operation on the day that the legislation receives royal assent and the rest of the legislation will come in on a date fixed by proclamation. Is it the intention that the proclamation date will be 25 November or will it be a different date?

Mr J.R. Quigley: It is. We want to have this fired up by 25 November, subject to it passing this Parliament in a timely fashion.

The ACTING SPEAKER: Just before we continue, Attorney General, it is normal practice to stand, but are you seeking to sit, given your knee?

Mr J.R. Quigley: Thank you.

Mr P.A. KATSAMBANIS: I am happy for the Attorney General to be given permission to speak from his chair because I know that he is labouring—pardon the pun—under some significant difficulties.

Mr J.R. Quigley: Some cartoonist called me the “Attor-knee”.

Mr P.A. KATSAMBANIS: As long as we do not refer to one of the characters from *Hey Hey It's Saturday*, in particular, Dickie Knee.

Will the interim database that will be in place on 25 November be run by the Australian Criminal Intelligence Commission as the full database is going to be?

Mr J.R. QUIGLEY: That is correct, and the police will have the authority to designate that as an appropriate authority.

Mr P.A. KATSAMBANIS: We will get to that in that clause and discuss it there. That is probably the best way to do that.

Is there an intergovernmental agreement or memorandum of understanding in place at the moment? Where are we at with that?

Mr J.R. QUIGLEY: We do not have a memorandum of understanding or agreement as such. All the governance of it really comes from that Law, Crime and Community Safety Council. It does not have an accompanying memorandum of understanding.

Mr P.A. KATSAMBANIS: Is there a written document that highlights the specific commitments that Western Australia has made to this scheme and the various rights and responsibilities of all the parties to the scheme—that is, the states, the territories and the federal government?

Mr J.R. QUIGLEY: Each time the community safety committee meet, it makes a recommendation to the Council of Australian Governments or the Standing Committee of Attorneys-General and each one is accepted. There is no one document in which its resolutions repose other than within the governance documents of the council.

Mr P.A. KATSAMBANIS: I know that the Attorney General has not been Attorney General for a long time so it is probably unfair to ask whether this is common practice. It seems to me that if there was a national scheme, it has to be underpinned by model legislation across all states and territories and a federal database would be organised by a federal agency. At the very least, we would be able to reduce the rights and obligations of all the parties to a document that we could trace back to so there is no misunderstanding. We are passing legislation in this place and we are doing it in good faith to hand over information to a federal body that will then distribute and disseminate it across Australia. At the very least I would expect that there would be some form of memorandum or heads of agreement or a series of steps outlined on a document that we could refer back to to ensure that there is compliance before we bring this bill into commencement when it is enacted.

Mr J.R. QUIGLEY: The council is the decision-making body and the council comprises the states and the commonwealth. The council is the decision-making body rather than individual states. The body corporate of the council is making these decisions. The states then introduce legislation reflective of the resolutions of that council, which is exactly what we have done, except with our couple of carve outs. The obligation of the state is set out in the legislation itself.

Mr P.A. KATSAMBANIS: Usually these things come out after some form of intergovernmental agreement. The very fact that there seems to be a resolution somewhere that does not appear to be public and that Western Australia has decided to carve some things out of that agreed resolution should ring alarm bells. I do not want to be obstructionist in any way but the processes of our Parliament include an upper house that pays specific attention to bills that might have intergovernmental agreements or might give effect to commonwealth schemes. It may well be possible to truncate any process that they go through if we got some better optics and better visibility as to where the commitments are sitting. Can we get access to the minutes of these meetings?

Mr J.R. QUIGLEY: My understanding is that we can. The minutes of COAG are available. In this instance, they have certainly been widely publicised with attendant publicity on the fact that Western Australia will not be ready. The public will know about the decision of COAG; the commonwealth government has announced it. It is within the COAG minutes of agreement, and that is available.

Mr P.A. KATSAMBANIS: The public may be aware of the general gist of where we are going but the devil is in the detail and the detail does not seem to have been formalised in any agreement. I am not blaming Western Australia for that. It appears as though we are undertaking a scheme without any formal agreement that is signed off in the various intergovernmental agreements, whether they be on the GST or on agreements around all sorts of national schemes on firearms and the like. We have intergovernmental agreements that underpin them. Is there an intention that there will be one at some stage? I recognise that this might not be in the hands of the Attorney General and he will have to get everyone else to agree but have there been any discussions around formalising an intergovernmental agreement?

Mr J.R. QUIGLEY: It is not so much an intergovernmental agreement. The LCCSC commissioned a national working group. People from all the states got together to work out the detail of how the legislation would operate. When the national working group came up with its provisions on how it should be implemented, it then reported back to the subcommittee of the LCCSC. We could follow through the trail of the decisions made that have produced the bill in the form before us. There is the decision of COAG, which is properly recorded, resolving that all states would cooperate under a national scheme. The national scheme is implemented through this national working group, which has been set about its task by the LCCSC, which will accept or reject its recommendations and then in due course report back to COAG as to the development of it all.

Mr P.A. KATSAMBANIS: I will not labour the point because obviously this is something that has to be discussed by those groups rather than something that is just for the Western Australian Parliament. I want to put it on the record that we are undertaking a very significant scheme in which there are significant obligations on all parties to employ information. I recognise that the scheme has developed over a period of time. The very fact that the rights and obligations and duties of the various parties are not distilled into one document, even as a summary, makes it, in my considered opinion, less than ideal and gives rise to questions in the future about whether all parties are following whatever agreed course has been agreed and wherever it is minuted and documented.

Mr J.R. QUIGLEY: As stated in my second reading speech, we have gone about this task and we are picking up the work of governments that preceded us. This has not been a one-term task. If there is concern about the absence of an agreement—a formal memorandum of understanding, if you like—those concerns could perhaps be raised with the shadow Attorney General, who was part of the original SCAG, as it then was, that commissioned the national working group. We take this on as a bipartisan matter. This was not our idea; it is an idea that was formulated by the Turnbull government and agreed to by the Barnett state government, and we are continuing with it. However, we cannot go around and re-couch it, or try to backfill spaces for memoranda of understanding. I am not being critical of the former government. Do not get me wrong—I am not, in my comment, being overly critical of the Barnett government, but if there is no agreement, it is hardly our fault. We do not think it is necessary. We think that the resolutions of the driving committee—the Law, Crime and Community Safety Council—are sufficient. I take the member's concerns on board, but we are trying to progress what was started before us, and see it through to completion.

Mr P.A. KATSAMBANIS: I think we will leave it at that. I recognise that it is a whole group of people, but let us see how it goes in practice.

Mr J.R. QUIGLEY: Thank you, member. I am sure it would be supported by everybody, both on the other side of the chamber and ours.

Clause put and passed.

Clauses 3 to 13 put and passed.

Clause 14: Recognised DVO prevails over earlier comparable DVOs —

Mr P.A. KATSAMBANIS: This clause provides that a recognised DVO will prevail over earlier comparable DVOs. There is a savings provision in there, if you like, in relation to protected persons who are not covered by any new DVO—usually children. If a party has an order out against a perpetrator —

Mr J.R. Quigley: In one state, and has got children included in the order.

Mr P.A. KATSAMBANIS: Yes, and it then includes children in the order, and then if there is a variation or cancellation of that order, then it will not apply to the extent that it relates to those children. I understand the intention of that, but when two parties are seeking to vary an order, would it not be more logical to conclude that if they wanted to include the children in the new order or the varied order—usually the new order, but let us not complicate matters—they would do so, and the absence of the children in any new application is an indication that those orders are no longer required?

Mr J.R. QUIGLEY: With respect, I do not think that one necessarily flows from the other. For example, a lot of these orders impose restraints upon how one party may contact the other for the purposes of access to children. It might be by telephone or through a third party et cetera. It might seek to vary one of those terms if the person has moved interstate. In the home jurisdiction, a condition might have been not to attempt to telephone, but now that one of the parties has moved interstate, they just want the order varied to allow telephone contact for the purposes of trying to arrange access to the children or some such thing. It might not in any way touch upon the other protected people—I am hypothesising here—but just the terms under which one party could contact the other party, for example. I know the member is an experienced legal practitioner himself, but I am very aware from legal practice that often the orders contain provisions about how the children are to be handed over on an access basis. Once the person moves interstate, it might be that the terms of the order become redundant in the sense that the original order might have said that the children were to be handed over at grandma's or grandpa's house, but now that the children are hundreds of kilometres from grandma or grandpa a condition might be that one party pays the airfare to Melbourne and collects the children at the airport. Many terms in the order that do not directly impact upon the children might need variation.

Mr P.A. KATSAMBANIS: I think that is my point. My point is that if they do need variation, they would be addressed in any application. There must be some other reason for clause 14(5). Subclause (6) must be by operation of subclause (5) because it commences with “accordingly”. What circumstances are envisaged in which an order would be superseded but still continue to apply to protected persons, usually children—there could be other protected persons, but they are usually children—but not apply to the original party to the order?

Mr J.R. QUIGLEY: I may have misheard the member, so I will take it that I am wrong and he is right. I thought he said “is superseded”. Clause 14(5) states —

A DVO is not superseded to the extent that it relates to a protected person who is not a protected person under the new DVO.

It preserves the protections in the old order while giving some variation in the new order. As I said, that might relate to those circumstances I previously related of contact or handover. I could not hypothesise them all. In relation to the child, who is another protected person under the order, that would be done under clause 25 in part 3 of the bill, “Application for variation or cancellation of recognised non-local DVO”, which we will come to in due course. When we go back to clause 14(5) we see that if there was to be a variation in relation to the children, an application could be made under clause 25 in part 3 of the legislation.

Mr P.A. KATSAMBANIS: I think we are going around in circles on this one, but I will just leave my concerns there. It is obviously something that was envisaged by the working group. It is not overly clear. I guess there is little harm in an order hanging around to protect a person. It is better to err on the side of keeping an order and letting the protected person come in and say that it is not needed anymore rather than assuming it is not needed. The better interpretation of this is probably that it is a bit of a catch-all in case something happens and we leave someone out by accident, a child in particular. Perhaps that is what the intention is. It remains unclear, but let us see how it goes in practice.

Mr J.R. QUIGLEY: My response to that comment is that the member is correct. It would be a sad disaster if someone were inadvertently left out and the continued protection did not apply.

Clause put and passed.

Clause 15: Making of new orders —

Mr P.A. KATSAMBANIS: This clause allows for the making of new orders and reads —

Nothing in this Act prevents a person from applying for, or an issuing authority from making, a local DVO even though there is a recognised DVO in force that applies to the same person.

Debate adjourned, pursuant to standing orders.

THERMOSTATIC MIXING VALVES — LEAD CONTAMINATION TESTING*Motion*

DR M.D. NAHAN (Riverton — Leader of the Opposition) [4.01 pm]: I move —

That this house calls on the McGowan government, in the interests of public health and providing surety to the community, to immediately identify and begin testing across Western Australia all thermostatic mixing valves installed at public facilities, similar to those installed at Perth Children's Hospital, and to conduct thorough visual and chemical testing of the QEII ring main to rule it out as a source of lead.

This is the first time I have been able to go through my experience with the Perth Children's Hospital in detail in Parliament. I will be the lead speaker for the opposition, and it will be a cathartic experience for me. If members read all the material that is publicly available, as I have, they will see that this is to a large extent a unique experience. Indeed, when the Building Commissioner made an assessment of the lead levels at Perth Children's Hospital in his April 2017 report, he said that there were no other benchmarks to test against for the primary reason that lead levels have almost never been tested in similar buildings. I have talked with a large number of people, including the Building Commissioner, and they cannot find anywhere in the world a similar occurrence in which a brand-new building of this quality has been contaminated by lead like this. The question is: how did it happen? We are struggling to find the answer. I want to preface this with a couple of points so I can cover the whole issue.

The government's impetuosity to get in and resolve the issue was driven by comments made during the election campaign. It underestimated the complexity of this issue and the need to stand back and assess all the issues. The government came in too quickly on a range of fronts. It took practical completion too early, and I will go through that. It has ruled out the ring main as the source of contamination, at least on advice it received from the Chief Health Officer, but it received advice from others, such as the Building Commission, that there was adequate evidence that the ring main run by the Department of Health to the Queen Elizabeth II site still had high levels of lead in it. The government jumped in too quickly and the Minister for Health has been more emphatic than the Chief Health Officer that the thermostatic mixing valve and the assembly around it is the cause of the problem and that replacing these will solve the problem. The Chief Health Officer's assessment does not agree with that and actually points somewhere else.

The Chief Health Officer has a statutory role. It is true that he is a regulator of a whole range of things, including water quality going into hospitals, but he is not the sole source of information; in fact, his skill base is regulated. For the details on this facility, he relies on a range of experts—just like everyone else. The argument that we should leave it up to him and what he says is not the be-all and end-all. First, a vast array of work has been done on this problem, with 19 different leading Australian, Western Australian and world assessors having tested water and been involved in this, so there is a huge amount of data.

Let me go over the history of Perth Children's Hospital. This hospital has been plagued with a range of problems, but today I want to focus on the lead levels. The history goes back to January 2015 when the plumbing of the hospital was basically finished and the contractors decided to run water in the hospital. The water came from the ring main around the QEII site, which is the responsibility and property of the Department of Health, more specifically the QEII fund.

Mr R.H. Cook: It was actually January 2016.

Dr M.D. NAHAN: No.

Mr R.H. Cook: That is what the report says.

Dr M.D. NAHAN: No, the minister should read the Building Commissioner's report. If the Jacobs report says 2015, it is wrong. I can give the minister the citation later. Christopher Contracting, the plumbing contractor for John Holland, was brought in, and it filled up the hospital pipes and tested the water in 2014. But it did not test for lead; it tested for microbial matter and other factors that are regularly tested at the QEII site. "Why would we?" they thought. They flooded the hospital pipes. They did not chlorinate the water at the time, although there are conflicting results on that, which I will get back to. I have read that they did not chlorinate the water, but they brought it in at that time. They filled up and flushed the hospital pipes, but they left the water there for nearly 15 months.

Mr W.J. Johnston: Why did they do that?

Dr M.D. NAHAN: I presume that was because of other delays in the hospital construction. That is a really crucial piece of evidence. In 2016, when it got closer to opening the hospital, it flushed the pipes again and started putting chlorine in there as part of the standard process. In May 2016, it decided to test for lead. I remember this because I received advice. The water was tested because it is a children's hospital and lead is particularly dangerous to young children, so people in the strategic projects division said, "Let's test for lead." Lead levels had not been tested at any other new hospital, including Fiona Stanley Hospital and Midland Hospital, but they tested for lead and shock, horror, there were elevated levels of lead in the water throughout the hospital, including in the tanks in the basement. The water comes in from the ring main through a fitting and into the tanks at the bottom of the hospital. There was substantial lead in those tanks in the basement, which were used for different purposes, including pressurising. Some of the lead was visible—I saw it; I looked at video pictures of it. The question is: how did it get there? The advice I received from the strategic projects division—again, the Department of Health was involved in this process but was more or less at arm's length from it—was that it is common in building sites that debris from the site contaminates the water and that it is flushed out, so we flushed and flushed, and tested. The levels started going down, but they were variable and did not diminish anywhere near as much as we had hoped. After months and months, it was not being properly eliminated.

The Building Commissioner was on site at the time on another issue—I think on asbestos panelling. He is not directed by the minister, but obviously the people at strategic projects asked him to look at this, or he chose to, which was a good idea. They brought in Jacobs and a raft of experts to find out what was going on and how it could be solved. As I said, there were 19 sets of experts, including from the Water Corporation, ChemCentre, Curtin University and a whole raft of other people internationally. It must have kept a lot of water experts in good money for a long time. That is the story. I was not informed of this, but before September, particularly in July, we started putting probes up the stainless steel risers and we saw rust and irregularities; debris, detritus and gunk was caked onto the stainless steel risers, which are the big stainless steel tubes that bring the water up to the various floors. Samples were taken and we found out that there were various types of material but the debris was highly laden with lead. When water rushed past it, it leached out lead into the water system. Lead was in the risers and, at least initially, substantial water, lead, debris and detritus was in the tanks right after the ring main. That is very important because, clearly, at that stage the lead was not coming from the dezincification of the fittings because there were not any brass fittings; they were all stainless steel or plastic. We were getting lead into the tanks and the risers of a substantial and very significant level that was not coming from dezincification at that time. It might have been elsewhere at that time in the hospital. We worked on it and even thought about sticking ice in there to abrade it—all sorts of theories. I am a politician and an ex-economist, not a corrosion engineer or a hydraulic engineer. I relied on the advice of the same group of people who are advising the minister now. That was the issue.

We had a whole range of other theories and people working on this. The Building Commissioner and Jacobs were on site looking at it and gave a report in December. In December or so we decided that there was so much crud that had lead in it in the risers that we had to replace whole sections of them. They had to be replaced. It was obviously a long-term source and was not because of dezincification so we put filters on all the laterals. The risers went up to a floor and we put filters on all the laterals. The hope was that the detritus that was the cause of the lead had not got past the risers and into the laterals; that was the theory that was put to us. Clearly, after we put the filters in, the lead levels started deteriorating on most of the floors very quickly, but it got nowhere near where we hoped it would get—that is, complete elimination of the lead in the laterals. We were stuck. We kept the filters there for a while and they were obviously catching lead. I was told that the filters were changed very regularly. They were taken out and tested and lead was found in those filters on most floors, but not all. One building was lead free.

The experts went on to test other things. We lost government and the Building Commission report came out, as did the Jacobs report and whatnot. In December and January, we had other problems with the hospital as well as the lead, particularly with Schneider Electric, which was putting in high-end electronics; there were a few other issues. Strategic projects suggested that we might have to take practical completion before all these problems were solved, just to get it done but we decided not to. There are certain clear conditions in the contract that define the appropriateness for practical completion. One of them is that all major defects had to be eliminated; there could only be minor defects. Lead in the system was not a minor defect nor, at that time, was the Schneider electronics stuff. I do not know at what stage Schneider Electric is, but I know that lead is not a minor defect. The new government came in and were committed to taking charge and solving the issue. I hope it solves the issues and it needed to take charge, but it did not need to take practical completion. The minister has made the analogy repeatedly that if you have a house built and move in and there are faults, you go back to the builder. That is true, but in this case, if we use that analogy, if you buy a house, you get it tested before you move in. In particular, you test the water to see whether there is gunk in it or whatever. You turn on the stove to test it. In fact, you can hire people to do this testing for you. If essential pieces are not fixed, you do not take final possession of the house. That is what the government has done in this case. It has taken possession of a building on the basis that lead is a minor defect. Quite obviously, it is not. The Chief Health Officer is a very experienced person. I did not have too many personal discussions with him because he reports to the Minister for Health and not to the Treasurer in this case. His regulatory powers come into play only when practical completion is taken and the Department of Health takes over the hospital; that is true, but he can provide advice before then.

Strategic projects and the other team—there was a large team of people there—were requiring John Holland to do all sorts of things during my watch. It was not just lead; it had a lot of things to do. At one time it had 10 000 defects to fix up. To my knowledge, John Holland was doing it. Sometimes it did not do it very quickly, but it was doing it. I never had any direct contact with John Holland on that issue. I went through strategic projects in all cases. I often met with John Holland with strategic projects there nonetheless. The government did not need to take practical completion to do what it is doing now. The Building Commissioner did a very thorough report before practical completion was taken and Jacobs prepared its first and second reports. The government could have done that. I am sure that the government could have asked John Holland to replace those TMVs or give it information on those. My understanding is that in these types of contracts, if the contractor is asked to do something, it says, “Yes, sir!” because it gets paid to take it out and gets money on top of the replacement cost. I have been told that, generally, contractors are more than willing to do these sorts of things. The government did not need to take practical completion. The real issue is that there will be disputes about the source of the lead—no doubt. If, as the Minister for Health and the Chief Health Officer imply, the fault lies with the major contractor and the government wants the major contractor to do the work and be held for the liabilities, it does not want to take possession before those liabilities are fixed and then go into arbitration or before the court. I think it was a major error and that we will see that down the track. I hope not but let us go.

On the ring main, the Building Commission report was the eureka moment for me because I sat there trying to ask where the stuff that was in the risers and the holding tanks in the basement came from. It was there.

Mr W.J. Johnston: Under the road.

Dr M.D. NAHAN: No.

The Building Commissioner clearly laid out the scenario that the ring main had been owned by the Department of Health through its various agencies—the QT side—for a substantial period. Someone said 50 years but it might have been less; I do not know.

We have found out that that ring main had not been repaired for the last five years. It had not been addressed, fixed up or cleaned. It did not have scouring valves attached to it and it was made up of many different things. The Building Commissioner found a dead leg. It was an offshoot from the rectangular ring main but the water was contiguous and connected to the ring main. The Building Commissioner found and described that there were a number of events that potentially would have led to the flushing of material in the ring main as well as the flushing of material in the risers for the fire hydrants, which are numerous around the place. He found high levels of concentrated lead—something like 200 times the allowable Australian level for drinking water—in the ring main and in the risers for the fire hydrant. He also said that, potentially, this material that is in both the risers for the fire hydrants and the ring main was elsewhere in the bottom of the ring main. The Building Commissioner said that. He is the expert on these types of things and we have outside advice to support him.

If I were in government, I would have done a number of things. I would have stuck the tube video cameras—they are really microscopic—that were used in the risers in the hospital in the ring main. Even if we stop any additional parts of lead by putting a filter in the ring main in the Perth Children’s Hospital, it is a source of lead for elsewhere in the Queen Elizabeth II Medical Centre site, including Sir Charles Gairdner Hospital and Ronald McDonald House and the medical school and a bunch of research facilities. If we know or have evidence that there is lead in a rectangular source of the plumbing, we test it. I have not heard, and the government has not said, that it has done that. It needs to be a priority. I tell members that the claim will be, at least in part, if not in full, that the initial source of lead to the hospital came from the ring main. I think there is a strong argument for that, as set out by the Building Commissioner.

The Jacobs report and other reports show that there have been 19 instances since January this year of spikes and elevated levels of lead coming into the hospital. There have been 19 samples showing elevated levels of lead coming from the ring main into the hospital. That strongly confirms the Building Commissioner’s finding that there are elevated lead levels in the ring main, which is run by the Department of Health and supplies the Perth Children’s Hospital and a range of health facilities in that area. The government has to do something about it. It is just commonsense. There is evidence that this has not been maintained and scoured and cleaned for a long time. I read in the Building Commissioner’s report that the dead leg was removed at the behest of the Building Commissioner, but I am also told that it was not blocked off and part of it remains. That is a rumour.

The Chief Health Officer quite categorically rules out the dead leg as a source of the lead. I think it is correct that it is not currently the source of the lead, because, as the reports also state, a filter is still in place—it was put in place some time ago before the water initially came into the hospital—that filters the water from the ring main to the hospital. I understand that the department either has or is taking down the filters elsewhere. Yes, it is not the source now, but that filter was not there when the water first came in and lay there for 15 months. Therefore, the ring main and the dead leg are likely, I argue, to have been the initial source or part of the problem. I am not arguing that they are the sole problem. Quite clearly, there is another problem here, which is dezincification. It is incumbent on the government to test that ring main. I argue that the Department of Water or, more importantly,

Water Corp should take back that ring main from the Department of Health and upgrade it, have the Water Corp come in, examine it, test it, replace it and give a report—and own it. Clearly, the Department of Health has been negligent in maintaining that ring main and the dead leg. The Building Commissioner report shows a picture of the dead leg. It had water and high levels of toxic material in a water system that supplied the hospital. Clearly, that is wrong. Maintaining pipes and water systems is not the core business of the hospital. It has other businesses. Why not take it away and give it to Water Corp to take over and replace all the bloody pipes—they are very old anyway—and get on with it.

The Chief Health Officer has made an error in dismissing the findings of the Building Commissioner and the Jacobs report, which clearly show that there is a huge question about lead in the ring main that was there not only in 2015 and before or September 2016 when the dead leg was removed; it is there now. There have been 19 instances since January of spikes of elevated lead levels potentially going into the Perth Children's Hospital since January. That is a problem. Dismissing the dead leg and ring main out of hand is a serious error. I hope that they correct it. It is also an issue in the sense that if we take off that filter, it could potentially—if my theory is right—put more lead back into the hospital and, potentially, we would have to start all over again. Secondly, there are all sorts of other, as I said, important assets that are sucking water out of that thing, and if there is a disturbance in the water system and we get back-flushing, we will have trouble in Charlie's and a range of other places, including Ronald McDonald House, where there is a large number of young children.

I turn to the solution of the thermostatic mixing valves. The TMVs are an off-the-shelf commodity. We know this because we read the Commissioner of Health's report and he has a picture of the mixing valves and the source, and pictures of the unit. We used the web and found two plumbing suppliers that sell these on a regular basis and have sold hundreds of them around Western Australia and Australia. Originally, at least, the kit is from Sweden. This Swedish firm sells them all around the world. I assume that there are variations to them; I do not know. Some pictures look as though they have stainless steel; some have brass in them. They are off the shelf and we bung them in. The Chief Health Officer states in the report that there are 1 200 of them. The Chief Health Officer is very coy on these things, so he is not as emphatic as the minister. He has gone through and assessed through testing for lead. He is, basically, a public health specialist and a statistician, so he is good at these things. He identifies a high concentration of lead in some of the outlets from or in the vicinity of the TMVs. Fair enough. Just take his data at first step. He concludes that there is an isolated system. Then he has taken six of them out and tested them and some have dezincification. Those are the facts. That is a sample size of half a per cent of the total number of TMVs in the system. He says that we have to test these TMVs more widely. It has to be done. The Chief Health Officer also said that there was clear evidence that—again, the sample size was very small—in part of one line on one floor, which he could access without destroying too much, it was found that valves through the laterals also had dezincification in them. They had to check not only the TMVs, but also all the brass fittings in the laterals in the plumbing system. Do members know how many brass fittings are on the laterals? There are 10 000. Significant elevated levels of lead were found to be coming from the few brass fittings that were tested.

The brass fittings are far upstream from the TMVs. The TMVs basically mix the hot and cold water before the potable water reaches the floors—the risers on the floor and ceilings and whatnot. Way upstream significant levels of lead were found. It cannot be said, as the minister has said, that the single culprit is the TMVs, because that is not what the Chief Health Officer found. To replace the TMVs—from the evidence provided, even though the sample size is paltry—would be far too premature, although the Chief Health Officer has regularly identified the TMVs as the source of the problem.

During question time today it was clear that the minister was not aware of quite a few of these issues. It appears that he does not know that they are in fact off-the-shelf fittings and are from Sweden, not from China. There may be Chinese parts in them—I have no idea whether there are—but the fittings were purchased from a global firm, in Sweden, and thousands of them are provided around Australia and are probably fitted in every major building in Perth. If the TMVs are the source of lead and are found to be faulty—as any person would do if they found a fault in a Volvo; they would go to Volvo—the seller of the TMV should tell the company that sold the item that a fault has been found in their product. They should ask, “What do you reckon? Can you respond?” The regulator should also be informed—I think in this case it is the Australian Competition and Consumer Commission—that a fitting that is used throughout Australia has a problem with it and that it has been found to be faulty. Someone needs to be notified so that the problem can be fixed. Recently, certain car air bags were found to have a fault and a major car manufacturer, Toyota, wrote to me and said that there may be a fault in the air bags in my car, so I was asked to bring my car in so they could be replaced. There is a process to go through.

The minister should know, first of all, that the TMVs are off the shelf and that there are 1 200 of them in the hospital. He should have notified the builder and then the regulator that there was a fault in them so they could start addressing the problem. He did not do that. He did not even know that they were off-the-shelf items from Sweden. I emphasise that they are from Sweden because I was watching the minister speaking the other day online and everyone was saying that the fittings were cheap Chinese junk. That was a concern in the community when I was minister and those derogatory statements were made. My understanding is that the Building Commissioner

and Jacobs have looked through all the fittings in the hospital and have said that they meet Australian standards as per the requirements. The health officer's report also mentioned that some fittings in the TMVs were not watermarked and that therefore, potentially, they could be substandard or off-spec, if you wish, but the lack of a watermark does not mean only that—it just has to be validated. That is another reason to go to John Holland, which ordered them, or the provider to ask them about that. It is not a difficult or time-consuming path to follow. That could have been done before coming out with a speculative report.

The problem is that replacing 1 200 TMVs, even if no dezincification has been found, will not solve the problem. As the Chief Health Officer found, there are 10 000 brass fittings in the hospital that are also dezincified, so replacing the TMVs would not solve the problem, as was implied by the minister last Friday. Do not blame the problem on that totally.

What is the cause of the problem? Clearly there is dezincification. I am no expert, but three theories have been put forward and, to date, we do not know which one is the right one. First, the report is saying that excessive chlorination could have caused dezincification. Do we know that is the case? We absolutely do not. The Building Commissioner and the Chief Health Officer state quite emphatically that the documentation on chlorination is surprisingly inadequate, that there have been five episodes of chlorination, and that the documentation of the chlorination is not adequate to ascertain whether the chlorination is excessive or the cause of the problem. In other words, the Chief Health Officer does not know. He is calling it a hypothesis and he going to pursue it.

I might add that two of the chlorination episodes took place in April and, the latest, in June this year. Two of the five known episodes of chlorination happened after the Building Commissioner's report was released and stated that that might be the cause of the problem. If excessive chlorination was an issue, why was the water re-chlorinated? There might have been a good reason for that. I would not know; I am not an expert in chlorination. However, there is a theory out there that chlorination is the problem. The Chief Health Officer has said that it is a hypothesis, and the lack of data means that he cannot say yes or no, so he advises us to be careful about pinning all our hopes on solving the chlorination problem because it may not be the problem.

There is also another issue about the TMVs. There were two editions of the Jacobs report, one from December and one from April. The Jacobs report looked at the TMVs and found that they not only meet Australian standards, but also are not the source of lead—they are not dezincifying. That raises two points: firstly, there is a diversity of views between the experts on this matter; and, secondly, concerns that the TMVs are the overwhelming source of lead may not be correct because the six that the Chief Health Officer looked at may be a unique sample. The TMVs are very accessible—they are just in boxes and a panel simply needs to be pulled off so that they can be examined. We would assume that a consultant, who is paid probably by the hour—very highly too—would look at more than six items. Probably in the initial testing only six were taken out because they have to be ripped up—they are destroyed. But if an inspection was done to check whether they meet the Australian Standard or they have any dezincification, more than six need to be tested. Jacobs Engineering, a major contracting firm, tested the TMVs and found them to comply with the Australian Standard and found dezincification was not the cause of the problem. We have conflicting evidence.

This is a complex issue without adequate data to resolve it and for it to be defended. If we make an action, and say, "Eureka!" or believe we have had a Chamberlain moment and found the solution "in our time", and it does not turn out to be right —

The ACTING SPEAKER: Leader of the Opposition, you are supposed to address the Chair. I have been okay about it, but Hansard cannot hear you.

Dr M.D. NAHAN: Good. I will look at you, Madam Acting Speaker. I know you are interested in this stuff. It is scintillating! TMVs is a very interesting topic!

THE ACTING SPEAKER: Yes!

Dr M.D. NAHAN: I have given this a lot of thought. In fact, the other night I was struggling, because I started to read the Chief Health Officer's report at 11.30 pm and I finished it at 1.00 am, and, once we read it, we cannot sleep for a while. This is a reality. We all want this thing to be resolved. It is unlikely, on the evidence provided, that TMVs are the sole solution. I can guarantee what is happening. I have talked to a couple of plumbing providers. There are a couple of major plumbing contractors in my electorate. By the way, I have been inundated with advice, just like, I am sure, the Minister for Health.

Mr R.H. Cook: There are a lot of experts on this subject.

Dr M.D. NAHAN: I got another bit of advice last night. They said that they have got the solution. Usually, we listen to them and we feel like saying, "You're a bit off on some of your basic facts", but we learn not to say that and just listen and nod.

I was talking about TMVs. This is sending shockwaves around the plumbing industry, because a large number of these devices are being used. They are high end and very expensive. They are supplied by a large firm in Sweden.

The Swedes take their lives seriously. This will bring into question one of the major plumbing providers in the world. The Chief Health Officer has found that there are faults with these devices. This will lead to all sorts of issues. The Building Commissioner will probably have to deal with this issue.

Another issue is chlorination. If the problem is not chlorination—we cannot say yes or no, but we cannot rule it out—what is the cause of the dezincification? I go back to my position. I am absolutely sure that part of the problem early on was the material that came from the main drain. That is why I said honestly that the Building Commissioner's report was a eureka moment for me, because I had spent hours looking at this and had not been able to find the cause of the problem. There were all sorts of theories. One theory was that building debris had somehow been able to get into a fully enclosed and encapsulated water system. I believe that happens on parking lots and whatnot. However, this is different. This is not a drainage system; this is a plumbing system. However, it could happen. We thought about sabotage and putting cameras around the building. We did not want to do that; I do not think anybody would. However, once the Building Commission had tested the water in the ring main, I was almost convinced that I knew what the problem was. The Building Commission did some isotopic testing of the material in the ring main and found a high intensity of lead. The science is not there to track the particulate lead in the plumbing, so I cannot say that for sure. However, I can guarantee that at least initially, and when I was there, a large source of the problem was the ring main. That is probably not the case now, because I understand that the risers that needed to be replaced, because the stuff was caked on, have been replaced. Secondly, filters have been put on the intakes to capture a lot of the lead. Those filters have been there for the last five, six or seven months. The water has now been flushing for almost a year, and hopefully most of that stuff has gone out of the system. My point is fix the ring main and do not let the contaminated water come back in.

I want to raise another issue. I am not accusing anybody of anything. However, if the ring main was originally the source of the lead, it is the Department of Health's responsibility, because it owns the hospital. Therefore, it might have an interest in arguing that the ring main was not at that time, and I do not think it is now, the source of the lead contamination. That is why I argued that we should get the Water Corporation to take back that ring main. The Water Corporation tested the water that is coming into the ring main, and it has been clear all the time. As soon as the lead issue came into it, the Water Corporation sent huge teams of people to the site to check all the water that it sends through that system. The Water Corporation tests for lead in a range of places, particularly in rural areas, where there is a real problem with lead in artesian water.

Another problem is that to the best of our knowledge, the TMVs and other plumbing devices that have been used in this children's hospital have also been used at Fiona Stanley Hospital and Midland Hospital, and for the expansions of Joondalup Hospital and Albany Hospital, which were done by John Holland. There is no base case to assess whether this plumbing material is unique, because no-one has been testing for lead. The reality is that unless we find something in this material that is unique to Perth Children's Hospital, we will need to examine all those other hospitals. It is not the minister's fault. It is just the case.

There is some literature around the world to say that the lead threshold is 11 parts per billion. It is very low. It is world standard and Australian standard. We are not going to debate that. The Chief Health Officer says in his report that there is a level of "groupthink"—I do not know who he is talking about—that the blame for the problem lies not on the hospital but on the testing. He says that the threshold was so low that the "groupthink" is that the testing was all wrong. As the minister at the time, I never heard that from anybody. We relied on the ChemCentre. It was a very sophisticated test and it took two or three days to get the results. I never heard anybody criticise the testing mechanisms of the ChemCentre or anybody else. We accepted the data as it was, as we should.

The Canadians have looked at lead contamination in buildings. This is raised in some information that we received under freedom of information. It was recommended to Strategic Projects and Asset Sales that it undertake phosphate treatment. That has not worked as much as was hoped, but there is evidence that it is doing some good, so it will continue to do that. The fact is that the builder of the hospital let the water in the hospital remain stationary, with gunk in it, for 15 months without getting it flushed. That is another potential cause of dezincification. Indeed, my hunch—it is only a hunch—is that the major causes of the dezincification are, first, the lead in the ring main, and, second, that the water was allowed to remain stationary for 15 months without any chlorination. To my knowledge, after our government took possession of Fiona Stanley Hospital, it took us a long time to finish it off, because of the electronics and other things, before it could take patients. My understanding is that during that time, the water was being used all the time and did not remain stationary. The advice from the Canadians is that stationary water can cause dezincification of high-quality Australian-standard plumbing parts. I add that the TMVs are advertised by the provider as dezincification-resistant fittings—brass—made for purpose, with high-quality Australian-standard material. That means that other large facilities that put through a lot of water may suffer the same consequences. That applies particularly to schools, because the same fittings are used in schools. As we know, not many kids are around during school breaks, and the water in the plumbing system remains stationary for long periods.

If this is where the data is leading—it is not an ideological thing—this is something we need to pursue. Let me reiterate where I have been on this. This is a highly technical set of issues with a lot of reports that point to

numerous solutions. All of them have to be pursued and none ruled out. There is unlikely to be a single solution. There will be no eureka moment here: “I found the solution in the TMVs.” The data provided by the Chief Health Officer argues against that. The Chief Health Officer said not only did the TMVs have to be looked at, but also there needed to be higher sample rates. Those 10 000 units throughout the system needed to be looked at. They cannot be ruled out. In fact, he says that he and his team will now look at that. If it is the TMVs, the government has a serious problem not only at the children’s hospital, but everywhere else, and the government has the duty to inform many other people, probably thousands, using these things throughout Australia that a fault has been found in them; at least some of them. A recall or a notification to the regulator needs to be made.

The ring main was initially part of the problem and it has to be checked and ripped out. In my view, the whole thing has to be replaced. The Department of Health needs to vest it back to the Water Corporation. It has large cash procedures that will not affect the government’s budget, because it would be done off budget. Independent experts should go in there to find out what is wrong with it, fix it up, and own it and keep it in good shape. That Queen Elizabeth II site is not just for the children’s hospital; eventually another hospital will be built there. It will be a larger intensive facility. The issue of the ring main needs to be owned by somebody who is an expert in the water area. I also think the government needs to address all the concerns raised by various reports and not rely solely on the Chief Health Officer. Yes, he will decide whether the water quality is okay and the hospital can be opened; that is his major task. But if he has a diagnosis that allows that to happen but does not solve the problem for the long term, it might come back again. If it comes back again, the cost to the state will be huge, and I particularly go back to the issue of the ring main.

The Building Commissioner is the expert on builders and his statement is quite emphatic. He said that we cannot say how common this is and we cannot assess this position, because there is no other data of a comparable nature available here or around the world. If that is the case, and we have this problem, maybe the government has to look wider to other facilities around Western Australia, at least in the QEII site. I will give an example. If the theory that the Building Commissioner put is true, that the material from the dead leg and risers for the fire hydrants have been sucked into the hospital—in my view there is evidence that it clearly has been—and disturbed the flow of the pipes, why would that same material not go into the ring mains of buildings other than the children’s hospital? Why would it not just swing around and go into QEII, the university, the Sarich research facility or Ronald McDonald House? Do members know what? They have not been tested thoroughly, to my knowledge. That needs to be done, particularly on that site. If the problem is found, the government might say it has been solved, temporarily at least, by massive flushing, and by replacing the filters in the hospital, the TMVs and the valves, but unless the source is found, the problem might come back again. More importantly, it might go to other premises such as the new schools, which have a large volume of water around them.

The government needs to expand things. But to go back to the beginning, in my view the government has made a serious error in order to achieve a pre-election commitment to take charge and ownership of the problem. The government should have looked for the facts and it should have known that it did not have enough information during the election campaign to do that. My colleagues have pointed out that there was some disagreement between the health department and the Treasurer about whether that should be done or not. That mistake will be borne out and we will hold the government to account for it. It was suggested to the former government, but it declined. The government also really needs to fix the ring main. If the government focuses totally on the TMVs, it will clearly miss something and, if it is the TMVs, it will have to tell the providers of this material. One of the lessons I have learnt from all of the material that was provided to us by the experts is that we are mere politicians. The buck stops with the minister. I am not excusing my role as Treasurer in overseeing the construction of the building. This is not the only issue that plagued that building. The government has to make sure that it listens to a whole range of advice. This is a highly uncertain area involving the facility and if the government excludes other advice and only takes the advice of the Chief Health Officer, ruling out other sources of the problem, it is likely to not only rule out the cause of the problem, but also it is unlikely to fix it. That is my major concern in reading this report. I might add that this report can be described as very preliminary. When the Chief Health Officer comes out with his findings, what if the heading is “what we think it means”—not “what we find” but “what we think it means”? He is a scientist—very few things are definitive in his life; it is all statistical. This is a hypothesis; it is not a solution. From here I recommend that the government does a whole range of other testing for these things. The government should particularly inspect and test a greater number of brass fittings with floor distribution levels, with and without TMVs—in other words, start testing those things. This is not a definitive report. It is a set of hypotheses—what we think we mean. It is not a guide or indication in any way, shape or form by which the minister should or can say that the solution has been found. It may turn out to be the solution, if the government is lucky, but it could not be said that this is a lucky project. Things have not gone the way of the government. It was a serious error for the minister to say on social media last Friday that the solution had been found. We will hold the government to account for that. The data in the report does not state that at all.

As I say, this has been a cathartic process for me. It is one of the most difficult projects I have ever had to deal with, mainly because I was the minister. This is not something I have a great deal of expertise in. We were flooded

with advice. This project was unique in that we could not find any similar situations in the world. I might add that the irony of this was that when I asked the minister whether any other building was tested for lead, the answer was no, never. I asked why it was tested for lead. The government said that it thought it was a good idea as it is a children's hospital. Good on the government, but we are into new territory now and I think it will find that because of the increasing concerns about lead and the steady reduction in the threshold of lead in Australia and worldwide and the commonality of fittings, it will get increasing problems with lead that we found in this hospital in buildings all around the world and all around Perth and we will re-visit this policy over and again. I encourage the government to address the issues I raise as an interested party in this because if we do not get this right, this children's hospital will not be open for years.

MR S.K. L'ESTRANGE (Churchlands) [5.00 pm]: This is a very serious matter because we are dealing with a future hospital, which is about the health and wellbeing of the children of the state of Western Australia. It is an outstanding project. It is a hallmark project of the former Liberal–National government that has been thwarted by a very, very serious issue—that is, lead in the water. It is a plumbing issue that no doubt incredibly frustrated former Premier Colin Barnett, former Treasurer Mike Nahan and former health ministers John Day and Kim Hames. It is a very serious issue. This is one of those flagship projects about which we really want to say to the people of Western Australia, “That mining boom did not go to waste. Here is a gift to the people of Western Australia off the back of the resources boom, and it is the Perth Children's Hospital.”

That dream of a wonderful opening of a brand-new facility has been damaged reputationally by this lead issue. I want to step members through where the opposition was on this while the government was dealing with the issue last year. Then I want to move quickly to the handover after 11 March and take members through some of the reports and findings that have come out and how the new government has been dealing with this very serious issue. I first draw the attention of members to a quote from Minister Cook when he was in opposition dated Wednesday, 14 September 2016. He said —

We now know that that minister was very wrong. However, this minister, only months away from the opening of the hospital, cannot even provide us with a month or an estimate of when this hospital will open. What does \$1.2 billion buy us? It does not buy us a deadline. It buys us —

He goes on to refer to all sorts of issues. He continues —

Lord knows where that lead is coming from. One would have thought that with the resources of government and the public interest in and focus on this issue, this government would have at least come forward with some answers about where this lead contamination is coming from. Why do we have contradictory stories from the Minister for Water and the Premier?

Those were the conditions that the opposition put to the government of the day in and around this lead issue. It seems to me that the situation has not changed in the first six months of this government. There is still conjecture in and around where this lead is coming from. With regard to transparency, the Premier made a very serious pledge. ABC news reported —

“The first thing the Government should do, release every email, every report, every briefing note. Release them all,” he said.

This is what McGowan said before the election. He was reported as saying —

“And I'll tell you what if they don't, if we're elected, I am going to release them all no matter how uncomfortable it is.”

That was a pledge of transparency from the now Premier when he was opposition leader. Linked to that is this call for transparency from the now Minister for Health, as reported in *The West Australian*, which stated —

Mr Cook said his Government was committed to transparency about what went wrong with the hospital project.

This is an article from *The West Australian* dated 5 April 2017 by Gary Adshead. It goes on to state —

But yesterday it refused —

Being the government —

to release any of John Holland's handover documents.

We know the problems. We know that we need to get to the bottom of the problem. We tried to do that while we were in government. The Labor Party is now in government. It is trying to do that. It pledged to the people of Western Australia that it would be open and transparent in that process and here it is, at the first hurdle, refusing to release any of John Holland's handover documents to outline its position on this so that the people of Western Australia can do some analysis on what the problem might be.

I also have an article quoting the Treasurer, Minister Wyatt. The article by ABC news dated Tuesday, 31 December states —

The WA Government is adamant it will not accept the Perth Children's Hospital back from the head contractor until ongoing lead contamination is resolved for good.

...

Health Department director-general David Russell-Weisz said authorities would not accept the hospital back until the issue was clearly resolved.

He was reported as saying —

“They need to make good on practical completion and one of those is having water in the Perth Children's Hospital that is compliant.

That was the situation at the time. A media statement dated 3 May 2017 stated —

Treasurer Ben Wyatt said a full media briefing and release of supporting documentation was in line with the State Government's commitment to ensuring transparency around information about construction issues ...

We have this new government saying that it is going to be transparent and advice to say that it needs to make sure that everything is careful and above board, but let us now look at where we are at with the government taking control in March and the reports that have come out. The first one we saw was the ChemCentre report. That was brought about on behalf of Treasury to investigate the lead issue. It was delivered in April 2017. The ChemCentre report was the first one. Then we had a Building Commission report for the Perth Children's Hospital. The audit report was completed in April 2017. Jacobs Australia Pty Ltd was commissioned to do a report for strategic projects dated April 2017. Three reports on this lead issue came in in April 2017. The government has a pledge for transparency, it has a goal to fix the lead problem that it said it would work very hard to do and to take control of this project, and it has these reports.

Dr A.D. Buti: Have you been speaking to John Holland?

Mr S.K. L'ESTRANGE: No; all I have been doing is reading the reports.

Dr A.D. Buti: Have you?

Mr S.K. L'ESTRANGE: No; all I have been doing is reading the reports.

The SPEAKER: Members! Member for Armadale, I call you to order for the first time.

Mr S.K. L'ESTRANGE: I will quickly address that interjection. No, I have not met with anybody from John Holland and I have not been briefed by anybody in opposition with any notion of any briefing by John Holland. I have read all the reports and I have read news articles on this issue and I have formed my own conclusions.

Mrs L.M. Harvey: If you want to impugn his character, read standing order 92.

The SPEAKER: Deputy Leader of the Opposition, we know what the standing orders are. Just let your own member talk without interrupting.

Mr S.K. L'ESTRANGE: I move on now with what Labor has done about practical completion of the hospital. I refer to an article that appeared in *The West Australian* on Wednesday, 5 April 2017 titled “Patient safety must guide children's hospital saga”. It states —

On Monday, Treasurer Ben Wyatt denied a completion date had been agreed.

“The State Government has not yet been provided with a firm practical completion date,” Mr Wyatt said.

The article goes on to quote Minister Cook. It states —

Yesterday, Mr Cook said the source of the lead “remains in dispute” and that there was still “a long way to go” before reaching agreement “on the practical completion date”.

That was published on 5 April. The public would be thinking, “Okay, there is a fair bit to go. Obviously, reports are coming in and we do not know quite where things are at.”

Then we found that on 21 April, not long later, another article appeared in *The West Australian*. It was titled “State takes the keys to children's hospital”. It reads, in part —

... the decision to accept “practical completion” by builder John Holland was made so the Government could take control of the remaining problems.

...

But Health Minister Roger Cook said there was still no opening date for the troubled hospital, “We are in the hands of the Chief Health Officer,” he said.

The Government said having possession of the building also meant the commissioning could begin.

On 21 April, we had practical completion—taking the keys. My concern with that is that this lead issue has not been resolved. Practical completion has been taken without the lead issue having been resolved. That concern was also expressed by reporter Gary Adshead in an article dated 23 May 2017 titled “Wrong week to deal with risk”. He wrote —

... there’s a briefing note to Health Minister Roger Cook dated March 31.

It explains the “key risks” of agreeing with builder John Holland to a “practical completion” of the hospital ...

This briefing was from the Department of Health itself to the minister. The article continues, quoting the Department of Health —

“The Department of Health holds significant concern that the State’s representative will grant practical completion despite the ongoing sampling, testing and remediation and assurance requirements associated with the potable water supply, a number of which are not yet fully developed, reviewed or endorsed by the State,” the briefing report read.

Prepared by the Perth Children’s Hospital Taskforce, the report to the minister was signed off by Health director-general David Russell-Weisz.

Clearly, the Department of Health did not want the government to take practical completion. That is quite clear in this briefing, yet we know that the government took practical completion and handed over to the Chief Health Officer, who is obviously acting on behalf of the government. There is certainly tension here. People out in the community have identified a concern about why the government would take practical completion when the advice of the Department of Health tells it not to do so. Why would the government take that risk?

Let us move on a bit. What do we think Labor thinks is the cause of this lead issue? The government has now taken practical completion, and has pledged to the people of Western Australia that it will fix the problem. There is tension within the government, with the department telling it not to take practical completion, and the government has ignored that and has taken it. The government took practical completion in April, and that was at the same time that three reports were completed—one by the ChemCentre for Treasury, one by the Building Commission, and the Jacobs report for Strategic Projects. The government then received a report from the Chief Health Officer. This report was issued in July, but it followed a directive from the Minister for Health to the Chief Health Officer to conduct an inquiry. It sets the terms of reference for that inquiry. I draw the attention of members to the tensions that have been reported to exist within the Department of Health. This is in the public domain. We now have a minister of the Crown tasking a Chief Health Officer to provide the minister with a report. The fascinating thing about this report is that it assumed away a number of the findings of the three previous reports submitted in April—the same month in which the government decided to take practical completion. I am not a complete conspiracy theorist. I am just stating facts. These are dates and facts. Members can draw their own conclusions.

Mr W.J. Johnston: What is your conclusion?

Mr S.K. L’ESTRANGE: I am not going to give my conclusion yet, minister. Let me finish my speech.

What is really significant here is the paragraph of Gary Adshead’s article that reads —

“It would be highly problematic for Government if the water supply in a paediatric hospital was closed by the regulator due to elevated lead levels after the acceptance of practical completion, even if the facility was only partially occupied,” the document said.

That is from the Department of Health to the government. That is a very serious concern. The government took practical completion with this advice telling it not to do so. It then commissioned its own Chief Health Officer to conduct an inquiry, and then that inquiry made some findings that went against the findings of the previous three reports. In fact, it is concerning that the Chief Health Officer’s report made assumptions based on a review of the data and previous technical reports that the lead was not coming from, firstly, the incoming water source—either the main Water Corporation supply, the Queen Elizabeth II Medical Centre ring main, other associated pipes within the QEII site, or the north and south feed into the Perth Children’s Hospital linked to the QEII ring main—secondly, debris as a primary source, or, thirdly, microbial-induced corrosion. They were assumed away in this report. We know that the report found that the thermostatic valve assembly boxes were the only source of the problem. That in itself was inconsistent with previous reports. That is an interesting situation.

I refer to the media release by the Minister for Health dated 11 August 2017 titled “Chief Health Officer reports on water at Perth Children’s Hospital” that states —

The State Government today accepted the findings in the report from Western Australia’s Chief Health Officer (CHO) on Perth’s Children’s Hospital Potable Water.

...

The CHO has concluded that the source of the lead in the water is the dezincification of brass fittings.

...

The CHO’s key recommendation is to remove and replace the TMV Assembly Boxes.

It is very black and white. The minister’s media release is very clear on how he sees the way forward. In the context of that media release, we have the CHO working for the minister. He was directed by the minister to do this report. We have the department disagreeing with the government taking practical completion. Most significant, and most concerning for me, is that the government ignored a key recommendation from the Building Commission itself.

Mr R.H. Cook: What is that?

Mr S.K. L’ESTRANGE: I will read it for the minister. It is paragraph 9.2.1 on page 68 of the Building Commission’s report titled “Perth Children’s Hospital”, under the key recommendation, “Recommendation 2 — lead in plumbing networks”. It reads —

The Building Commission recommends that the State appoints an independent organisation to review the existing test results and carry out whatever additional tests are needed to determine the proportions of lead that came from the identified sources of lead at the PCH.

That Building Commission report was released in April.

[Member’s time extended.]

Mr S.K. L’ESTRANGE: The government has ignored a key recommendation in and around lead, and has instead appointed the Chief Health Officer to conduct an inquiry under direction from the minister. He has assumed away all the other report concerns and focused on these TMV boxes and joints and valves.

I now look at another aspect of the concerns in the Building Commission report, page 45 of which reads —

The potential sources of lead contamination at PCH are:

- fittings, such as hydrants and valves, within the QEII ring main leaching lead directly into the water;
- residues within the QEII ring main transported into the PCH and trapped in the construction debris within the PCH pipework;
- residues generated within PCH from dezincified brass fittings and trapped in the construction debris within the PCH pipework; and
- dezincified brass fittings within PCH leaching lead directly into the water.

That report contains quite a bit of information, so why assume it all away and release a media statement to the public saying, “We found the problem; here it is, and this is how we are going to fix it.” Why did the minister assume away all this other stuff that had not been independently tested? The people of Western Australia deserve more than what we are currently seeing on this.

The final pieces of evidence I came across in researching this speech today is from the Jacobs report in April. Item 12 on page 19 of that report is fascinating as it lists the different components that were tested. Item 12 is “Thermostatic mixing valves”. It states that metallurgical testing for the installed thermostatic mixing valves has been undertaken by ChemCentre. The possible outcomes in the “Results” column are “Clear/Fail/Potential Issue”, and item 12 is listed as “Clear”. One report says that the TMVs are not the cause of the lead contamination, and the finding of the Chief Health Officer—who is under direction from the minister to conduct an inquiry, so he is not independent—is that, in his view, that result is clearly wrong and the Department of Health is taking practical completion because of the lead issue.

This is a mess. The minister can pontificate and say that the lead issue was a mess when we were in government. We know it was a mess, but the former Liberal–National government refused to take practical completion. It would not take practical completion until this lead issue was resolved. Members can go back through all the media releases and reports, and they can refute what I have said if I am wrong, but the former government refused to take practical completion. The McGowan government chose to draw a line in the sand in April. It stood in front of the people of Western Australia and said that it was in charge and was taking over this mess. It said, “That mob before couldn’t do it, but we’re doing it.” I am sure that when the government made that announcement, the people of Western Australia were motivated and thought it was fantastic, but I wonder whether they knew what I have

explained to the house today. I wonder whether they knew that the Department of Health advised the government not to take practical completion because the issue was too big. I wonder whether they know about the three reports that came out at the same time the government decided to take practical completion and that findings in those reports were signed away by the Chief Health Officer, who was charged by the minister to write a report that may or may not be proved to have been written to suit the minister's practical political imperative of the day to show he has taken control, when in actual fact he has not.

I am concerned that evidence will show that the minister might not be in control. That is evidenced by the minister's own words. For example, if, as the minister's media release suggests, the problem is just the TMVs and that fixing that will solve the problem, why have we not got a project plan showing the date that all of those valves will be replaced, the cost of replacing those valves and then the opening date of the hospital? Why is the minister saying that he wishes he could give an opening date, but he cannot, and when questioned on 6PR, we heard words to the effect that it will probably be open in the first or second quarter of 2018. Why would the minister be guessing? If it is the TMVs and the valves, all he needs to do is get a group of engineers and project managers together over a weekend to write a project plan, and they will show the minister how long it will take to replace all this stuff and what it will cost. That is the advice the minister took from his Chief Health Officer, which he agreed with and which he told the people of Western Australia. We all saw the minister's media conference with the big picture behind him showing a dissected valve. The minister convinced the people of Western Australia that that was the problem. The minister said the problem had been identified, and he had narrowed down a plan to fix it. If it is that simple, why does the minister not give us a date when the Perth Children's Hospital will open? More importantly, why did the minister ignore the Building Commissioner's recommendation for an independent audit of all the tests done to date and to conduct further tests to help work out exactly what the lead problem is?

At the moment I fear for the people of Western Australia because the minister is allowing this to be his political football. If the minister is not careful, this will become his "hospital-gate". If the minister is not careful and he keeps trying to get reports written to suit himself and does not fix the problem, and he covers up the problem by not being open and transparent, which he said he would be, I fear the minister will not be honest with the people of Western Australia and they will not have certainty over the safety of the Perth Children's Hospital. They deserve better than that. They deserve to know what the water quality is at that hospital and to have it independently tested and verified so they can be sure the minister is doing everything he can in their best interests and not in the interests of the minister's political objectives. That is critically important.

I think the minister took practical completion too early. When I read those quotes from briefing notes from the Department of Health advising the minister to not take practical completion, I thought the minister was brave to decide, based on a political imperative, to go forward and take practical completion against the advice of those senior public servants who are paid big salaries to give that advice.

Dr M.D. Nahan: And who will be responsible for the hospital.

Mr S.K. L'ESTRANGE: Yes, and who ultimately will be responsible for the hospital. The minister took practical completion too early. He drew a line in the sand when he took practical completion. He can keep blaming the former government for the lead pollution if he wants. The people of Western Australia know it is a plumbing issue. The people of Western Australia threw the former government out on 11 March. Maybe they threw us out because we could not solve the problem, but it is now this government's problem. The minister can pontificate and say it was our problem, but it is now his problem. He took the keys in April against the advice of the department. He commissioned the Chief Health Officer to do a report, in which he assumed away the findings in three other reports. The minister has gone to the people of Western Australia and said the problem was the TMVs. If that is so, the minister should deliver to the people of Western Australia a project plan and all the briefings, emails, notes and documents on this topic that have been submitted to the minister by John Holland and others. He should put all this on a website so that everybody who has a serious concern about this issue can review all those documents and do their own analysis, and possibly even give the minister sound advice. That is what members opposite went to the election saying they would do. We are not seeing that. I implore the government to stand up for the people of Western Australia and make sure that it does not continue to use the Perth Children's Hospital as a political football; rather, it takes the view that this is a serious matter that should be resolved carefully so that the people of Western Australia have confidence that their Perth Children's Hospital will be what they want it to be: a gift from the government—the current government or the past government—which invested an enormous amount of money into building a state-of-the-art, brand-new children's hospital for the people of Western Australia. That is what the people of Western Australia want. That was the intent for this hospital, regardless of which side of politics we sit on. This government has the baton. It is its job to deliver that gift, not ours. I ask that the minister is careful and makes sure this lead issue is dealt with properly, and that he is open and transparent in how he deals with it.

MR Z.R.F. KIRKUP (Dawesville) [5.29 pm]: I would like to start my speech this evening by saying that the Perth Children's Hospital is a fantastic piece of infrastructure. It is a great gift from the former government and I do not think that we should lose sight of that.

Several members interjected.

The SPEAKER: Minister!

Mr Z.R.F. KIRKUP: Similar to the demonisation and denigration that happened when the Labor Party was in opposition, we are hearing it now from the member for Mount Lawley and the wannabe senator who just left the chamber.

The SPEAKER: Member, you will call the member by his correct name.

Mr Z.R.F. KIRKUP: My apologies, Mr Speaker.

Dr A.D. Buti: You want to be a senator?

Mr Z.R.F. KIRKUP: No, the wannabe senator who left the chamber. He wanted to be; he just did not get preselected for that. That is, the member for Cannington.

I digress. It is a very complicated project that cost, I think, \$1.2 billion. It is universally recognised by the people who constructed it, designed it, the architects and the engineers —

Several members interjected.

The SPEAKER: Members!

Mr Z.R.F. KIRKUP: It is one of the most technically complex pieces of infrastructure ever undertaken by a government in Australia. It covers 120 000 square metres, has eight floors and two basements, 12 operating theatres and amazing integrated research facilities that are world class. It is something that we should all be really proud of. Michelle and I do not yet have children but if an event ever happens in which we have to take our children to a hospital, I will be very proud that we will be able to take them, hopefully one day, into Perth Children's Hospital. It has 298 beds. No doubt, every single person in this place wants the lead matter resolved as quickly as possible; we all want it solved. I find it fascinating, as my leader has already covered off on, that there are still so many significant issues outstanding and such a cloud hanging over this project after so long. It is a real concern and we stand united with the government in wanting to get this resolved as quickly as possible. The site had its complexities with the asbestos sheets from China, subcontractors possibly not getting paid and—there was a crescendo toward the end of the project—now lead at the hospital.

Most importantly, with the change of government, the current and first Minister for Health of this new government made the decision to take practical completion of the site. By definition, practical completion means that the legal status of the project changes and that the contractor has handed the facility over to the commissioning agent—in this case the state government or Department of Health—and that any existing issues that have been identified, which are called defects and classed as major or minor are defined, and remediation work is agreed upon before being handed over.

Having worked for a building company, I understand defects. It built one of the most expensive hotels in Western Australia for half a billion dollars. Defects happen and it is a significant problem because a lot of inputs go into any construction project. In a case like Perth Children's Hospital, with its complex engineering and world-class facilities, it is not surprising that there are major defects and minor defects. In all construction terminology that I am aware of, and having worked for one of Australia's largest builders, the term minor defect typically means that whatever the defect is, it does not prohibit the use of the building. Yet, with all the complexities, lead is still considered to be a minor defect. This government decided that it could deal with it and took on practical completion. I think that was a very irresponsible decision of this government and it was the wrong decision. I do not think we have been told in this house why the health minister decided to do that. He told us that there were two important elements of the minor defects. One is that the thermostatic mixing valves in the assembly boxes are to blame for the lead and that, categorically, the ring main is not. I am surprised at the categorical language that has been used by this government that the thermostatic mixing valves and the assembly boxes are a source of lead. My understanding is that this is not cheap equipment from China. I understand that these valves, these pieces of plumbing equipment that mix the hot and cold water to a warm water outlet, have come from a high-quality producer in Sweden. It is a high-quality product that has been constructed to be compliant with Australian standards. They were constructed to meet the dezincification-resistant brass standards that would be expected in Australia. For what it is worth, my father, having been a plumber, always told me that Australia and the European Union have the lowest tolerance for lead in brass. Anywhere else in the world, higher quantities of lead in brass are excepted. In the Australian standard I think it is about four per cent or thereabouts.

When we consider these TMVs and assembly boxes, it is important that we understand that there are literally thousands of these being used right now across Australia. As the Leader of the Opposition said during question time, they are used in hospitals, aged-care facilities, schools and many other places. The state government is arguing that these products are faulty and are the cause of a minor defect for lead so we cannot have children using the Perth Children's Hospital facilities. Personally, I am not sure that the TMVs are the only source of the lead, but in the spirit in which I opened the speech, I am willing to back the government here and assume that the minister is correct and hope that is the case. Even if it is the case that the TMVs are the source of the lead, let us

consider for a moment the significant public health ramifications that will have right across Western Australia. If these TMVs, that were possibly constructed to a non-European Union or Australian standard or possibly a different international standard that allows for higher lead content and they might be leaching lead into the water, thousands of them are in the hospital as they are and they replicate the thousands that have been imported into Australia. It stands to reason that potentially hundreds of these TMVs are being used right now across Western Australia in public and private facilities. I do not know how else it can be interpreted. It is clear that the minister is fully aware of this health risk. I think it is important and incumbent upon a government that puts the public interest at heart to identify the sites where the TMVs are, not just in this hospital, but possibly in use right across Western Australia. Imagine for a moment that students are going to school and drinking from water fountains or something like that where these possibly lead-leaching TMVs are being used. I think that would spread a contagion of concern right across the state and Australia. Parents would likely be outraged if the state knew of the concern that TMVs pose to Western Australians' health and decided not to take any further action and not to inquire for whatever reason.

Similarly, the minister has used categorical language in ruling out the ring main at the QEII site as an area from which lead may currently be leaching from. It seems contrary to the Building Commissioner's report, which identified lead in the dead leg and the fire hydrants and the like. That is, I assume once again, in the spirit in which I started tonight, that the minister is right and we back him again. I think it is incumbent upon the minister to test other sites at QEII, given that Ronald McDonald House and Sir Charles Gairdner Hospital are there. The government should test those sites and find out whether lead is there. I think it is important for us to do that. There is a very clear way; we all know how it is done because it has been used to identify the lead issue at the Perth Children's Hospital site. It is chemical testing and in some cases, as the Leader of the Opposition pointed out, cameras can easily be put through the plumbing equipment and the ring main so we can understand whether there is corrosion or lead leaking into the water supply across the site. I am concerned that the government took practical completion prematurely. I appreciate that the health minister has inherited what I expect the government would identify as a health system on which the previous Liberal-National government spent a significant amount of money for hospitals and health infrastructure. It has inherited a great health system from the Liberal Party with one problem site, which we all want to get resolved.

I am surprised that the language has been so categorical. I hope that the minister is right and that we get these thermostatic mixing valves replaced as quickly as we can, and that for some bizarre reason they were isolated to only the Perth Children's Hospital site. It is important that if the TMVs are the culprit, we do all that we can to make sure that we identify them and ensure that children are not exposed at schools, seniors are not exposed to lead issues in aged-care facilities and other people in other hospitals are not being exposed to a similar threat of lead contamination. Unfortunately, in this case lead contamination has been legally defined as a minor defect and has seen the government take practical completion of an outstanding, architecturally amazing hospital. I do not think that the Department of Health should have taken it over. From listening to the debate here this evening, the Department of Health at one point wanted to delay acceptance of practical completion.

Answers that were given by the minister representing the Treasurer yesterday in the upper house state that the Department of Health took over practical completion on the understanding that lead was considered a minor defect and that under the contract, a minor defect cannot unduly impact the operation of the hospital. In what universe is lead in a hospital, a children's hospital at that, considered to be a minor defect? In my previous background in hotel and house construction, BGC Construction built 4 000 homes a year and if there was one source of lead in any one of those homes, we would not be able to hand it over to a client. If lead showed up in any one of the hotel rooms, the brand would not allow us to open that hotel. By the very nature of Australia's rigorous standards for lead, we cannot use any water source that might risk lead contamination. That to me means it prohibits the use of the intended outcome of that building. Lead is not a minor defect. How can the government claim that rectifying this minor defect will not impact the operation of the hospital? It is absolutely impacting the operation of the hospital.

I appreciate the Deputy Premier taking this issue so seriously. I appreciate him being here and listening to the opposition this evening. I hope that we get an opportunity to hear from him later. I think it is important that the Deputy Premier allays the concerns in the community at large. We need to ensure that TMVs are not being used in applications more widespread than this hospital. It is important to rule them out of being used in schools, other hospitals and aged-care facilities, and, importantly, the QEII ring main site.

For what it is worth, during the election campaign and certainly in the lead-up to it, we heard scuttlebutt around the traps that there were some concerns about the QEII site and that if the lead came from the ring main, it could be leaching to all those other facilities on that site. We knew it could be leaching to Ronald McDonald House, possibly, if that was the case. It is really important that we get this right and ensure that there are not any contamination issues there.

The Perth Children's Hospital is a great project. It is a fantastic initiative commissioned by the previous government. It is absolutely technically difficult and one of the most complex sites I think undertaken by a government. Certainly, it is one of the most complex hospitals undertaken by a government and it shows; it is a beautiful building. If I am here late at night and sit in this house, I go for a run past Kings Park to Subiaco and then tour Elizabeth Quay and see the swathes of thousands who are there and then run back to this place.

Mr D.A. Templeman: You said late at night.

Mr Z.R.F. KIRKUP: There are thousands there always.

Dr A.D. Buti: You must be there at a different time from me, because I do not see thousands there all the time.

Mr Z.R.F. KIRKUP: I certainly do.

Dr A.D. Buti: They come to see you, don't they?

Mr Z.R.F. KIRKUP: They hear that I am there, member for Armadale. When we go past the Perth Children's Hospital building, it is clear that it is an impressive piece of infrastructure and all Western Australians should be proud of it. It is very important that we do not talk down this hospital.

Ms S.E. Winton: You can't talk it up.

Mr Z.R.F. KIRKUP: The member for Wanneroo cannot talk it up. Parents out there in Western Australia need faith that if their children get sick, they can go to this hospital and be sure that there are no further health risks to their children. I think that there are clear issues. I disagree with the taking of practical completion with my commercial understanding that typically we would not take it over if there were lead contamination issues. As I said, it is important to rule out the ring main and do what we can to identify the prevalence of possibly risky TMVs that might be spread right throughout Western Australia. That is why the opposition in this motion asks the government to start that identification and testing process. It is why we want to encourage the government to conduct this thorough visual and chemical testing, specifically at the QEII Medical Centre and the ring main site and rule it out as a source of lead. Given these issues and all this time, and given that the previous member for Dawesville told me the Deputy Premier was an astute shadow health minister who was very aware of the issues in that portfolio, I am surprised that the government has rushed so soon to take practical completion. We know all these issues. I think there should be far more consideration for the possible prevalence of this lead issue right across Western Australia and not only at the Perth Children's Hospital.

MRS L.M. HARVEY (Scarborough — Deputy Leader of the Opposition) [5.46 pm]: I thought that the minister might be on his feet at this time. However, I am very pleased to stand and prosecute the opposition's argument on this very important issue. As members on this side of the house have already explained, our real concern with this issue is that we believe the minister has jumped the gun and taken practical completion of the hospital in an ill-advised manner ahead of when was appropriate. The details of the water contamination issue at Perth Children's Hospital have been well canvassed, but I would like to summarise our case.

The government has been very generous in releasing a range of documents to do with Perth Children's Hospital, including from as far back as the former government's term. Consistent throughout all these documents was the advice that the ministers, the Treasurer, and the Minister for Health, were receiving from the government agencies and from the task force put together to manage the Perth Children's Hospital and the issues that have been uncovered. Every single briefing note that has been released by the government shows that the departments were warning consistently and emphatically that until the lead issue in the water had been resolved, this issue was a critical issue that needed to be resolved before the government took over practical completion.

We have talked a lot about sources of contamination and I would like to go over those. Whenever we talk about potential sources of contamination, I have been quite mortified to be accused of somehow being in cahoots with the contractor. My belief is that the actual source of the lead contamination and the issue over who, which agency, department or contractor will be responsible for all the costs involved in trying to solve this lead issue, will likely be resolved—sadly, for the taxpayer—in a somewhat protracted legal dispute. That is because there are many differing opinions on the source of this contamination.

It is believed that some of that detritus from the dead leg has been sucked into the water system in the Perth Children's Hospital and indeed has been identified in numerous reports as a potential source of the lead contamination. When we look at the analysis of the dead leg water, we see that lead was not the only contaminant in the dead leg. It contained arsenic at 40 per cent above the safe drinking water limit, and cadmium at 240 per cent, chromium at 68 per cent, copper at 700 per cent, nickel at 685 per cent, lead at 2 820 per cent; zinc at 46 per cent, manganese at 4 620 per cent and iron at 53 000 per cent above the levels that are acceptable for drinking water. The reason these metals have been identified in this way is that those metals are neurotoxins. The effects of exposure to these metals, for children in particular, are irreversible for some of those toxicities. That is the nub of the problem. That is why the lead issue had to be resolved before the government took possession of the hospital.

The Minister for Health has stated that one of the reasons that practical completion needed to occur was to enable the Department of Health to get into the site and get on with the job of commissioning the hospital. That is actually not true. A briefing note that has been released by the government, dated 1 November 2016, states that although practical completion of Perth Children's Hospital has not been achieved, over 1 800 PMH staff have completed onsite training; ICT deployment is over 82 per cent complete; the initial clinical clean of operating theatres, wards 2A, 2B, 4A and 4B and the patient kitchen is complete; departments have commenced workflow testing of their internal processes to ensure they can be conducted safely in the new environment; a central sterilisation services department performance qualification has been achieved; and a conditional poisons licence has been granted.

These briefing notes that the government has so generously released from the former government's time show that throughout the entire process, there has been access to the site by Department of Health officials and others to help with the commissioning of the site, knowing that practical completion cannot be achieved until the defects have been identified and repaired by the contractor. The minister has been quite emphatic in that he has been the hero of the day and the source of the lead has been identified as being the TMVs. However, a number of the reports that the government has commissioned cast significant doubt over whether the TMVs are the only source of lead contamination in this hospital. That is why it is important to provide a summary of these reports. The report from the Building Commission identified four potential sources of lead contamination. The first is lead leaching from fittings in the QEII ring main, such as fire hydrants et cetera. The second is lead contained in residues in the QEII ring main. The third is lead leaching from fittings in the Perth Children's Hospital plumbing, such as brass fittings and taps. I expect the TMVs fall into that category. However, there is eight kilometres of pipe and 10 000 brass fittings in the Perth Children's Hospital. If these brass components have been subject through whatever processes to dezincification, logic would tell us that the other brass fittings have been subject to a similar process of dezincification. Therefore, being able to identify which of the brass fittings are the source of the contamination and should be removed and checked is problematic. It is a very bold move to pin that back to only the TMVs.

Dezincification can be caused in a number of ways. These reports go to those causes. That is why the Department of Health, and, indeed, Strategic Projects and Asset Sales within the Department of Treasury, advised the government not to rush to take practical completion of the hospital. The Department of Treasury was not certain, from all the reports from scientists who specialise in these areas, about the source of the lead contamination. Time and again, both the former government and the current government were warned against taking practical completion ahead of time. That is because the agencies believed that the contractor needed to determine the source of the lead contamination and rectify it so that it would not become the burden of the Department of Health to find a resolution to that problem. As the member for Dawesville put it so eloquently, if we were purchasing a house and we turned on the taps and contaminated water came out, or the toilet did not flush, we would not say to the builder, "No problem. I will sign this off. Here is the final payment for the house. You take the money and run, and I will try to chase you through the court to fix this problem." That is not what any sensible human being would do. We would hold the final sign-off of the contract in abeyance until the problem was fixed. We would then have a bit of money left over that we could use to take the builder to court to have the problem fixed. It is ridiculous to say that the contractor is still responsible. The taxpayers of this state will ultimately be the ones who will have to pay through the nose to pursue that contractor through the courts to pull back all this expenditure to fix a problem that might be the contractor's fault or might have come from somewhere else. It is obvious to everyone who has been listening to this debate that the source of the lead contamination is not clear. In that context, and with the benefit of hindsight, taking practical completion of the hospital and taking charge of it was probably somewhat of a foolish move on behalf of the minister. I do not hold only the minister responsible for this. I hold cabinet responsible for this. I have the briefings that the government has willingly provided. Those briefings were given as cabinet-in-confidence to the now government. The summary that was given to the entire cabinet states —

- Levels of lead increase post filtration on every floor of Central and South Block with a general increase in levels with elevation from Levels 1 to 5.
- 8L flush sample results as supplied by John Holland indicate a constant unacceptable level of lead within the hospital distribution system.

This document was delivered to the entire cabinet. The entire cabinet was briefed on it and knew about this issue. The summary concludes —

- From our analysis, the most plausible cause is dezincification. Other possible causes cannot be totally discarded at this stage.

We know the lead levels are still there. We know there is some inconsistency in the lead levels at different times depending on the flushing of the system and other factors. We know cabinet was briefed on that. We know that every briefing note that the government has so generously released for the media and for members in this house advises against the government taking practical completion of the hospital. Curiously, members, not one briefing note has been released to us that advises the government to take practical completion because the lead contamination is a minor issue. To my way of thinking, a minor issue is something that can be resolved. If I have problem with my car, for example a flat tyre, it is a minor issue; I know I just need to change that tyre and I am on my way. We do not even know the source of this lead contamination. How can an issue be identified as minor when the government has apparently no plan to rectify it? The government cannot tell us how long it will take to rectify the issue. It cannot be certain of how to fix it because none of the experts advising the government, who were no doubt paid a lot of money for reports, can tell us how the issue can be resolved.

The other red herring that has been thrown in, and hurled at us in question time, is that after the various different flushes of the system, the super chlorination that has to follow in order to remove the bugs and contaminants from

the water could have been a cause of the dezincification process. We had it thrown at us today that the super chlorination process that happened on our watch caused this problem. But then we find in the Chief Health Officer's report that after the current government had taken control there were other flushes of the system. Members would be interested to know that a fourth chlorination could have occurred between 16 and 22 March, and we know that a fifth chlorination occurred on 6 and 7 May. We know that the lead issue still has not been resolved. The lead concentrations in the water are fluctuating after each of these flushes and we do not know definitively the source of the lead contamination—whether it is the TMVs, the other brass fittings that sit within the system or some of the sludge sitting in the ring main. With the ebbs and flows of the water supply going through the system—I have personal experience of this from where I live—if sediment sits at the bottom of a pipe for a while with a low water flow over it and a faster water flow then comes across the back of it, the sediment gets stirred up and pushed and flushed through the pipes. Each time these flushes have been occurring, we do not know whether some of the sludge sitting in the ring main has been stirred up and pushed into the system. The ring main has not been ruled out by anyone except, apparently, I think, the minister, who says it is definitely the TMVs. The contractor is suspicious of the ring main. It is not clear in this documentation whether the ring main has had continuous testing from when the original issue with the dead leg was identified. There is no reference in these documents to whether the ring main has been tested subsequent to the early testing after the original issue was identified, yet there is still lead recurring in the water.

[Member's time extended.]

Mrs L.M. HARVEY: We have grave concerns. I feel sorry for the minister and the government. We knew this was a difficult issue. That did not stop the now government, when it was in opposition, from pillorying us and making light of our attempts to rectify this issue. I think those sitting on the government benches now understand that it is a difficult issue and we still do not have the answers to it. We still do not know where that lead is coming from. However, now the government has taken practical completion of the project, and the taxpayers are responsible for fixing it. It is now our problem to fix, and if we want to pursue damages against the contractor, if indeed it can be identified that the contractor is responsible in some way, shape or form for this contamination, there will have to be a court process. The taxpayers will have to pay for that, which is a real shame. The Perth Children's Hospital —

[Quorum formed.]

Mrs L.M. HARVEY: I am surprised more members are not in here to listen to such an important issue — Several members interjected.

The DEPUTY SPEAKER: Members, you are in the house now. Please do not continue with backroom conversations! A member is on her feet. Thank you for coming in; please be seated. Member, go ahead.

Mrs L.M. HARVEY: I will go back to what I think is a very telling document. It is a letter from Hon Roger Cook, MLA, Deputy Premier; Minister for Health; Mental Health to the Treasurer. It is dated 10 April 2017. I quote —

POTABLE WATER SUPPLY AND ACCEPTANCE OF PRACTICAL COMPLETION FOR PERTH CHILDREN'S HOSPITAL

... there remain a number of ongoing construction activities requiring urgent resolution before PC —

That is practical completion —

may be achieved. In particular, the resolution of the potable water issue is the most significant construction issue to be addressed prior to PC. It also represents a critical risk that could become a public health issue for the facility, if elevated lead levels were to recur after the acceptance of PC.

As has been agreed, the Chair of the PCH Commissioning and Transition Taskforce ... and the Executive Director Strategic Projects and Asset Sales will provide us with briefings, before a recommendation on the acceptance of PC is made by the State's Representative.

...

It has been recommended by the Taskforce that the State's Representative details the decision making process with respect to potable water, and what will be taken into account to determine whether the water quality is satisfactory, and therefore, fit-for-purpose. I look forward to discussing this with you in further detail at our next briefing on PCH.

A short time later—I think it was 10 days—we suddenly heard the announcement that the lead is now a minor issue. A minor issue is something that can be resolved easily. It can be resolved in a time frame that can be announced to the community. It can be resolved with a direct action plan of some sort to state, "This is the lead issue. This is definitively where it came from. These particular fittings will be replaced. After they have been replaced, we will flush the system and there will be no lead." I still think it is somewhat of a major issue because there are a large number of fittings to be replaced and it is quite a big body of work. However, if members on the

government benches think that it can be fixed, it becomes a minor issue, notwithstanding that 10 days earlier, it was a critical risk that could become a health issue for the facility. Within 10 days, we have gone from it being a significant construction issue, a critical risk, a public health issue for the facility and a recommendation not to take acceptance of practical completion, to saying, “It is a minor issue; it is all fine; there is no problem; we are going to fix it; we know it is going to be fixed. We’ll go after the contractor for anything that happens from this point in time. Whether or not we can put patients into the facility is irrelevant and whether or not the water is free from lead is irrelevant. We will take it on because we have to be able to do a better job than the engineers—the experts—who have provided us with these reports, and the Building Commission.” The Building Commission report stated —

Until the source, or sources, of excessive lead is determined it is premature to find whether a registered or licensed contractor has acted appropriately.

...

Water and metallurgical testing for lead undertaken by various parties to date allows potential sources to be identified but not the contribution, if any, of each source to the lead detected in the tests.

I would call the Building Commission somewhat expert as well. It identified the four potential sources of lead contamination that I spoke about previously.

I want to refer to the Jacobs report as well. This is a not insubstantial document that was released on 21 April 2017. It very thoroughly goes over all the potential sources of lead contamination. Indeed, this report looks at the Queen Elizabeth II water source and definitely identifies that as a potential issue. It details the sampling that has been taken of that source. I note that on 10 March the test undertaken by John Holland Group indicated levels above the acceptable level. ChemCentre testing on the corresponding days showed that the levels were below the levels tested. Testing of lead in the water occurred on the same day from two different sources and they came up with a different result. That does not really definitively define where the problem could be coming from. The Jacobs report identifies the detritus in the pipes as being a potential issue. Another report from Zedcon—a preliminary report—indicated that the iron debris and particulate lead within the system are “holding lead as suspected and it is slowly leaching it into the water stream”. It found that iron filaments were settling on the base of the pipework within the sludge debris.

Professor Brian Kinsella’s investigation of the Rehau PEX brass fittings from the potable water system of the Perth Children’s Hospital determined that the results are consistent that the fittings contain lead. The report stated —

All brass fittings are water marked and approved brass fittings will have lead content within the approved levels. Brass quality whilst compliant can still vary between like valves and fittings.

The result of the investigation was that it was a potential issue.

Professor Brian Kinsella also identified that brass isolation valves could be a potential source of the lead. The report continues —

Installed potable water meters throughout PCH are mainly brass and/or epoxy coated.

A sample had been removed and tested. Once again, it is a potential issue and a potential source of lead contamination. The interesting thing about this is that I understand some of the thermostatic mixing valves have been seriously corroded but have been identified as not being a source of lead contamination. Other TMVs that have suffered less severe corrosion have been identified as being a source of lead contamination. Even though the minister is saying that the TMVs are the source, we know for certain that one TMV definitely is not.

Dr M.D. Nahan: One of the six tested.

Mrs L.M. HARVEY: Indeed. I thank the Leader of the Opposition.

Water balancing valves are a potential source of lead contamination because, once again, they are made of brass—notwithstanding that they are supposed to be up to a standard to withstand dezincification, like the thermostatic mixing valves were. If they have not been produced to an acceptable standard, they can be a potential source of lead contamination. Far from being clear on the source of the contamination, on a whim and a prayer we are hoping that the TMVs are actually the source. The opposition hopes that the minister and the Treasurer were right in identifying lead contamination as being a minor defect, albeit not knowing where it came from, and taking practical completion. It would give me no pleasure to come back to this place, after the TMVs have been replaced, to find that we still have lead contamination. I really hope that the government and the Department of Health are now furiously flushing kilolitres and kilolitres of water through those pipes at the hospital, moving as quickly as they can to push as much of that sludge in the ring main through the system and out the other end. In the interim, while the TMVs are being replaced, the government may well have bought enough time to have pushed all that lead from the dezincification process through the system. A protective coating from oxidation might develop over those brass fittings. That occurs under the right conditions. The government might get lucky through this process. It might

find that after it has replaced the TMVs, the excessive, continuous flushing of water through those pipes has fixed the lead problem. We hope, from this side of the house, that that is the case because we do not want to subject the community of Western Australia to a long and protracted legal dispute that will no doubt follow should the replacement of the TMVs not fix this lead problem. We do not want to find that we still have unacceptably high lead levels because we have not accurately identified the source of the lead contamination. We do not want to find lead levels that create a critical risk to the health of the children of this state, for whom this hospital has been built. That would be a terrible outcome and one that the government can count on the opposition to hold it to account for. Practical completion should not have occurred while there was lead contamination in the system. No participant at a backyard barbeque in Western Australia would say that lead contamination in the water supply of a children's hospital is a minor defect. While the source of lead contamination has not been identified accurately by the government, not one parent in this state believes that it is a minor defect. We maintain that taking practical completion, although heroic, was somewhat foolish.

MR B.S. WYATT (Victoria Park — Treasurer) [6.18 pm]: I rise to make some comments on the Leader of the Opposition's motion. The Minister for Health will make some more substantive comments, but I just want to make some comments about the decision by the government to grant practical completion, the contractual terminology around "minor defect", and the reasons we took that decision. I note the motion from the Leader of the Opposition states —

That this house calls on the McGowan government ... to immediately identify and begin testing across Western Australia all thermostatic mixing valves installed at public facilities, similar to those installed at Perth Children's Hospital, and to conduct thorough visual and chemical testing of the QEII ring main to rule it out as a source of lead.

We will not be doing that, and I will explain why that is the case. Some questions have been raised. Indeed, the Deputy Leader of the Opposition outlined one of the points of confusion that has been going on for a long time during the whole process. There have been many reports, and there has been testing ad nauseam by both John Holland and the state. Jacobs, the Chief Health Officer and the Building Commission have all been referred to, all providing a range of reports that, to be frank, have not assisted in streamlining clarity, shall we say. They have actually added to much of the confusion around this issue. Noting also that the Deputy Leader of the Opposition and other people spoke tonight and demanded flushing et cetera, which should be going on continually, the reality is that flushing could not be done without practical completion having been given.

I will start with this point. Regardless of the thermostatic mixing valves mentioned in the latest report by the Chief Health Officer, I have no doubt that there will be litigation as a result of the construction of this hospital because there have been so many delays and so many disputes around the causes of delays. I want to be fairly general in my comments, but there will be legal proceedings as a result. From the advice I have received, I am confident of the state's position, but this will play out for a long time. As I said to the media the other day, I hope that in due course it will be resolved without the need for a long and expensive court case.

I want to emphasise at this point that "practical completion" is a contractual term, as is the term "minor defect". Many members of the opposition critiqued the government by saying that we were claiming that lead in water is a minor issue, but that is not correct. I think everybody accepts that lead in water is not a minor issue, but it was certainly classified as a minor defect, as in the terms of the managing contractor's contract to allow for practical completion. That allowed the state to resolve a stand-off. There was a fundamental difference of opinion between the state and John Holland, the contractor, about the source of the lead. Prior to practical completion, John Holland had control of the facility—a construction site, as members may recall it being referred to by the Leader of the Opposition, and that is true, as defined. It is a construction site until it is gazetted as a hospital, and John Holland had control of it. There was a stand-off, with John Holland saying that it was of the view that it had met its contractual requirements, having completed a hospital that met its obligations under the contract. The state's view—this was the view of the Leader of the Opposition as well—was that because of all this testing highlighting unsatisfactory levels of lead, it was internal to the construction site; that is, it was not coming externally, from the QEII ring main. On 28 January this year, the Leader of the Opposition, while still the Treasurer, made that point. I refer to a story from *The Weekend West* of 28 January, which reads —

Dr Nahan also rejected the builder's belief the lead source could be the water supply in the "ring main" pipe

"I heard that and it surprised me," Dr Nahan said.

"The lead is not coming into the hospital. Full stop. It's in the hospital. For some reason the water laid stagnant after the hospital was built. Construction waste of substantial magnitude got into the water system—don't know how, but it did."

Dr M.D. Nahan: That is an accurate quote, but that was before I received the Building Commission report.

Mr B.S. WYATT: That is the exact point I wanted to make. The Leader of the Opposition is correct. The article continues —

WA's chief health officer released a statement yesterday saying water circulating in the QEII precinct ring main was safe to drink.

The water in the QEII ring main, in the state's view, was and still is safe to drink. The Leader of the Opposition is right. I think this is the point the Leader of the Opposition is making—that unless someone is an expert in building hospitals and testing for lead, they must rely on these various reports and information that comes their way. That was 28 January 2017. The Leader of the Opposition is of that view, as we were when we granted practical completion and as the Chief Health Officer was when he ticked off on the Queen Elizabeth II ring main. I want to emphasise again that the Department of Health conducted two detailed inspections of the QEII ring main—on 30 January 2017, just after the article I just quoted appeared, and on 7 April 2017. On both occasions the integrity and satisfactory condition of the ring main, associated connections and oftakes was confirmed. The Chief Health Officer reviewed a significant number of tests completed by the North Metropolitan Health Service for the QEII ring main and for buildings connected to the ring main from July 2016 onwards. He remains confident that the regular program of testing and maintenance is appropriate for identifying any issues proactively. Hence, the Chief Health Officer remains confident, as he has stated and I have quoted already, that the drinking water supplied by the QEII ring main is safe for consumption.

There was effectively a difference of opinion. The state said that it was from inside the hospital construction site and John Holland said, “No, it's not. As far as we're concerned, we've delivered you a hospital under the terms of our contract. We're not interested. We won't allow you to do anything to rectify the problems that the state thinks are causing the elevated lead.” Members will recall that it is the state's view—as it was when we granted practical completion—that it was the dezincification of the brass fittings. John Holland said, “We disagree, and we're not going to allow you to come in here and flush polyphosphate through the pipes to correct that problem.”

There we were. We had the option of continuing to bicker over it and perhaps to go through the courts, I guess using some form of injunctive process, to try to force John Holland to flush polyphosphate through the pipes. John Holland was never going to do that because that would effectively have been an acknowledgement that it had not met its contractual obligations, so of course it was not going to do that. The advice that the Minister for Health and I sought was, “How do we break this stalemate whilst protecting the state's interests?” We granted practical completion—I understand the objections the opposition now has to that—which could be done by classifying the lead issue as, under the terms of the contract, a minor defect, but of course it is not a minor issue. No-one would ever suggest that it is a minor issue, but it allowed the state to take control of the hospital construction site, because it is still not gazetted a hospital, and then start to do what we needed to do about the consequences of dezincification and flushing polyphosphate through the pipes, whilst still keeping John Holland liable, under the terms of the managing contract, for the costs of rectifying the “minor defect”. That is the way it had to be classified so that we could hold the contractor liable for the costs of rectifying that defect.

That goes on. At the time of PC—I think this might be similar to the Leader of the Opposition's interjection—there were three potential sources: the QEII ring main, which was the view of the contractor; detritus; and dezincification. The polyphosphate has had a not insignificant impact on the dezincification and now we have the latest detailed report from the Chief Health Officer on the thermostatic mixing valves.

The point I want to make is that practical completion could be granted under the terms of the contract with no implications for or impacts on John Holland's obligations to rectify defects; it is just that we would do it, and John Holland would be charged for the cost. That includes the two-year defect liability period following practical completion. We were always very keen when we took this decision to ensure that the state's interests were protected in respect of the costs of rectifying the defects, hence the decision to grant practical completion. The Minister for Health will no doubt spend some time going through what has enabled the commissioning process of the hospital and the things that could happen as a result of taking practical completion to hopefully expedite the commissioning process, which in itself is a technical and long process to convert a completed hospital into an operating hospital. I know that the Deputy Leader of the Opposition made the point that things will happen, and that is true; but certainly a lot more could happen once the government took control of the hospital following practical completion. I hope I have clarified that point around practical completion, because it was certainly done on advice from both Treasury and the State Solicitor about the terms of the contract, the obligations to rectify “minor defects” as defined, and to ensure the continuing obligation on John Holland for the cost of rectifying those defects.

Like members of the previous government, this government's members are no doubt sharing a mutual frustration when we drive past a wonderful-looking hospital that we cannot utilise. We now have increasing risks from the continuing operation of the old facility of Princess Margaret Hospital for Children, which is not satisfactory. The minister has met with the workforce of Princess Margaret Hospital on a number of occasions. That is not satisfactory, and anyone, including me, who has spent time at Princess Margaret Hospital would accept that. Unfortunately, government sometimes has to take a calculated risk in making decisions. But, at all times, in my view, granting practical completion was the right decision. It allowed us to rectify defects that John Holland was

refusing to, because it was always protecting itself under the contract. It was also incumbent on us—me as Treasurer, and the Minister for Health—to take decisions that protected the interests of the taxpayer, and that is what we have done.

MR R.H. COOK (Kwinana — Minister for Health) [6.31 pm]: I thank all members for the opportunity to speak on this issue tonight. As the Leader of the Opposition set out in his speech, it has been a very long and frustrating process, but one that we are determined to find our way through. I note for the house, the motion —

That this house calls on the McGowan government, in the interests of public health and providing surety to the community, to immediately identify and begin testing across Western Australia all thermostatic mixing valves installed at public facilities, similar to those installed at Perth Children's Hospital, and to conduct thorough visual and chemical testing of the QEII ring main to rule it out as a source of lead.

I will deal with the content of this motion, although it seems that members opposite have been more interested in talking about the issues around practical completion. I assure the Leader of the Opposition that the government will not be supporting this motion. I do not think the Leader of the Opposition wants this motion to be successful anyway. The reason is that, ultimately, he is not looking for a long, ongoing, difficult and expensive testing regime across the state; he is looking for clarity around the issues of the thermostatic mixing valves.

Dr M.D. Nahan: And the ring main.

Mr R.H. COOK: I will come to that in a jiffy but, on that issue, the government has said all along that this is not necessarily about the thermostatic mixing valves. In the press conference he gave last week, the Chief Health Officer confirmed that he does not believe the problem is the thermostatic mixing valves alone and that we have to understand that the valves are part of an assembly box that has a range of fittings around it. This diagram shows members assembled the thermostatic mixing valve. I guess this is an issue around nomenclature. But all kinds of other pipes go into that, both cold and hot, that make up the rest of the assembly box. Indeed, I think the Leader of the Opposition said these come from Sweden and they should be of a high quality, and indeed we have that assurance that they are. In relation to the information around the thermostatic mixers, the report states that the brass bodies are made from dezincification-resistant brass. As I confirmed for Hon Peter Collier earlier today, the thermostatic mixing valves are indeed manufactured in Sweden, but the assembly boxes are put together in both the eastern states and locally. That is, they are sourced from within the country, as opposed to just these particular items, the TMVs, which are sourced from Sweden. It is the nature of the TMV assembly boxes, rather than the TMVs, that the Chief Health Officer was trying to draw our attention to. He is saying that the TMVs themselves are not necessarily the problem, but he looks around those TMVs and he sees a predominance of brass. As he says in his report, if we are looking for a potential source of the lead contamination, he believed that was the place to go to really do a rigorous test. Many members have familiarised themselves with his report in which he goes into some detail about testing the water in front of and behind the assembly boxes. The water drawn directly from the assembly boxes has a very high level of lead water that before and after has a lower lead level. His testing regime showed how as small amounts of water are drawn from the taps next to these TMV assembly boxes, at the point when water that originates from the TMV assembly boxes that has been sitting overnight is where the peak occurs, and then it drops off again as water continues to flush through the taps. That is one of reasons he went to such great lengths to rigorously test that theory. The results of his tests are compelling.

The Leader of the Opposition talked about chlorination events and the stagnation that took place in 2015.

Dr M.D. Nahan: No, no, it is —

Mr R.H. COOK: The Leader of the Opposition said May 2015, but I am happy to accept that —

Dr M.D. Nahan: — May 2016.

Mr R.H. COOK: Yes.

Dr M.D. Nahan: The 2015 was when the water came in. There is some uncertainty whether there was chlorination at that time; it's a different report.

Mr R.H. COOK: Indeed. That is the point I am now coming to. I think there probably was a chlorination event in 2015; there definitely was at the beginning of 2016. We have sought advice from John Holland on that, and I will quote—I apologise that this is in some detail, Deputy Speaker—from the Chief Health Officer in relation to this. The Chief Health Officer observes —

... there was a lack of consistent documentation of the chlorination events, evident in the various reports which document different numbers of events (Appendix 8). Chlorine is a powerful oxidising agent, and under Australian Standard 3500, should be introduced into a distribution system at a specified level for a maximum of six hours, otherwise it can lead to corrosion. There may have been up to five separate chlorination events since September 2015, with potentially the most critical event being in January 2016 (Appendix 29). Documentation on chlorination events was not available to the authors of the Jacobs Report and were also requested by the State, on 7 February 2017, at the PCH Commissioning and

Transition Taskforce meeting; SPAS reported that a response was received from John Holland Pty Ltd (JHPL) but lacked sufficient “*actual data*”. It was noted that chlorination had taken place as part of disinfection of the system. No confirmation was provided that chlorination fell within manufacturers’ recommendations and guidelines. JHPL was again requested to confirm how new pipework was sanitised and flushed. Eleven weeks after the initial formal request for documentation, and after multiple unsuccessful follow-up requests, the action was closed at the Taskforce meeting on 26 April 2017 without the requested documentation.

Members would understand the frustration of the people associated with the project at this point, because, as we understand it, as does the Leader of the Opposition, the nature of those chlorination events and what happened directly after—that is, was appropriate flushing done?—is pivotal to determining the potentiality for the dezincification. Nevertheless, Jacobs had some firm recommendations for dezincification. Its report concluded —

The following report identifies the likely source of lead contamination is the Watermarked brass fittings utilised within the plumbing infrastructure as a result of the leaching of lead from the brass, which has occurred in conjunction with and may have been exacerbated by, a brass dezincification process.

The Jacobs report goes on to state —

The introduction of an orthophosphate corrosion inhibitor should be considered to reduce the impact of dezincification to existing brass fittings both short and long term.

There is a very clear line of recommendations on these things. I confess that, as I was listening to the Leader of the Opposition tonight, at times I felt as though I was back in pre-March mode. When I was in opposition I, too, had very strong suspicions about the ring main. That was the reason I put questions to the then Treasurer and then Minister for Water, both through Parliament and via the media, asking whether testing was going on outside the ring main and whether there was a potentiality—I think I even mentioned it—at Ronald McDonald House. The then Treasurer assured me that no such contamination had taken place and that stringent testing was going on at the rest of the QEII site.

Dr M.D. Nahan: As with you, that is what I was told.

Mr R.H. COOK: Indeed, and I have no reason to believe otherwise.

I also want to confirm this for members by repeating the advice we received about the ring main: the Department of Health conducted two detailed inspections of the QEII ring main on 30 January and 7 April this year. On both occasions, the integrity and satisfactory condition of the ring main, associated connections and offtakes was confirmed. We are convinced that if the ring main, or dead leg, as we referred to it last year, was ever a contributing factor to the lead contamination, it certainly was not by the time the Jacobs report was published in April this year.

Dr M.D. Nahan: I agree that it is probably not the cause now, but it was in 2015 when the water was first flushed in the hospital. I think junk came from that and laid stationary for 15 months. I believe that was not so much a cause of the dezincification but a result of the clear accumulation of the detritus and risers in other places. Hopefully, that has been flushed out.

Mr R.H. COOK: I do not step back from that, because I think that, potentially, is the case. In the early days, that would have added to the stagnation of the water in the pipes. Chuck in there a bit of hypo-chlorination and we really do have a recipe for disaster. I am confident that to the extent that that was or may have been a contributing factor, it is no longer the case and that at the moment we are looking plainly and simply at a process around dezincification.

Dr M.D. Nahan: Did the Department of Health go and actually scrub? That is what they do with pipes, I understand; they put a scrubber down them just to clean them out. Is that what the department did or did it just take water off the top?

Mr R.H. COOK: I think it was before I got there. I think it was the exhaustive flushing process that the previous government did after the iced solution proposal.

Dr M.D. Nahan: No, that was in the Children’s Hospital; I mean the ring main. What they do, as I understand it, is remount and ream out and clean off the pipe.

Mr R.H. COOK: My apologies. I do not know.

Dr M.D. Nahan: Also, the Jacobs report identified 19 events of above-level lead at the ring main at the entry to the hospital since January of this year.

Mr R.H. COOK: I should emphasise that when it comes to water quality issues, occasionally there will be a spike in lead or other elements. That is why we aim for an average 95 percentile for satisfaction. That is the number we are getting to. We have gone from a 74 per cent pass rate of the polyphosphate process to a level now of about 84 per cent. The Chief Health Officer is telling us that we are making progress but he does not think that, of itself, that will be enough to get us there. Hence the reasons for his recommendations.

The issue most members raised was of practical completion and whether the government should have taken practical completion. As the Treasurer pointed out, we did so because we wanted access to the site so we could undertake our own treatment process and our own testing so we could get much greater clarity around these issues. To give members a sense of this, prior to the Chief Health Officer coming in, we would test around 57 points in the hospital that were selected for samples. The Chief Health Officer took samples from 300 points randomly selected from the around 1 500 outlets in the hospital. Statistically, it is a very significant sample and it is also randomly selected. He did not simply say, “We’re going to do it with this tap.” He did a random selection and did the testing with those points. I believe that the Chief Health Officer has undertaken the most thorough analysis I have seen to date for not only his analysis but also the rigour with which he has tested the theories that lie within it.

The Deputy Leader of the Opposition talked about ball valves. I think she called them balance valves but I think that they are ball valves, which exist in the 50 millimetre lateral pipes that run along the ceilings on each floor. The Chief Health Officer tested those also and found, to some extent, elevated levels of lead, but nowhere near the level in the testing that took place near the assembly boxes. As the Chief Health Officer said, if we wanted to get to the source of the problem and the nub of the matter, we had to go to where the money is—that is, the assembly boxes, in the first instance. It is my understanding that those ball valves were supposed to be stainless steel and the contractor was explicitly instructed that they be stainless steel, but the Chief Health Officer observed that they were brass. That is clearly not consistent with our expectations for those fittings.

In addition to the extensive work that the Chief Health Officer was able to undertake by taking practical completion, we have been able to undertake another important range of activities associated with the preliminary work around the commissioning of the Perth Children’s Hospital. That involves testing emergency and call systems, starting to test systems inside the pharmacy and starting to stock pharmacy cupboards, wards and so on. A whole range of activities are now taking place in the building because it is ours. As a result, we have a much more truncated expedited process around commissioning when we get the all-clear from the Chief Health Officer.

Dr M.D. Nahan: In January, two major issues were outstanding—the laboratory of course and the issue of Schneider Electric, the European firm that is doing the high-end communications. Is the Schneider contract finished?

Mr R.H. COOK: Does the Leader of the Opposition mean under practical completion? Would it or did it?

Dr M.D. Nahan: Under our watch it had not been completed. That was another reason why it was a serious issue.

Mr R.H. COOK: There are outstanding defects at the moment. I think Schneider is associated with the electrics.

Dr M.D. Nahan: Yes.

Mr R.H. COOK: There are still some issues in relation to that. The Schneider–John Holland relationship is not a happy one; nevertheless, John Holland remains liable for the work Schneider does as one of the subcontractors.

On that point, the Deputy Leader of the Opposition asked: why would we make full and final payment if we have not had sign-off? That is the very point. We have not made full and final payment. A range of defects still need to be resolved. There is an idea that John Holland is no longer onsite. It is onsite; it is working day in and day out resolving the outstanding defects of which there are well over 1 000. But the relationship has changed. They are on our site; we are not on theirs. That is an important change. The Deputy Leader of the Opposition said that if we have not had sign-off, we should not have made final payment. I can assure her that is definitely the case.

The member for Dawesville said he was worried about my language. The language I use is the language in the advice we have received from key advisers and it is associated with the Chief Health Officer’s report. As I emphasised today in question time, it is not our report; it is the opposition’s report and everyone else’s report because the Chief Health Officer is a statutory officer; I cannot direct him.

Dr M.D. Nahan: You commissioned him.

Mr R.H. COOK: Yes, I can commission and I did commission him. I asked him to have a look because at the end of the day, as I said, his opinion is the only one that matters and that is why we want him to satisfy himself about the nature and extent of the problem and then, as he suggests on where to from here, carefully design, install and commission new thermostatic mixing valve assembly boxes to avoid recurrence of the problem. This goes to the question the member for Churchlands asked: where is the work plan? Indeed, we are not at that point yet. One of the things we have been doing all along has been to provide members opposite with the information as quickly as it has come to us. We will provide that information towards the end of next week if we can about where to from here. He is the Chief Health Officer; he is not a builder, contractor or construction worker. It will be up to others responding to his report to put that information in place, and we will provide that information. The practical completion issue that the Leader of the Opposition spoke of is a complex one and not a decision that we took lightly. The Leader of the Opposition is right to identify documents in the lead-up to that decision that provide some insight into some of these deliberations. As the Treasurer said, we took practical completion with defects understanding it is a major issue, but a defect, because we needed to move forward in a way that will resolve the issue once and for all.

I am going over my notes on the Leader of the Opposition's speech. I appreciate it was a cathartic experience, so I want to make sure I tick off on all the points that he raised.

The Leader of the Opposition also talked about this being an entirely unique situation and, in many respects, he is absolutely right. We have taken some advice from Canada. There was a commission of inquiry into lead levels in a building in Hong Kong from which we have taken some learnings. We will utilise some of the rigour involved in that to continue to resolve these issues.

The Leader of the Opposition was very much focused on the thermostatic mixing valves. It is not the TMVs and the assembly boxes but the entire component about which we are most anxious. We have checked the ring main and remain satisfied.

Dr M.D. Nahan: There is an issue with checking the ring main and I am not trying to be paranoid. The Department of Health, which does your checking, is also responsible for the ring main.

Mr R.H. COOK: The Leader of the Opposition observed that that is an unusual situation and it is one of those historical curiosities.

Dr M.D. Nahan: Curtin University has a ring main that it manages on behalf of Water Corp, but my concern here is that it would be useful to have Water Corp going there and probably taking it over or doing the inspection, rather than the Department of Health oversee its own facility.

Mr R.H. COOK: In relation to that pipe—yes.

Dr M.D. Nahan: Yes. Given what the Building Commissioner said.

Mr R.H. COOK: That may be what we ultimately have to do. But it does strike me as unusual. That whole ring main runs up Monash Avenue and down Smyth Road—it probably does not go that far—down Aberdare Road and back along Hospital Avenue. It is unusual that it is owned by the Department of Health or the Queen Elizabeth II Medical Centre Trust. It strikes me that this is water infrastructure and from that point of view should probably reside with Water Corp. I am sure we will revisit that issue down the track.

As I said, I do not think that the opposition really believes in the wording of this motion. I understand the way it has come to it, but it is not the thermostatic mixing valves and it is not the thermostatic mixing valves as they may exist in other buildings in other parts of Western Australia. The thermostatic mixing valves are part of an assembly box. With your indulgence, Deputy Speaker, I want to show members this picture, which for the purposes of *Hansard* shows an assembly box on the left, which is specified in the contract. Members will see even from these details that it has a predominance of silver or stainless steel fittings around the thermostatic mixing valve. In this photo on the right, which is taken from the building, we see a very different sort of beast all together and a lot of brass.

The Chief Health Officer makes the observation that on the brass fittings that it inspected, there were no watermarks. The Building Commissioner has not had an opportunity to respond to this report properly. He is on leave at the moment, but in passing he said that just because it does not have a watermark does not mean it does not meet Australian standards, but he said that that is unusual. The Chief Health Officer is not a plumbing expert. He is a health expert and someone in whom we place a lot of faith. Of course, ultimately, he will give us the okay to start the commissioning process for this hospital. At the end of the day, this hospital has to be in such a condition that the Chief Health Officer is satisfied that not only next month, but six months from now and six years from now, the hospital will continue to provide clean, quality water for the kids in that hospital. The Chief Health Officer is looking not just at the test results but also the regimes that are being employed to make sure that the water quality is maintained into the future.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm
