

**HEALTH — GOVERNMENT PERFORMANCE**

*Motion*

**MS L. METTAM (Vasse — Leader of the Liberal Party)** [4.01 pm]: I move —

That this house condemns WA Labor for its years of neglect and mismanagement of the WA health system and its failure to prioritise patient safety and support our hardworking health workers.

There is so much that we can talk about with this motion, and much we have spoken about in this place when it comes to the health portfolio. After all, health should be a priority of any government and after seven years of government, we have seen a broken hospital system that is in freefall under the now Premier, the former Minister for Health, and it has continued to go from crisis to crisis.

We will continue to raise concerns about capacity issues, mismanagement of the hospital system, and the government not better supporting our health workers and not putting patients first, which was an election commitment of the Labor government in the lead-up to the 2017 election. Also, we will talk about how this government makes decisions. That certainly was a focus today. Clinicians have raised a red flag and sounded an alarm on the issue of the extreme risk of the decision to move the women's and babies' hospital to Murdoch.

I start by touching on some of the reports and the issues that have been raised more recently, particularly about elective surgeries. The *Child and Adolescent Health Service 2022–23 annual report* was tabled last week, and across the board we have seen a blowout in the number of people who are over boundary and waiting longer than clinically appropriate for elective surgery, especially in the 2, 3 and 4 triage categories. However, most appalling about the Child and Adolescent Health Service annual report is the massive blowout in wait times for elective surgery. Wait times for category 1 surgeries for children—the most serious surgeries—have more than doubled over the past 12 months. Category 3 surgeries had the highest percentage of over boundary waitlists in the Child and Adolescent Health Service, in which two in five children wait more than a year for their surgery. Although these surgeries are elective, they are not optional extras. They have a significant impact on the lives and livelihoods of those who are waiting out these extensive delays, and we know that any delays can lead to long-term poorer health outcomes as well as learning and behavioural issues. Delays in category 1 surgeries can lead to life-threatening emergencies.

At some point the Labor government needs to take responsibility for these waitlists. Last week it said delays were due to events outside its control, namely a 10-year upward trend in demand for child surgery and a lack of staff. We now know there are almost 29 000 people on the waitlist for elective surgery, representing about a 50 per cent increase on the 19 000 people on the waitlist since this Labor government came to power. Incredibly, this is enough to fill half of Optus Stadium. After seven years with multiple billion-dollar budget surpluses thanks to the coalition deal on the GST and iron ore royalties to the state, one wonders why this government has not addressed these issues sooner and why they are not a priority.

Last week, I raised a grievance in this place on behalf of two families with young children who are waiting for hearing loss surgery. Tobias and Davina have been waiting for three years and 18 months respectively. Davina had to be fitted with a hearing aid and Tobias has experienced issues with speech and motor skills. They now have confirmation of surgery in December. Their mother, Shannon Cowan, understandably devastated about the delay in surgery, talked about the detrimental effect this has had on her children.

Sadly, I also refer to four-year-old boy Lucas, who waited three years for hearing loss surgery, only to be told after the surgery that what was thought to be the cause—fluid behind the ear—did not appear to be the problem and that further investigation was required to look at another cause for his hearing loss. His mother, Melissa Harris, is understandably gutted at the lost time for her little boy and feels he will be permanently impacted by the effects of this hearing loss. This is clearly not a priority of this government. It was a three-year wait for them only to be told that the cause is something else and for investigations to then progress in another direction. This government's response was simply to deflect the blame onto the federal government. The Parliamentary Secretary to the Minister for Health stated that the federal government needed to completely understand its role in alleviating some of the pressure on the WA health system. I quote —

... I am talking about proper funding for disability care through the National Disability Insurance Scheme and proper funding for aged care. Long-stay patients are stuck in our hospitals and should be getting discharged into aged-care and disability facilities.

That is little comfort for families experiencing the delays firsthand, and, of course, for the children who then have to deal with being shouldered with the detrimental impact of these delays long into the future. Another grievance I raised in this place pointed to the failure of the Cook government to ensure the 24-hour video electroencephalogram. I will call it VEEG monitoring service, and it needs to be consistently available. I am not talking about the 30-minute monitoring but the 24-hour monitoring. VEEG helps ascertain the frequency and root cause of seizures. I previously

raised in this place a grievance on behalf of Katalina Kovacevic, whose family raised real concerns with me about her situation. In 2018, her family voiced to the then Minister for Health, Roger Cook, their deep concern about the availability of VEEG monitoring. It continues to be an issue, and that is why in August this year I raised a grievance on behalf of the family—mum, Kirsten, and dad, Boris—who wanted to highlight their exasperating experience and advocate for other families by bringing awareness and what they hope will be some change. It was too late for this family, but they want to see change for other families.

Katalina was diagnosed at birth with a rare genetic condition called tuberous sclerosis complex. Katalina had several tumours on her brain that caused seizures. The ongoing inconsistencies surrounding the VEEG monitoring left the family feeling that they had no option but to take their daughter Katalina to Brisbane to access the monitoring equipment. Katalina was scheduled for brain surgery in January 2022, but a week out, the brain surgery at Perth Children’s Hospital was cancelled, which caused the family immense stress. Dad, Boris, was advised that a special cable was missing for a machine required for the surgery. An article reads —

“They said they had no idea when it could arrive and the surgery may be delayed for 12 months due to COVID ...

“It’s long term damage to her brain, our neurologist in Brisbane said if (the lesions) didn’t come out she could potentially die ...

Despite finally being given another surgery date, the family, who had lost confidence and were feeling seriously let down by the WA health system, decided to take Katalina interstate to ensure no further delays in the surgery. The family travelled to Melbourne in May this year, and Katalina had surgery at the Royal Children’s Hospital in Melbourne. The family said that their experience showed a complete lack of priority by this government. I quote an ABC article of August 2023 —

“Find the right staff. Spend some money in the medical industry and the neurology industry—they need it, and kids need it ...

That was Ms Kovacevic, who also said —

“I don’t think there should be any expense spared when it comes to children and medical treatment.”

That is certainly not an isolated incident.

I talk about the blowouts in elective surgery that we have seen under this government’s watch. I focused on the Child and Adolescent Health Service, but I also want to point to the drastic and significant impact that delays in elective surgery has had on one of my constituents. Michelle Hansford is a very brave and loving mother of five and a grandmother of 10. Michelle has suffered greatly as a result of the unacceptable delays in elective surgery that we have seen under this government’s watch. I pointed to the 50 per cent blowout that we have seen since this government came to office. Michelle’s cancer journey escalated to the point that this year she made the decision to have her left arm amputated to increase her chances of survival.

Michelle was diagnosed with stage 3 breast cancer in 2017. By 2018, the cancer had spread to her lymph nodes and resulted in two surgeries to remove her left breast and 19 lymph nodes. Michelle decided in late 2018 to have her right breast removed as a precautionary measure against future cancer. Despite Michelle’s history, the surgery was classified as elective, and she was put on a waitlist. Her surgery was basically put on hold. However, in early 2022, Michelle was diagnosed with breast cancer in her right breast, and that was removed in March. We made appeals to the government at that time because of the extensive delay in the category 3 surgery, which then became an upgraded surgery when it became clear that her condition had become more serious. This could have been avoided if she had had her surgery in the appropriate time frame.

As a result of the bungling of the health system and the continual elective surgery cancellations, this mum had to face significant and immeasurable health setbacks. She ended up waiting three years for what was meant to be preventive surgery. It then became much more serious. In February this year, during a routine check-up, Michelle received the devastating news that she had malignant cancer in her neck, and she made the brave decision to have her arm amputated in the hope that it would prevent the cancer from re-occurring. Michelle certainly keeps positive and looks forward not backwards, despite the unimaginable pain she is currently enduring. She said that her pain is unbearable. What an inspiration she is! The baseline fact is that she should never have had to wait that long. This treatment was unacceptably delayed, despite the appeals. We have seen a situation that has severely impacted not only her health but also her livelihood and her ability to work. She has struggled financially because of the enduring, unacceptable and unavoidable delays in elective surgery.

I now raise issues of staffing and the importance of having a dedicated supernumerary resuscitation team at Perth Children’s Hospital. My question in Parliament yesterday confirmed that the coroner-recommended resuscitation

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team is still not in place. The Child and Adolescent Health Service annual report tabled last week highlighted this fact. It was a key recommendation of the coronial inquest into Aishwarya Aswath's tragic death, and it has been two years since the recommendation was made and over a year since it was funded. It is incredible that it was not urgently prioritised, given the potential for tragic circumstances. I should say that it has been two years since the tragic incident, not two years since the recommendation was made. It certainly has been over a year since it was funded.

In February, the Minister for Health was forced into an embarrassing climbdown after incorrectly claiming that the dedicated team was already in place at Perth Children's Hospital. In May, the minister admitted that the supernumerary resuscitation team was still not in place. At that time, she said that she expected it to be in place in the coming months. We asked the question: how much longer will it take? Clearly, there is no urgency when it comes to health. The government has dragged its feet when it comes to the health of Western Australian patients. It was amazing to hear again from the Premier yesterday in this place that this key recommendation has still not been implemented some two years down the track. Yesterday, the Premier stated —

... we are making progress in relation to the supernumerary resuscitation team, and that work is progressing to date.

The nurse-to-patient ratios are a priority, but so is that critical team in the emergency department at Perth Children's Hospital. It is amazing that it is not in place. It was a key recommendation, which has not been implemented. In response to my supplementary question, the Premier stated —

... only a WA Labor government will put health first and Western Australian patients first. Only a WA Labor government will provide the investment we need to make sure that we can provide world-class health care.

Two years on and it is still not in place. This Labor government continues to fail Western Australians across the health portfolio.

The ongoing dispute with Western Australia's nurses about staffing has highlighted the very poor relationship between this government and such a valuable workforce. They continue to feel the impacts of low morale. When the McGowan government was elected in 2017, our nurses were the highest paid in the nation. They knew they were appreciated and they were certainly valued. Our nurses are now some of the lowest paid in the country. It is a choice of the Cook Labor government—the system is unequivocally of this government's making. It is therefore no surprise that attracting nurses from either interstate or overseas is significantly challenging, but it is also significantly important. As the wealthiest state in the nation, it is concerning. There is a lack of goodwill; there is a lack of incentive for health workers at a time when our health system goes from crisis to crisis.

Nurses are at breaking point. They are continually being asked to do more with less. Yesterday we heard from the union representing the state's youth mental health workers as well. Members working for the child and adolescent mental health services will vote on whether to take industrial action, which is most unusual for our dedicated nurses, but it is something they have considered out of sheer desperation, in the hope that they will be heard. They are simply asking for a commitment of more staff and services by December. The industrial action will be a last resort to create the change needed for WA children and their families. The findings of the 2022 infants, children and adolescents taskforce outlined 32 recommendations to transform the mental health system, including introducing acute care and response teams. The team would provide additional support for young people needing frequent mental health support. That is what they are asking for with some urgency, and they are asking for some support from the government as well.

We have raised in this house the theme of the suspension of standing orders being used by the government to make decisions. We have an extraordinary position paper, which has been leaked, about the location of the new women's and babies' hospital. According to my notes —

CAHS is sounding the alarm and raising a red flag of this extreme risk.

Those are the words of CAHS. Today, a health professional on the ABC described it as possibly the worst decision that has been made in the area of health by government. It is a decision that has been made after the fact. We heard the Premier justify the government's position of consulting after the fact and forging ahead with the decision, which will have such an impact on the clinical outcomes of our most vulnerable patients.

It was a reckless decision. I will point to a couple of sections of the leaked report, one of which is the challenges of the Murdoch site. The CAHS Perth Children's Hospital surgical division has advised that neonatal surgery cannot be replicated at the Murdoch site. It refers to the complexity of neonatal surgery, which requires a full team—sometimes up to 10 specialist staff—and there is not the critical mass of procedures in WA to maintain competencies in undertaking those high-risk surgical procedures at more than one site. It states that there is an extensive body of research that shows hospitals performing above a threshold volume of a given treatment have better patient outcomes for that treatment. It recommends that surgery for neonates and infants is restricted to

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specialist children's hospitals in line with the Royal Australian College of Surgeons and Australian and New Zealand College of Anaesthetists position papers. WA's population growth does not support a second specialist children's hospital; therefore, surgical services for neonates cannot be replicated at the Murdoch site without relocating Perth Children's Hospital. It goes on to state how the decision to relocate the new women's and babies' hospital to the Murdoch site does not meet the commitment of the WA Health *Clinical Services Framework*, which includes appropriate, safe and quality care; minimal duplication and the best use of resources; equitable and sustainable services; and a comprehensive and integrated approach to health service planning.

CAHS clinicians are asking who will own the critical risk of increased death and disability to neonates that a move to the Murdoch site will bring. The minister has, on a number of occasions, accused me and other opposition members of politicising or raising unnecessary alarm about this decision. As we can see, it is there in black and white. It is not one particular group of unhappy doctors—which is a quote from the report as well. This is not about a group of unhappy doctors, it is a position paper, which is informed by extensive consultation with senior clinicians, consumer representatives, evidence and best practice reviews, and has come from the government's own department. It has come from the leaders in the area in this state. It should be of no surprise, given the level of grave concern that they have raised, that the report has been leaked in that way.

The Australian Medical Association was on the radio today raising concern about what the final report will look like and what will happen once the report hits the minister's desk. That is obviously a concern shared by others, which is why the report has come out. Other concerns raised in the report were about neonatal transfers. We know about 200 neonatal patients are transferred each year from King Edward Memorial Hospital for Women to Perth Children's Hospital for further treatment, investigation and management, some which require time-critical access. It states that the further distance and increased number of transfers not only pose potential clinical risk to neonates, but will place additional workload pressure on the neonate transfer service in WA. We know that the government and the Department of Health already have a significant challenge when it comes to ensuring we have the staff that we need. However, it is clear that the Newborn Emergency Transport Service, which is the busiest retrieval service in Australia, will be increasingly and unnecessarily challenged by this decision. Again, it is set out in black and white, along with the benefits of tri-location. The benefits of tri-location, which were identified in 2004 and in the Reid report, which is still relevant today, were also included in a recommendation that was backed up by the government's sustainable health review. That review was undertaken over two years and involved significant consumer, clinical and community consultation. This final report includes eight enduring strategies and 30 recommendations to guide the direction of the WA Health system to deliver what was meant to be a sustainable and innovative patient-first approach. It considered the co-location of King Edward Memorial Hospital for Women with Sir Charles Gairdner Hospital and Perth Children's Hospital as an opportunity to introduce more contemporary integrated models of care for women and neonates, and enhance the safety and quality for those patients. Again, it is there in black and white.

The Fiona Stanley site has its challenges. A clinical lead today explained how diluting these services at multiple sites would mean that we would not have the critical mass, which is not best practice. That would put unnecessary challenges on the provision of health services. That is well and truly highlighted in this report.

When there is a need for one or more subspecialties because a condition is rare, severe and/or of a high complexity, it is dependent on specialist technology, and therefore critical mass expertise and resources are required. The advice of the CAHS PCH medical division is that those services should not be replicated at the Murdoch precinct or be integrated within the new women's and babies' hospital or within Fiona Stanley Hospital. These neonates will be required to be transferred to PCH. The report goes on to say that the Murdoch site has also been considered. However, that would not mitigate the critical risk that transportation proposes. I have gone over that as well. The report goes on and on. It points to questions about not meeting what is considered world's best practice for clinical care. Western Australia will be the only state in the country that will not have a tri-located facility. It is extraordinary to hear that the best the government could come up with today was some correspondence from Fiona Stanley Hospital against a body of concerns across the board from the top clinical leads within this government's own departments.

I know that other members want to speak on this motion, so I will leave my comments there. I look forward to other members' contributions.

*Women's and Babies' Hospital — Relocation — Tabling of Document — Ruling by Speaker*

**THE SPEAKER (Mrs M.H. Roberts)** [4.33 pm]: Before I call the next speaker, my ruling was sought on whether a letter quoted by the Minister for Health today is an official document. Standing order 157 provides —

A Minister who has quoted from an official document will table that document if requested by any other member either during, or immediately after the conclusion of the remarks which include the quotation.

I have viewed the document, which is a letter not on an official letterhead that is addressed to the minister. In my view, it lacks the formality of an official piece of correspondence and does not, on its face, appear to have originated

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through a recognised process within the Department of Health. My determination is that the document is not an official document within the meaning of standing order 157.

*Health — Government Performance — Motion Resumed*

**MR R.S. LOVE (Moore — Leader of the Opposition)** [4.34 pm]: I rise to speak to the motion put today by the member for Vasse —

That this house condemns WA Labor for its years of neglect and mismanagement of the WA health system and its failure to prioritise patient safety and support our hardworking health workers.

The member for Vasse has outlined a number of issues. Today, following question time, we had a debate on the relocation of the women's and babies' hospital to a site remote from what is accepted by expert opinion to be the ideal location, which is close to Sir Charles Gairdner Hospital, and the lack of any acceptance by the government that it could be getting it wrong. It reminds me that this government does not listen and does not take into account the opinion of others until it is too late. We have seen examples of that. We saw just last night, for instance, the repeal of the Aboriginal Cultural Heritage Act. That act was finally repealed because the government had not listened to concerns about the implications of the act and its implementation, which was ham-fisted at best. Again, we are seeing the same attitude being taken to the health service regarding the location of the women's and babies' hospital. Once again, I implore the government to listen. I see that the parliamentary secretary is here and is writing busily. Hopefully he is writing notes on these matters to provide a cogent response to the opposition on this most important matter.

I note the presence in the chamber of the member for Geraldton. I will skip ahead of what I had prepared to speak about and raise some local midwest issues while the member is in the chamber so that she can at least have the benefit of my views on this. A number of health programs in the midwest region have had their problems. One of those is the upgrade of Geraldton Health Campus. Prior to 2017, the Labor Party promised to upgrade Geraldton Health Campus. It outlined some plans that included an expanded emergency department, a new intensive care unit and an integrated mental health unit. Although the government was successful at the 2017 election, the current member for Geraldton was not, falling just short, and therefore was not elected. I do not know whether that is part of the reason that the government did not proceed with the upgrade of Geraldton Health Campus, as planned, but we know that the amount of money that was devoted to that hospital was never enough for the project that Labor said it would deliver.

**Dr D.J. Honey** interjected.

**Mr R.S. LOVE:** It has provided a lovely \$70 million driveway and a big sign. That is as far as it got. It was originally due to be finished in 2022 but we know that never happened. We also know that a significant amount of money had to be added to the project—around \$50 million, I believe. It went from a \$73 million project to a nearly \$123 million project. We have had an election since then and the new member for Geraldton was elected, but the upgrades to the hospital have not been built. Claims were made that cyclone Seroja pushed back the availability of builders. I looked at the building going on in the midwest as part of the cyclone recovery and did not see the types of major projects like that hospital that would be soaking up the available builders in the midwest. I am not at all confident that there is any justification to the claim that somehow the effects of cyclone Seroja are having a debilitating effect on finding contractors to deliver that project in Geraldton. We know that the project has not been delivered. As I understand it, no tender has been awarded. Three tenders have all been rejected because they were beyond the budget allocation. Goodness me, we just had a report from the Auditor General on the amount of money that seems to be able to be pulled from the sky whenever the Minister for Transport runs into a few troubles with funding, but in the case of hospital services in the midwest, there does not seem to be anywhere near the same excitement or willingness to commit extra funds. That is the case even though that same report noted that the Geraldton Health Campus was the most delayed of all the 20 projects that had been examined by the major projects report.

**Dr D.J. Honey:** There was half a billion dollar blowout in the Morley–Ellenbrook line.

**Mr R.S. LOVE:** That is alone. That would be the equivalent of four Geraldton hospitals at the current budget just in cost overruns; yet, the people of the midwest are denied a first-class service because the government does not seem to be able to deliver any projects. I will talk about its delivery of health projects a bit later when we contrast what happened with major hospital infrastructure being built in the years of the former Liberal–National government, not just in the metropolitan area but right across Western Australia. As I say, the Geraldton hospital was very disappointing. There is an inability by this government to carry out the projects it announces. We often hear things announced, we hear of taskforces, we hear of projects, we hear of allocations of special project money and money being thrown around in the budget, but actually delivering projects on the ground is a bit more difficult than just writing a line item in a budget and making allocations. Providing services is difficult. We know it is difficult.

Look at the situation in Dongara. There was a project in Dongara that had been promised and funded under the previous government, yet it took until very, very recently, in June this year, for that project to be completed. The project was announced in 2016. Of course, there was a change of government in 2017. I am almost grateful that the government did not end that project altogether as I thought it might. It canned \$20 million-odd worth of health services funding throughout my electorate. What was called the Turquoise Coast Health Initiative would have provided services from places such as Chittering across to the Gingin coast and up to Dongara, where there is a dearth of any government services, and that still remains the case. By the way, Chittering and Gingin are two shires with the fastest growing populations in the state. I think the population of the Shire of Chittering went from just over 5 000 people to just over 6 000 in a year. That is pretty phenomenal growth. That shire; the Shire of Gingin; the Shire of Dandaragan; the Shire of Coorow, or its coastal component; and the Shire of Dongara all struggle with the amount of health services available and not just infrastructure. In fact, recently the women's clinic at Dongara, which was announced with some fanfare and provided a great service, was shut—just shut. When people went to the health centre, they were told they had to go to the emergency department, that they could not be assessed—they had to sit in the emergency department for hours and wait with everybody else. It was a tremendous service to one of the older communities, in the main, in terms of demographics in Western Australia. A lot of people there find it difficult to sit around for that length of time waiting to be seen to. That very, very valuable service was just cut away, I presume because there were other priorities for funding within the midwest WA Country Health Service district, and so that service was discontinued.

I also want to brush upon the situation at Mullewa. Mullewa is a community of very high Aboriginality and with a lot of elderly people. That community has particular health needs. It has a very, very dilapidated hospital that has been let go since the announcement in 2016 that there would be a new health centre developed at Mullewa under the previous government—in the same announcement, by the way, as that for the Dongara Medical Centre, which has now been completed. That health centre in Mullewa has not been completed. In fact, even the sign about the project disappeared for a while and then somehow reappeared. I do not know what happened. It was not a new sign; it was just re-established. Maybe someone local got sick of looking at it and took it away because there was no progress, and perhaps it was found in the bush somewhere and put back up, I do not know. Anyway, the sign is still there. The WA Country Health Service website has talk about the project, saying planning is still not complete, yet we are told in Parliament in answers to questions that planning is complete. We are not quite sure what is going on there. There was a meeting at Mullewa only week or so ago called at very short notice for people to talk about their health needs. About 70-odd people showed up at short notice to see what was happening because there is a great deal of concern. As I say, the old hospital has become dilapidated, parts of it no longer work. The people of Mullewa lost their aged-care services. They lost the kitchen at the hospital. Basically, the place is falling around their ears, and it is a dreadful mess. There is no confidence in the community that they will ever see that project delivered, yet when I raise questions here, I am told that the allocation that the former government made was insufficient for the project to be completed. It might be insufficient for it to be completed in 2023, 2024 or 2025, but it was not insufficient in 2016 when the project was announced. It was of the same magnitude as that for two other health projects that had already been developed in the wheatbelt just prior to that. There was experience there and the costings were realistic at the time. Just because government has sat on its hands for this many years and the cost of construction has gone up is no reason that the people of Mullewa should be denied a reasonable health service and a health centre that fits their needs. The whole plan was to put in place a health centre that fits their needs, yet they sit without that centre having been developed. As I say, the community there is desperate for health services. People showed up to the meeting at such short notice. I heard from a constituent that instead of being given information, the people who attended the meeting were told it was only a session for representatives of the health department to tell seniors—there were only seniors involved and 70 of them showed up—what would be offered at the new health service and get their feedback. Their feedback was that they were very, very grumpy, and I do not blame them one little bit.

I will move on from talking about the midwest area. I note the presence of the member for Geraldton. No doubt she will have things to say about midwest health services. I hope she also expresses concern about the slow rollout of the health service in the midwest. The opposition is certainly doing everything it can to bring that to the attention of the government. I wonder what happens in the caucus of this government and whether backbenchers sit meekly and quietly, never raising issues, talking about the concerns of constituents, bringing them to the fore and standing up for their communities. We do not see that in Geraldton and we do not see the actions that we need in the midwest generally to ensure there are health projects that are fit for purpose and enable a feeling that there is a genuine ability for people there to access up-to-date and fit-for-purpose health facilities and services.

I contrast that to the previous government. From 2008 to 2017 that government spent \$7 billion on major health projects. That was \$7 billion at a time when that amount bought more than it does now. Now we see projects announced and within weeks we are told that their costings have blown out. Major projects are sometimes double

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the original budget. This government has an inability to develop projects on time, Geraldton hospital being the prime example outlined by the Auditor General.

Across Western Australia we saw a change in health service delivery as part of a major investment in the WA Country Health Service by the previous government, often funded through royalties for regions. We saw hospital developments across Western Australia, including funding committed for Dongara and Mullewa and also for the upgrades to in-care beds at the health centre in Jurien Bay, which did not take place. A great number of projects were cut by this government. When we held government, some tremendous developments occurred and, of course, Fiona Stanley Hospital is the centrepiece of that. The previous government had spoken about the matter but had not done anything about it. Fiona Stanley was a tremendous hospital build. The new Perth Children's Hospital, which this government seems unable to run, was a major project that was almost complete at the change of government. It was a major commitment by the previous government. There was a major upgrade to provide a big hospital in Midland, which provides a huge benefit for people throughout the eastern areas including the hills, the wheatbelt and to the north in Chittering and other places. It has provided almost a transformational situation for people.

**Dr D.J. Honey:** It handles as many emergency patients as Sir Charles Gairdner Hospital.

**Mr R.S. LOVE:** There you go. No doubt because of its position right on the edge of that highway system—Great Northern Highway and Great Eastern Highway both feed into Midland—it is the focus of some tremendous transport infrastructure that enables that hospital to be the centre of medical care for the hills communities, the Midland community and surrounding areas, and the more rural communities to the north and east.

The differences between the parties are very clear. There was a promise for a medi-hotel from this government.

[Member's time extended.]

**Mr R.S. LOVE:** That is mired in controversy and does not seem to be going anywhere. We hear that health professionals do not think it is what is required and government seems to be pushing on against the advice of health professionals. That sounds familiar, does it not? It does not matter what the health professionals might say, this government knows better and it will push on regardless. That seems to be what we are looking at with the relocation of the women's and babies' hospital, which is a terrible situation.

In the brief moment or two I had to talk in my grievance, I spoke about my attendance last Sunday at the Pregnancy and Infant Loss Remembrance Day service at King Edward Memorial Hospital for Women's memorial garden. The organisers paid tribute to Hon Donna Faragher for her work in getting a day established for the remembrance of pregnancy and infant loss. Western Australia was the first Parliament to develop that day in this state and the concept has spread across Australia. In every state, and federally, it has been accepted as a day on which to remember the loss of loved ones by those families. It was a moving service, but it goes to show the gravity of what we are dealing with. There is nothing more emotional to people than their children and the experience of having those children.

I urge the government to go back to the drawing board and listen to the pleas of the opposition and the expert clinicians and re-examine what it is doing. It is fundamental that it does that. Without looking at just the infrastructural difficulties, yes, some sites are more constrained than others to build on. It does not mean that they cannot be built on but that there needs to be better planning and better thought and perhaps better project management. Perhaps the biggest problem this government faces is that being able to establish and manage projects is beyond it. It is probably looking to find the easiest project rather than the best project. That would be the way one could characterise it. Given the government's record in delivery, I am not surprised that it would take that view.

The government should be listening to the authors of that report and their concerns and it should be listening to the member for Vasse because she is putting forward a very cogent argument for why it needs to reconsider its decision, and reconsider it should. The establishment of the new hospital will affect the lives of people across Western Australia. People with problems in pregnancy will go to the hospital and it is the place people will be best cared for when they have a particular need. There is no reason for the government not to reconsider that. I urge members opposite to swallow their pride and accept that maybe they got it wrong. It is just a call; they can go back on the call. They can go back and re-examine it.

**Ms M.J. Davies:** They've done that; they've already had one correction.

**Mr R.S. LOVE:** That is right; it has done that once or twice. Why not do it again? Why not just go back to the people who said it was impossible and say, "Come on, you are infrastructure experts. You come up with solutions to fix that problem." Governments can build stuff anywhere. When we look around the world we see cities that are much more constrained than Perth. I drive around the QEII precinct and wonder what the issue is. There are miles of land there. I do not understand why engineers and architects could not design a project that could be built on that site and put everybody at ease that the best location for the women's and babies' hospital, from a clinical point of view and also the centrality of it with other services, could not be achieved. For the life of me I cannot see why that could not be achieved. When it comes to health, this government has no vision. It seems to think that any outcome

is okay. It just drifts along. It is not interested in setting a target and meeting it. We see that with the blowouts in all sorts of areas from elective surgery to the huge level of ambulance ramping in this state; the lengthy waits for projects across the state; the ability to just say that it is okay for people to be flown from all over the state, north of Geraldton to Perth, because the government cannot provide services elsewhere; closing down a wound care centre in Dongara because it is a bit hard to staff and probably expensive compared with what else it may think is a priority. People in the small community of Mullewa sit and wait and wonder why they are being forgotten by a government that says it cares about the little guy and the people of our state who are most disadvantaged, yet they do not see any evidence of that with the programs the government selects or the way it carries them out.

I know other members want to talk on this motion, so I will conclude my contribution. I hope that when the parliamentary secretary returns he will be able to provide some response to these very important matters.

**DR D.J. HONEY (Cottesloe)** [4.58 pm]: I rise to support this excellent motion by the Leader of the Liberal Party; shadow Minister for Health. I was fascinated by the response in question time today to two questions from the shadow minister about the poor choice of location for the women's and babies' hospital and the issue with ward 5A at Perth Children's Hospital. I will talk about the government's response to the poor location of the women's and babies' hospital first. The Minister for Health should be embarrassed to come into this place and say the things she said. We debated that matter specifically some time ago in this place and we went through in detail the absolutely appalling nature of the argument the government put to justify that decision. Let us be clear about how that decision occurred: it was a captain's call. The call was made that the women's and babies' hospital was going to be located at the Fiona Stanley Hospital campus, despite all the work that had already been done to locate it at the Queen Elizabeth II Medical Centre site. Why was that captain's call made? Was it simply to provide more patients for the pending medi-hotel? Was there some other reason? We do not know why the captain's call was made.

My office was quite literally inundated with contact by clinicians saying that this is a disaster and will lead to the death of babies. My office received that correspondence because many clinicians live in my electorate. That is what they said to me. They were absolutely outraged. That is why we have raised the issue in Parliament. Then the government panicked. When the clinicians raised those concerns, the government thought: "Hell! Hang on; we actually have to justify this captain's call." That is what it was—a captain's call, with no analysis at all.

Then there was a subsequent effort to justify it. The last time we debated this issue, I read out the terms of reference for Infrastructure WA, which said "Justify our decision." We got a report that Infrastructure WA should be ashamed of, and I said that at the time. It bore no scrutiny whatsoever, and any minister worth their salt would have challenged it and asked it to do its job properly. I will not go through that entire debate again, but I will touch on some seminal points.

We heard the Premier today mention, in response to a question, this nonsense of the 20-year delay. What absolute rubbish! The report just says that there are a whole heap of projects going on and if the government does all of them and this one is done at the end, it will take 20 years. Of course that is not how it is done. That is an absolute nonsense argument that has no place in this Parliament and has no place coming from someone of the level of the Premier.

Then we heard all about these hypothetical risks—a risk of this and a risk of that. None of it was proved. There are risks everywhere. There will be risks at Fiona Stanley Hospital. There will be enormous risks with the traffic interaction. Given that the Minister for Transport was desperate to ban Roe 8 and make proper use of Fremantle port, all the heavy traffic along Roe Highway is being directed between Murdoch University and the Fiona Stanley Hospital site. What about that risk? What about the risk of the enormous increase in heavy traffic travelling along that road and then undertaking major construction on that site? Yes, there will be risks on both sides. That is why the government has engineers. As I have mentioned before, I have worked in the industrial environment. I have been out there and done real things in my life and I have seen the most complex, major construction activity occur in the most complex and constrained environments. It is simply an engineering exercise—that is it. There is nothing else to it. If the engineers say they cannot do it, get other engineers, because it is a simple fact that it is an engineering exercise.

We had the farce of the cost comparison. I note that the Premier seems to be crab walking away from the one on cost. We had this farce of a detailed costing that had been done for the QEII site. Infrastructure WA committee members walked around the QEII site and did a back-of-the-envelope calculation and the two costs were compared with each other as though they had any possible basis of comparison. Again, no registered engineer in Australia would have published those two figures beside each other as a cost comparison because one was a scoping level cost and the other was a much more detailed level of design cost. There was no comparison whatsoever between those two costs. I could go on, but I will not because I will not have time to cover the rest of my presentation if I do.

I will mention the farce with the country patients. We have heard the comment that it will be better for country patients. What a joke! No accommodation is available around that area. Any country patients who come down will have to stay miles away—likely north of the river, because that is where accommodation is available—while their children are in hospital. They will be living away from the hospital. If the children who come down in the air



ambulance are seriously ill, they will go to the QEII site. If they or their mothers need serious and immediate surgery, that is where they will go—to the QEII site. They will go there anyway. Otherwise, if they go to the Fiona Stanley site, it will be because it is a more manageable issue. Whether they travel to the QEII site as ordinary patients, it will make no material difference. It is an absolute nonsense to say that somehow or other this will be an advantage for country patients.

We have had the captain's call and an appallingly tawdry effort to try to justify that captain's call. Then the government set its jaw, and we have seen that again and again with this government. It does not matter what cogent evidence its gets. If we are talking about hospitals, of all the considerations that should be taken into account, surely the number one consideration would have to be the consideration of the health of the patients. It is a bit like making a decision about the military and saying that we are going to have a great army and it is going to have beautifully painted tanks and all these wonderful things, but it can never win a battle. Top of the list of considerations for a hospital has to be patient outcomes. What has been very clear up until today, and subsequent to this document on patient outcomes being released, is that the best decision for patient outcomes would be QEII, and so the government should work to that.

I turn to the ward 5A issue. We have heard the farce that installing locks on doors so that patients are safe from being assaulted would mean that the whole ward would have to be shut down. What a load of absolute rubbish! The truth is that that could be done by the end of the week in a safe, proper and considered way, with a tradesperson going from room to room. Even if the room that was being worked on was vacated, it could be done over a period of days. Here we are, two years after the original incidents occurred—we heard that the minister got the report on this matter with recommendations at the start of the year—and still there are no locks on the doors. Surely that is number one on the list. That is the job of a minister.

I have heard the farce in this place that the opposition is fearmongering. We are not making up the concerns about patient outcomes in either case. Extraordinarily reputable, decent clinicians and others are raising these concerns. We are coming into this place and pleading with the government not to set its jaw on this one, like it did on the Aboriginal cultural heritage legislation and in other areas, and to please listen to us before it becomes a crisis. It needs to make the right decision, which is the decision for patient outcomes. That is the right decision to make. It is not fearmongering. The job of the opposition is to do exactly what the shadow Minister for Health, the Leader of the Liberal Party, is doing—that is, coming into this place and pleading with the government to take those patient outcomes into account. That is what we are doing, yet the government calls that fearmongering. We are doing the proper thing. The Leader of the Liberal Party, the shadow Minister for Health, is doing the proper thing by raising serious concerns—not concerns that she has made up or thoughts that she has had, but published serious concerns—yet that is fearmongering. The only thing for this government to fear from this is that it is being revealed for the decision it has made. That is the only fearmongering that is going on.

The government says that it wants solutions. We have offered specific solutions to the issues. I will give an overarching solution, and that is for the minister and anyone else who is responsible to get out into the field and talk to people and not just listen to the bureaucrats. Yes, the bureaucrats are important. I am not saying that they should ignore the bureaucrats, but the job of a manager is to challenge other senior managers. When they see something that does not pass the proverbial pub test, that is when they challenge it and say, "Hang on; that doesn't look right." They do not just set their jaw and do nothing. The government should talk directly to the staff.

Members opposite talk a lot in this place about the nurses and clinicians who work in our hospitals. I have some in my family and I know of many others. Those young clinicians working in the hospital system are absolutely being abused. Anyone who has any knowledge of the health system would know this. I was speaking to one young clinician recently who had been out for a couple of years. They end up working 14-hour shifts because they have to stay on. When they are supposed to be on their break and getting some sleep, they are also on call and getting called back to work. They are utterly being abused because of inadequate staffing in hospitals. The weight of that falls on those young clinicians. Do members know what happens once they have gone through their training and they can work elsewhere? They do, and that is one of the problems. Those young clinicians are so abused in the hospital system that they get out of it as soon as they possibly can to work elsewhere. That is one of the issues that has to be tackled by the government. We do not talk about it often in this place. I encourage every member and the minister to talk not with their entourage but directly to those young clinicians about what they are experiencing and how they are feeling. I talk to them and they feel utterly abused, utterly helpless and utterly desperate that they cannot provide care. They are desperately concerned that they are so sleep deprived that they will make major clinical mistakes. That sickens them because, like all people I know in the medical area, the thing they care most about is the wellbeing of their patients. I echo the sentiments of previous speakers. The Minister for Health has not been in the role for such a long time that she owns every outcome of this system, but surely the minister is getting a feeling that she should be very concerned about this government's neglect of our health system.

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I will go through some key facts. The current health crisis lies at the feet of this government. Why is that? I will take members through it. Members on the other side feed me the history on what happened in the Court government or some period in the distant past, but they do not want to own —

**Mr D.J. Kelly** interjected.

**Dr D.J. HONEY:** Some of us were much younger then, were we not, minister? Government members do not want to own their poor performance in their current term of government. They are in their second term, their second Parliament, and they do not want to own it.

I refer to the elective surgery waitlist. I have a nice big glossy chart here. We saw some glossy charts from the Premier earlier today. On the elective surgery waitlist, the total wait time in March 2017 was 19 932 hours and in August 2023 it was 28 912 hours. In January 2023 it was 27 855 hours and by August 2023 it was 28 912 hours, an increase of 1 000 hours over that short period of time within the year. We hear about all these announcements. The minister comes into this place and says, “Don’t worry. We’ve got this all under control. We’ve thrown a bucket of money at the problem. We’re fixing the problem and everything is getting better.” The objective evidence is that things are still getting materially worse under this government. The government talks about all the money it has thrown at the system. COVID is well past now, so it cannot use that excuse, which the government seems to want to lean back to every possible chance it gets. We have a substantial and material deterioration in those health numbers.

I will show members this figure; I have shown it to them before. This graph shows the government’s figures for ambulance ramping. This is its horoscope. This was once a critical figure. When the Premier used to be the shadow Minister for Health, this was the critical metric of the performance of the state government of the day, the Liberal–National coalition government. This is what we see now. The shadow Minister for Health of the day said that it was unacceptable. This graph shows what has happened under this government. Look at it! It is like a relief map of the Swiss alps, going up the steep side.

**Ms M.J. Davies:** Like Kokoda.

[Member’s time extended.]

**Dr D.J. HONEY:** It is like the Kokoda Track. That is the measure of how badly this government has done in this area. For all the dollars it talks about—the minister came in here a little while ago boasting about how the government’s performance was improving. I think the ramping time had dramatically improved to 4 000-odd hours and this was some positive achievement by the government. It is still four times greater than the worst performance under the former coalition government. Back when the figure was a quarter of the level it is now, the shadow Minister for Health, our current Premier, described it as a crisis.

**Mr D.J. Kelly** interjected.

**Dr D.J. HONEY:** Government members can come into this place and make glib statements, but the tragedy is that real people are still being affected by this enormous level and rate of ambulance ramping. We are not seeing an improvement in the major metrics within the hospitals. Why does this sit at the government’s feet? I will show members a graph. I am sure that many of them like looking at graphs. This shows a trajectory of expenditure under the former Liberal–National coalition government of a 100 per cent increase over the eight-year term of that government. I want members to look at the graph for the first four years of the then McGowan Labor government. Members will see a substantial reduction in the rate of expenditure. In fact, initially, the Minister for Health at the time, now Premier, boasted that they had cut expenditure. At the time, I and other members on this side in this chamber said that if they did that, they would harm patient outcomes. It is an admirable thing to go into an organisation and look for efficiencies in that service, but the government did not do that. All the minister did was simply cut the budget. There were no enablers, no systems and no processes for doing things better—none of those material things. The government simply cut the budget. We said that this was a disaster that would cause a problem. What happened? Panic set in because the failure of this government to properly fund our health system was realised and all the problems we see today came to the fore. Suddenly, we saw an increase in funding. It is a subtle detail that is missed on those in the chamber but if we carry that expenditure trend line that was there before, it is still under what it should have been.

As I have already alluded to, I am the first to say that we should not just increase expenditure on health willy-nilly if we do not have to do that, but what is clear is that in the absence of the government bringing in specific programs to drive efficiencies in health services, it has to maintain the expenditure in that service. The government substantially cut the required funding for its first four years of government. Why? So that it could make a headline point of saying that it was being fiscally prudent. It is not fiscally prudent if the government harms the health of Western Australians, and there is no doubt whatsoever that that is exactly what this Labor government has done. Members opposite can make glib statements and come in here and say that this is the “Wednesday whinge”, which is what I think we were told last time when we did our private members’ business, but what I have outlined today is this government

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should be undertaking and participating in real solutions. Moreover, instead of just making glib comments and insulting the opposition in this chamber, why not listen to what is being presented? The government should review the decision on the location of the women's and babies' hospital. It has clearly embarked upon the wrong decision. This is not the time for the government to set its jaw. Otherwise, it is time for the minister, parliamentary secretary and other people who have responsibility in this area to go into the field, find out what is really happening in our hospitals, make sure that they do not just follow what bureaucrats are telling them and apply their own tests to make sure that we improve the health services to Western Australians.

**Ms M.J. Davies:** Acting Speaker.

**The ACTING SPEAKER (Ms A.E. Kent):** The member for North West Central.

**Ms M.J. Davies:** No!

**The ACTING SPEAKER:** Sorry! The member for Central Wheatbelt.

**MS M.J. DAVIES (Central Wheatbelt) [5.20 pm]:** It is like a conspiracy!

**The ACTING SPEAKER:** I do apologise!

**Ms M.J. DAVIES:** I am keeping count, Acting Speaker.

**The ACTING SPEAKER:** Has somebody done that today, then?

**Ms M.J. DAVIES:** So many people have done that over the last three days, so the Acting Speaker is no orphan.

**The ACTING SPEAKER:** I am used to calling the member "the Leader of the Opposition", that is why.

**Ms M.J. DAVIES:** The Acting Speaker is no orphan.

I rise to support the motion that was put by the Leader of the Liberal Party, which states —

That this house condemns WA Labor for its years of neglect and mismanagement of the WA health system, and its failure to prioritise patient safety and support our hardworking health workers.

I commend the member for Cottesloe, the Leader of the Opposition and the Leader of the Liberal Party for their contributions. They have outlined very clearly that this motion has merit because after six years there is mounting evidence. It is not simply an opposition trying to dredge up statistics or make up facts; they are there in black and white. The member for Cottesloe showed us the ambulance ramping figures in black and white that happened on this government's watch. No-one could argue that those figures have become better; in fact, they have become inordinately worse under this government. This is a government that makes big promises and has the capacity to issue media statements with significant amounts of dollars in the headlines at every turn. That is what we have started to see in the last term of this government, but more so as it has realised that its lack of investment and cuts that it made very early on when it came to government were coming home to roost. All of a sudden, funds were being made available and announced, but the question is whether the funds have been spent appropriately, whether enough has been spent and whether the government has actually spent funds. We know that this government has a track record of making big announcements but not backing them up.

I wanted to talk a little bit about a program of funding on infrastructure spending in regional Western Australia that was announced back in September 2019. As I said, there was a big flashy headline from the then Minister for Health, who is now our Premier. It states —

**Priority hospital maintenance blitz to help stimulate the local economy**

It was an \$81.5 million "job-creating"—I put that in parentheses for the purposes of *Hansard* because we are yet to ascertain whether any of these millions of jobs that the government said it was creating have actually been delivered, and I will get to that in a moment—package to address priority maintenance works. When we have a headline like that, it is hard to argue that the government is not addressing some of the challenges that we as an opposition raise on a regular basis. Please make sure that we are not concentrating all our expenditure in the metropolitan area. People who live and work and invest in regional Western Australia have the right to access decent health services close to where they live. We should not only be reliant on—although it is a remarkable service—the Royal Flying Doctor Service or our hardworking St John Ambulance volunteers to deliver us into the metropolitan system that is already under significant pressure.

This media statement says there would be around \$44 million of expenditure for the metropolitan area, so there was significant funding for hospitals throughout the metro area. Then \$37 million was also proposed to be allocated to regional health services in all the regions across the state. That is to be commended. However, four years later, our very hardworking shadow Minister for Health in the regions, Hon Martin Aldridge, has done the work that we are so often accused by those on the other side of this house of not doing appropriately and asked the minister how much of that money had been spent and what jobs have been created as a result. I can detail the question. I am not sure about how the numbering relates, but the question on notice is titled "Hospitals and Health Campuses—

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Maintenance Funding”. It was asked on 12 September 2023 by Hon Martin Aldridge, and the number is 1510; that is in *Hansard*. It asked for each of the projects listed in the tabled paper, which relates to the media statement that was issued on 24 September 2019, which was four years ago. It asks the government to identify the completion status of the project and the total funding of the amount expended. It goes on to ask —

- (b) did the State Government fully expend the \$81.5 million allocated under the maintenance program as announced ...
- (c) if no ... what amount of funding was expended; and
- (d) did the project create 1,300 jobs as promised, and how was this measured and determined?

There was a point in the first term of this government when we would be hard-pressed to find a media statement that did not include a line saying, “This many jobs will be created.” If there were not only six of us sitting on this side of the house, we would probably do what Hon Martin Aldridge has done for every single one of those announcements, and we would have a treasure trove of information to dig through. I can promise members that I think half of what the government has promised has been either, as we are about to discover, re-prioritised, which in government-speak is cut or not expended, or not delivered in the way that it was promised, because this government loves a headline, but it does not love —

A member interjected.

**Ms M.J. DAVIES:** The member is right; I am cynical! Fifteen years in this place will do that to a person, and two years in this particular iteration of the Parliament will turbocharge that cynicism! If the government is going to make these promises, there will be members such as Hon Martin Aldridge, who has a propensity for digging into the details, who question it. We are very lucky that he does that job incredibly well. I want to be very clear that this has not been through my digging; this was something that Hon Martin Aldridge handed to me and said that I might find interesting in the context of the debate that the Leader of the Liberal Party is running today.

As the member for Central Wheatbelt, naturally I have a keen interest in any funding that is announced for my electorate. I have here a table of what was promised in my electorate, and they are good projects. I presume they are projects that the WA Country Health Service has gone through in each of its health services, hospital sites or nursing post sites and said that these are the things that if the government were to make money available, it would prioritise. The projects were clearly important enough to make up a big chunky amount of funding that the government could put in a media statement and put it out so that it could look like it was actually helping to stimulate the local economy and deal with the health challenges that we faced.

In Beverley, for instance, there was a project to create two new ensuites for the wards in that hospital at a cost of \$60 000. These are all round figures, so I am presuming that these estimates are coming from WACHS and the departments that do estimates for these purposes. There were three other projects in Beverley. There were the two new ensuites, the creation of a dirty utility in the emergency department, the replacement of box gutters, which is very important if one does not want one’s building to fall apart, and in the staff quarters an upgrade of bathrooms and toilets.

I know the member for Roe is going to talk about accommodation. One of the issues that is raised by every local government in regional Western Australia is the lack of appropriate housing for health staff and all essential worker staff. It is impeding our ability to attract and retain the staff that we need to maintain our services.

This was identified as something important four years ago. I will get to what has happened to all of this allocated funding in a moment. There was a project in Boddington and another to upgrade Bruce Rock Memorial House to meet contemporary standards. They were going to spend \$250 000 in Bruce Rock—fabulous! In Corrigin, \$100 000 was allocated for an electrical rewire of the aged-care wing. The annual report for the WA Country Health Service and the WA Primary Health Alliance’s needs assessment for 2022–2024 refer to the need to address the lack of aged-care services and infrastructure in regional Western Australia. The wheatbelt is one of those areas facing a real challenge.

It is great to see that Corrigin was about to receive \$100 000 for the electrical rewire of the aged-care wing of its hospital—stay tuned for what happened to it. There was a \$300 000 project planned in Kellerberrin to redevelop ambulatory care to meet contemporary standards. There is rising damp at the hospital and there needs to be upgrades to the male and female toilets and showers. If they are anything like the ones that we had at the Wyalkatchem District Hospital where I was sometimes a patient as a kid—I suspect it is the same vintage—they definitely need to be updated. There were a number of projects in Kondinin, such as swipe access for triage and a staff station. That is a safety thing for the staff at the Kondinin Hospital. There were also projects to divert stormwater and replace the reticulated medical gas system. That sounds rather important. There was also a roof replacement for the Kondinin Hospital. There were plans to remediate damage caused by ground moisture in Kununoppin for an estimated \$100 000. In Merredin, we are talking about \$500 000 for projects that are equally important, including

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a roof replacement. In Wyalkatchem, there were plans to upgrade the night quarters, including a roof replacement, for \$300 000. In York, some more work was needed in the aged-care compartment. According to the feedback that Hon Martin Aldridge received, some projects were completed, but I have to say that they were in the minority. Of the project funding, \$2.15 million was re-prioritised. All of the projects that I just listed have the term “re-prioritised” and \$0 sitting next to them—not spent.

I think if we went through a number of the other announcements that this government has made in health we would find similar trends of projects promised and not delivered. I heard the member for Moore talk about Geraldton and I listened when the member for North West Central talked about Tom Price Hospital, Laverton Hospital and Meekatharra Hospital. These promises were made and not delivered. Why are projects for those living in regional Western Australia not given the urgency they deserve?

I am sure the parliamentary secretary—or it might be the Minister for Regional Development, I am not sure who will respond—will rise and say “Look, we announced all this funding, but we then hit COVID and there were some project blowouts and so we simply could not go ahead with these projects.” There have been any number of blowouts in projects that the government has prioritised, namely Metronet and a number of associated projects. We have raised that previously in this place. They have not been re-prioritised. We do not see holds being put on any of those projects. This government ploughs ahead adding new projects to that enormous project every day. I think that Hon Martin Aldridge from the Agricultural Region said that his recollection was that there was a cost blowout for the Perth Children’s Hospital Kids’ Bridge. I think it went from \$50 million to \$200 million; I am happy to be corrected. There was a significant cost escalation in the project, but it was delivered.

If cost escalation was the reason for the delay in these projects, why did we not see the government make them a priority? These are our regional health services. The result of not upgrading or maintaining our regional hospitals means that patient outcomes are compromised. That is a theme that has come through all the debate by members on this side. We should have a first-class health system in a state like Western Australia, particularly with the government running a surplus like it is at the moment. Health and education and community safety are issues that deserve the highest priority, and yet we have some serious concerns about tertiary hospitals and their staffing, which flows right down to our regional health services. That is where I am concerned. It puts pressure on communities when they do not have access to those health services, which is compounded by the fact that there is an inadequate number of doctors in most regional communities. That means that we have a second-rate health system in some sections of our state. That is unacceptable in a state as wealthy as Western Australia.

Not one person I have spoken to in regional Western Australia expects to have a Sir Charles Gairdner Hospital or a Royal Perth Hospital down the end of the street, but they do expect to see investment prioritised by their government to make sure that they can maintain what they have. I think our government had a very good record of actually upgrading and significantly reshaping some of those health services. We used royalties for regions to leverage other funds to deliver those outcomes and that has been built on. However, additional work needs to be done. I take umbrage when governments make announcements like the one four years ago. It said that \$37 million would be invested in regional health services and outlined where it would be spent. The government then obviously broke down that investment into regions and gave it to its regional members and told them to go forth and tell everyone what the government was spending so that they could spread the word. However, when we actually ask the question of whether it has been delivered, we find that it comes up wanting or has been re-prioritised, which is government-speak for “We did not spend it. It got cut.”

[Member’s time extended.]

**Ms M.J. DAVIES:** I wanted to raise that. There will be more. I have only spoken about the projects in the wheatbelt that have been re-prioritised, but there will be more to come on that front. The other thing that I want to take a little bit of time to speak on is something I have raised in this Parliament previously. It is about the Hyden community’s request for emergency telehealth. The community is serviced by a Silver Chain nursing post. It does a wonderful job. It is a little community. It is one of the furthest east points in my electorate, not counting Southern Cross and Westonia, perhaps.

**Mr P.J. Rundle:** Great tennis courts there.

**Ms M.J. DAVIES:** It has great tennis courts!

**Dr A.D. Buti:** You have played on them, I am sure.

**Ms M.J. DAVIES:** The member for Roe and I have both played on them—he with considerably more talent and outcome than myself.

Several members interjected.

**The ACTING SPEAKER (Ms A.E. Kent):** No, I cannot believe that.

**Ms M.J. DAVIES:** No, I am not being modest. My father, my father's family and my mother's side of the family all have reasonable sporting credentials. They seem to have missed a generation, particularly in my case. I am all about participation and enthusiasm—turning up and having a crack—but I can promise that I managed to cause the club champion in the women's comp that the member for Roe and I played in to go from the very top to the very bottom. They do have some fabulous facilities out there. The nursing post is one of them. It has a very motivated community that provides significant funds through fundraising to support equipment for that facility.

I am not being dismissive, but perhaps metropolitan members need to turn their minds to this. For example, every year, Kununoppin and Districts Hospital Auxiliary fundraises for significant donations to its hospital for life-saving equipment to sustain its community, because it knows that it simply will not get to the top of the list for some of the equipment it should have access to through state and federal government funding. It is happy to do this and in this case, the Hyden community has. We did the right thing by raising it with the minister and asking for consideration to be given for access to emergency telehealth services for the Hyden Silver Chain Nursing Post. It has telehealth services, but not emergency telehealth services. After I wrote to the minister in May, followed it up all through May and June, and raised it in Parliament in June, the next day I had a response from the minister. I am grateful we had a response from the minister, but it is less than satisfactory given what the community was hoping for. The community will take its advocacy to its next step to demonstrate that there is significant need and I will support them doing that. The committee in the Hyden community fundraised \$10 000 for an i-STAT machine. I could not tell members what that is, but it seems like a significant amount of money to be coming out of a community the size of Hyden. It fundraised for standard emergency bags with wheels and equipment, costing \$1 400. It has approval for a new bladder scanner, which costs \$17 000 to purchase. It has committed \$12 500 towards updating the kitchen in-staff housing. This tiny community's fundraising is doing the job of the state government, I might add, because it is not its job to upgrade staff housing. That is the job of the Department of Housing and the WA Country Health Service. However, we know that if we wait, we will have no or little access to appropriate housing, as we have come to see over the last six years. It is the third busiest nursing post in the state and that is why the community believes it would be viable to provide ATS 24 hours a day, seven days a week, get significant flowthrough, and not just service that community. It is obviously on the doorstep of Wave Rock.

**Ms H.M. Beazley** interjected.

**Ms M.J. DAVIES:** That is right! Everyone loves Wave Rock. Now that international tourists are allowed to visit Western Australia again, they flock to Wave Rock. They get on a bus, drive three and a half hours for a day, visit Wave Rock, then turn around and come back again. Goodness, I wish we could get them to stay for a little bit longer, but that is what is on the tourist trail, and that community has done an amazing job of making that an iconic must-see attraction. The consequence of that is it has created infrastructure around the rock that means it has huge events for campers, such as music events and retreats, bringing a significant number of people through that community. It is a significant route down to Esperance and back to Perth, and it could not cope with a catastrophic event out there with a coach. We get a significant number of international tourists driving cars that are probably not appropriate for the road who are not familiar with the circumstances. The risk factor is high out there. Setting aside the reason we have asked for support for the Hyden community, as isolated as it is, I think there is a significant onus on the government to recognise that it is an important busy centre that would be well justified in receiving that investment. As I said, we will continue to advocate with that committee, the local government and others in the surrounding region to see if we can get that supported. I look forward to a further response.

We note there was a written response from the minister on 22 June. I do not want to say that there is no hope, but I read the letter and thought it was a bit of a “we will kick the can down the road” response and I am unlikely to see any follow-up in the near future. I hope that is not the case. I hope it means that the minister is earnestly thinking about how we can deliver that service to that community because in the absence of a full-time doctor and other health services, those types of services are incredibly important. I have heard the minister, his parliamentary secretary and other members of Parliament talk about the telehealth network, which was invested in by the Liberal–National government and built upon in subsequent years. It was a worthy investment, but it should not replace face-to-face services or new services being created in our regions.

As I said, we do not expect to have a Royal Perth Hospital down the end of every street in every town in the Wheatbelt. We understand that it is a difficult area to service, but our communities, particularly in the Wheatbelt and the great southern, hear that consistently, I have to say, with great dismay. Although I appreciate the enthusiasm with which the regional director for WA Wheatbelt WA Country Health Service and Rural Health West came to a recent local government's own meeting of ours to inform us that it would launch another survey into health services in the region, I felt like we could all very well articulate the problems. We want solutions. It should not be beyond the wit of a government with access to the surplus and funding it has available to it to be able to think creatively and implement some solutions that assist our communities to get the health services that they deserve. With that, I will sit and allow the member for Roe to stand.

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**The ACTING SPEAKER (Ms A.E. Kent):** Member for Roe.

**MR P.J. RUNDLE (Roe — Deputy Leader of the Opposition)** [5.46 pm]: Thank you very much.

**The ACTING SPEAKER:** An all-round tennis player!

**Dr A.D. Buti:** Double-hand, backhand, member for Roe? Double-hand or single?

**Mr P.J. RUNDLE:** Single, minister.

**Mr D.A. Templeman:** Underhanded!

Several members interjected.

**Mr P.J. RUNDLE:** I was very disappointed when the Labor government removed the parliamentary tennis court out there and made it into a car park, but life goes on.

I refer to the motion moved by the Leader of the Liberal Party —

That this house condemns WA Labor for its years of neglect and mismanagement of the WA health system and its failure to prioritise patient safety and support our hardworking health workers.

It is very interesting that the member for Central Wheatbelt just spoke about surveys, because that seems to be what this government is very good at—doing surveys. The problem is that it is not acting on the surveys. I will have something more to say on that.

I want to highlight to members, especially the parliamentary secretary, the good work of Michael Livingston and his wife Rachel in Ravensthorpe. That is where I initially met them. I will give some of the details of what Livingston Medical is doing and what it has been through over the last 10 years. Since 2013, this medical practice has grown to nine full-time doctors and three visiting doctors servicing the areas in my electorate of Hopetoun, Ravensthorpe, Bremer Bay, Jerramungup, Newdegate and Lake Grace. It also handles places like Lake King and Lake Varley.

As well as 12 general practitioners, Livingston Medical provides employment for nurses, other medical practitioners and administration support across that region. Dr Livingston also has 12 years of experience in trauma and emergency care and is a vocal advocate for improving health services delivery in our regions. Dr Livingston recently raised some quite compelling points in the general public, on Facebook and other places, I think to get the message out there about what he is going through, and the lack of support he has had from both the state and federal government. He is a very high-quality rural generalist.

**Ms M.J. Davies:** Member for Roe, he's moving to Narembeen.

**Mr P.J. RUNDLE:** He is covering Narembeen as well, so he is spreading across the great southern and the wheatbelt. As I said, the lack of support that he has been given is interesting, but he is still pressing on.

I will give some figures that relate to some of the points that he raised about state government funding of regional hospitals, while overlooking general practice. In September 2023, Rural Health West had 91 open vacancies for GPs across WA. Doctor Livingston and his GPs currently see over 400 patients a week, yet the state government will fund a small hospital in each area to the tune of more than \$7 million a year and they are lucky to see a combined load of 30 patients a week. International medical graduates make up 45 per cent of the entire rural GP workforce. Of the 13 per cent of Australian medical student graduates who are considering general practice, only a tiny percentage of that cohort are considering going to regional or small communities. Although rural general practice does all the heavy lifting and sees 90 per cent of the entire patient volume in those areas, the state budget is spent elsewhere. The state continues to ignore the critical role of general practitioners in rural, regional and remote locations and the massive cost saving they bring compared with telehealth and retrieval options, which are 100 times more expensive per patient. There is a need for action and recognition.

The final quote I will read is —

This is an exciting time for rural health and Rural Generalism ... in Western Australia.

This has been achieved through our passion to improve access for rural and remote communities to medical care delivered by the right individual at the right place at the right time.

Sadly we have so far still had zero help from any federal or state government to achieve this which continues to be disappointing given our commitment over the past 8 years.

But we continue to work behind the scenes and do what we can to make sure rural communities do not continue to miss out.

Dr Livingston, his wife and the doctors they employ in that practice do a fantastic job in our regions. It is really disappointing to see the lack of support that they get. I have tried to give him moral support whenever I can. When he

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was awarded rural generalist of the year Australia-wide, I invited him, his wife and his daughter to Parliament and gave a 90-second statement about him. I tried to give him my moral support, but I obviously do not have the chequebook.

**Mr D.J. Kelly:** Are you saying we should be funding private clinics?

**Mr P.J. RUNDLE:** What he needs is some support from the state government.

**Mr D.J. Kelly:** What do you mean?

**Mr P.J. RUNDLE:** Moral or financial support. He is doing the job that the WA Country Health Service should in part be doing. I am just pointing out the service that this individual provides and how important it is to our area.

We are now seeing a locum versus GP situation. Locums are flying to many regional locations from the metropolitan area—they fly in, fly out—and receiving up to \$3 000 a day for their work. A WA locum in Newman can be paid up to \$3 000 a day by the state government. For a very experienced emergency consultant, it can be up to \$4 200 a day. They are the sorts of figures that we are talking about. As I said, it is a challenge when someone like Michael Livingston is doing those hard yards and not receiving a lot of state or federal government support. I wanted to point that out so that people get a view of some of the things that are happening. The member for Central Wheatbelt also pointed out those scenarios in her electorate. It is challenging, especially in smaller communities.

I have a few other things that I want to talk about, including urgent care centres. At present, urgent care centres, which are GP practices in metro and regional areas, are given \$1 million over and above their income to provide urgent care cover. In rural and remote areas, only two hospitals in WA pay an on-call fee of around \$16 an hour for not just urgent care but also critical and emergency cover. The rest are given zero dollars an hour.

The situation with international doctors is challenging. The Medical Board of Australia places tight restrictions on international doctors that effectively take out Australian-trained doctors, especially in regional locations. International doctors need one-on-one training. It is very difficult for a doctor who is already fully booked and occupied to provide that one-on-one training.

I go back to the surveys, which are a very important part of this. As the member for Central Wheatbelt pointed out, the government, through the WA Country Health Service, seems to be very focused on putting out surveys that ask staff how they feel and how things are going. I will refer to some articles. An article on staff surveys by James Carmody on Thursday, 29 June 2023 states —

A government-commissioned survey of WA Health staff has laid bare critically low staffing levels and long patient wait times, which were leading to “burnout” among the state’s nurses and doctors.

The key points include —

- About one third of WA Health staff participated in the poll
- The nurses’ union secretary said the results of the survey were alarming
- The director general says the feedback would be taken on board

The article also states —

Only 23 per cent of staff agreed that “leaders are open and honest in their communications with staff”.

...

“This points to low morale and a health workforce who feel under-supported by a Cook Labor Government,” ...

I was talking the other day to some staff at Katanning Hospital who had done these surveys. I also talked to the administration and impressed upon them the importance of communicating with staff about what they are going to do about the results of the survey. If staff identify issues, the administration should come back to them and say, “Okay, we take this on board. These are the actions that are going to result from the staff survey.” Staff are overworked in many of our regional hospitals. A lot of activity is going on and people get a diverse experience. Sometimes graduates are asked to do certain things that are almost at the boundary of what they have been trained to do and they look for support from senior nurses. They are inexperienced junior staff. Obviously, people are also relocated to different hospitals. We also sometimes see this lack of support and high workloads in our education system. This is happening in our health and education systems, especially in regional areas, where people have a severe workload and are looking for support.

The other issue I will refer to is staff shortages, violence and limited accommodation in the Kimberley area. That was pointed out in an online article from ABC Kimberley on 14 July. It states —

Nurses in Western Australia’s far north are being pushed to breaking point by staff shortages, a lack of stable accommodation, and “third-world” standards ...



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As the member for Central Wheatbelt pointed out, accommodation in our regional areas is the number one challenge, and not just for the nursing profession; it is also a challenge in education and for police. Interestingly, my wife and I hosted someone for dinner who had been nursing in Northam and she basically said that the accommodation was just not up to standard and that she would not be going back. This is the problem. We send people out there, the accommodation is not up to standard, and they then do not want to go back, whether it is teachers or nurses; on this occasion, it was a nurse. That is a real issue that this government does not seem to be addressing. It is very challenging when we see a highly qualified nurse go up to Northam, spend about a week and a half there and then say, “I’m not going back, if that’s the standard of accommodation.” We know how tough it is in the Kimberley; accommodation was one of the main things pointed out in the survey, along with challenging workloads.

Those are some of the regional issues I wanted to talk about. I also want to talk very briefly about the government’s lack of investment in both the regions and in the metropolitan area. We saw what royalties for regions did for regional Western Australia, and we saw what the previous Liberal–National government did in metropolitan Western Australia. In the metropolitan area, there was Fiona Stanley Hospital, Perth Children’s Hospital and Midland Public Hospital. In the regions, under royalties for regions, there were investments in Karratha, Albany, Busselton, Kalgoorlie, Narrogin and Katanning. Those are just some of the examples of the critical infrastructure put in place by the previous government. What have we received from this government? After seven years, we have a car park at the Geraldton Health Campus, which was supposedly one of the government’s highest priorities. The Auditor General has pointed out that that is this government’s most delayed project. That is a real issue. The government has had a \$6 billion deficit, followed by \$4 billion and what looks like another \$5 billion, yet the government still has not fired a shot in respect of building hospital infrastructure. That is very disappointing.

I echo the member for Cottesloe’s comments about ambulance ramping. It is quite bizarre to watch the Premier in action with regard to ramping. When he was shadow Minister for Health, anything more than 1 000 hours a month was a total disaster; then, last week or the week before he tried to tell us that ramping in the order of 3 800 hours was great news because we had come down from 6 000-odd hours. That is what we are getting from the new Premier when in his previous role as shadow Minister for Health anything more than 1 000 hours was a total disaster.

Finally, I want to touch on question time today. It was quite disturbing when we heard the questions asked by the member for Vasse. More than 150 clinicians have signed a document to say that the women’s and babies’ hospital needs to be located at Sir Charles Gairdner Hospital, but there has been a captain’s call that I still cannot work out. We cannot get a car park at Fiona Stanley Hospital. There are nurses there who are turning up at 11.00 am for a 1.00 pm shift, two hours before they start, just so that they can get a parking space. This is what is going on.

The government needs to have a good hard look at its infrastructure program. It needs to stop making captain’s calls and start heeding what the clinicians are saying—the people who are skilled in this industry and who have the appropriate background. The government should stop getting Infrastructure WA to write reports after the fact to back up what the government wants; it actually needs to listen to the subject matter experts. The display we have seen over the last few months is quite concerning. It is very much the case that regional health needs to be looked at first, then metropolitan health. With the budget surpluses that this government has, it needs to have a good hard look at itself.

**MR G. BAKER (South Perth)** [6.06 pm]: I rise to speak on this motion on the management of Western Australia’s health system. I make it clear that I am not the government’s lead speaker. I want to put it on the record that WA’s public health system is amazing. It is amazing in its aspiration and amazing in its practice. It is one of the best public health systems in the world. We aspire to give every single public patient the best of care for free, and this is an incredible aspiration that the government goes a hell of a long way towards fulfilling. We have amazing and caring staff right through the system, and the medical staff in WA are fantastic. I give them my personal thanks.

I would like to share one little story about the birth of my daughters at King Edward Memorial Hospital for Women. I could not believe that in one case, after a week of fairly intensive care for the mum and baby, we got to walk out at the end of the week without any bill at all. It was fantastic care, and for free. That contrasts very strongly with my sister’s experience in the UK public health system—the delivery of her kids there was quite complicated—and my sister-in-law’s experience in the US; although the birth was quite simple, the cost was extraordinary. I think we have an amazing system here.

**Dr A.D. Buti:** We know that conservatives don’t want universal health care.

**Mr G. BAKER:** Yes. The Cook Labor government is the only party in this chamber that is able to deliver that clear vision for public health in WA. I take my hat off to the current Minister for Health, who I think is doing a fantastic job.

When we talk to people around the health sector, it is clear that the next big project we need in the system is the women’s and babies’ hospital. When one speaks to a doctor who has had experience at all the hospitals, they say, “Yep, that’s the next one that has to happen.” We have already heard today that the Perth Children’s Hospital

jumped the queue. The original master plan for Queen Elizabeth II Medical Centre had the women's and babies' hospital being built first and the Perth Children's Hospital being built second. For reasons known only to the previous Barnett Liberal government, it chose to build the Perth Children's Hospital first. That was the start of a cascade of problems that has led us to the decision about where the women's and babies' hospital should be. Optimally, it should be at the QEII site—centrally located in Perth and other health services. In particular, co-locating with other hospitals would provide a wider range of services—I get the logic. However, the site is complicated, and this makes the plan very difficult to fulfil. The original master plan for Queen Elizabeth II Medical Centre included space for both the Perth Children's Hospital and the women's and babies' hospital. The two subsequent decisions by the Barnett government made this very expensive and hard. The way that PCH was positioned on the site with the addition of the Telethon Kids Institute and other things, plus the Wilson Parking contract, have created problems for any subsequent major build on that site. Have a quick look at Google Maps—we have seen maps produced in here—to see how dense that site is.

We have to think about what the process for a new build at QEII would actually involve. We would have to find a spot to put the hospital, and the site is full, so we would have to figure out how to accommodate the services that are already on that site. We would need to find a spot for them to go, move them out, start demolishing the site, clear the site, provide access for all the workers, build the new hospital and then return the hospital back to normal while performing all the functions of the hospital that were there before. It is not an easy thing to do. We would need to maintain multiple hospitals, surgeries, emergency departments, recovery and convalescence, the day patients, the wards, the traffic management and the parking. It is a constrained site. If PCH had been built as intended on a smaller footprint, this would have been a tricky and expensive business. With an expanded footprint, additional construction is harder.

I imagine the site as a Rubik's cube, and while I am talking about Rubik's cubes, I want to give a shout-out to Sam Sieracki from Singleton, who last week got the world record for the fastest time solving a Rubik's cube while skydiving—I think it was in 28 seconds. We need Sam to help us with this problem! Imagine the site is a scrambled Rubik's cube. The fastest we can possibly solve this site is in five years or more, maybe 10 years, depending on how fast we can get through there. We are trying to solve our Rubik's cube. To this we add the parking contract. The parking contract constrains us because the contract is ridiculous and extremely limiting. The penalties for breaking the contract are large and almost any change to the parking arrangements at QEII, even temporary changes, break that contract. We are looking at having one hand tied behind our back or, if we go back to a Rubik's cube, it is like trying to solve a Rubik's cube that someone has stuffed with chewing gum. We have a Rubik's cube that is hard to turn, it is hard to solve and will take us longer to solve. The parking contract is the chewing gum clogging every move. Every move is harder than it should be. It takes longer than it should and is much more expensive. If we look at the business case for the women's and babies' hospital, this makes these difficulties really clear. Building at QEII would be expensive and take longer. A project would cost billions; it would be much more expensive. The solution to this is to find a clean site with all the additional services already there. This will be years faster and hundreds of millions of dollars cheaper for Western Australia.

When we look at all the possible sites in Western Australia, there are two hospitals that have top-level service, other than QEII: Royal Perth Hospital and Fiona Stanley Hospital. It takes only a moment to realise that Royal Perth Hospital is also severely constrained, so Fiona Stanley Hospital is the obvious choice. It is a greenfield site, and we can start from scratch. If we want a top quality women's and babies' hospital years earlier at a much lower cost to the taxpayer, we should locate it at Fiona Stanley Hospital, a clear greenfield site with far fewer complications. Could we solve the Rubik's cube that has been stuffed full of chewing gum? Yes, we could. If we wanted to, we could follow Dr David Honey and go down the path of the opposition and solve the chewing gum filled Rubik's cube, but it would be much easier to start with a different site.

What are the key objections to locating the women's and babies' hospital at Fiona Stanley Hospital? I have heard two. The first is that there are rare conditions in newborns that need consideration. In my conversations with the medical community I have heard that there are a handful of cases each year that require specialist attention immediately after birth. I am told that this is about 20 to 40 cases a year. These cases are the strongest argument for co-location with Perth Children's Hospital. I acknowledge that this is a serious issue. I also point out that we have a long lead time to find a solution. We have many years. We also have money saved from not building at the QEII site to address this issue. We can make sure that we have better care than we have at the current Subiaco King Edward Memorial Hospital for Women site. That is locked in for the future. I think it is a fantastic option that will get a better outcome at the Fiona Stanley Hospital site.

The second thing that I hear in the discussion is a kind of north, south, east, west snobbery about where hospitals should be located. As the member for South Perth, I run across something that can only be called snobbery in the geographic divides of Perth. This is an example of how I occasionally run into it. Sometimes, not often, I ask someone to come to South Perth for a meeting, and I get a list of weird excuses. I get sudden diary conflicts, ums and ahs,

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a request to move to a venue north of the river or a last minute cancellation or something. That is not from everyone; it is just occasionally. I ask, “What’s going on here?” This is just to South Perth. It is not Armadale. It is not Rockingham. It is close! It is across the Narrows Bridge and at the first exit, there you are. It could not be easier. It is like Timbuktu or something!

**Ms M.J. Davies:** The member for Kimberley and I are sharing a moment here.

**Mr G. BAKER:** I know! This is three kilometres and these people are rolling their eyes. I have heard it from all sorts of people.

**Ms M.J. Davies** interjected.

**Mr G. BAKER:** The member has a version of it, too.

It is not from everyone, but it sometimes happens. Sometimes it is from doctors and sometimes it is from people in the health system. They go, “I couldn’t possibly go outside the western suburbs.” It took me a while to realise what was going on. For some people, that north, west, east snobbery is difficult to overcome. A lot of people in here recognise that and are nodding their heads. Those of us who are not in the western suburbs recognise it. Central to these excuses about why they cannot cross the Narrows Bridge is that somehow top quality hospitals should be in the western suburbs and they cannot imagine a world-class hospital outside of the western suburbs. Co-locating it at Fiona Stanley Hospital just seems to be too far for some people. We have to acknowledge the huge cost of trying to build at QEII and the massive delay that this would cause over years of prolonged construction at QEII with no delivery of the women’s and babies’ hospital for a long time. That is the argument we seem to be fighting against. A lot of people are saying that it is somehow a better outcome for the health system, rather than a cheaper build that will be delivered much quicker—but they have to cross the Narrows Bridge!

A succession of decisions by the Barnett Liberal–National government has brought us to this conclusion. The Barnett government’s decision to build Perth Children’s Hospital first, with the broader footprint, constrained the government’s options at QEII. We have a complex Rubik’s cube to solve. Then the decision to agree to a parking contract further constrained the capacity to build at the QEII site. Now we have our Rubik’s cube full of gum and hard to solve. We are lucky to have a site ready to go, collocated at Fiona Stanley Hospital. A loss for the western suburbs will be a gain for the southern suburbs of Perth. Along with that, we are also doing an expansion of the women’s and newborn facilities at Osborne Park and other hospitals, so it is a big win for most of Perth. That is a difficult decision for WA made necessary by a poor decision of the Barnett Liberal government, but it will see a wonderful world-class hospital built sooner and at much lower expense to the people of Western Australia.

**DR J. KRISHNAN (Riverton — Parliamentary Secretary)** [6.20 pm]: I will keep my contribution as short as possible because I am fully aware there are three more speakers after me with a lot of things to cover.

From the beginning, when it comes to debating health, I think this is the maximum number of times any topic has been debated here in this chamber. It breaks my heart. I strongly believe that, there is nothing more important than the portfolio of health for the people of Western Australia. There should be bipartisan support. There should be an intention of providing the best clinical care for the people of Western Australia, and politics should never take lead when this is the priority.

In the interests of time, I want to focus on the women’s and babies’ hospital issue that everyone has been harping about. To start off, there are comments being made that the position paper that we are talking about is the department’s own document. No, it is not. It was not endorsed by the chair or the board. It is a leaked paper by some individuals. Who are these individuals? Apparently they are highly qualified and highly capable. There is no doubt about that. They bring pride to Western Australia by being clinicians of one of the world’s best hospitals, but that does not mean they are also experts in construction and infrastructure. That is why there is a specialist body to advise on these issues—that is, Infrastructure WA, which has recommended that this is not an ideal situation.

Let me make it crystal clear for the opposition. When we assess a paper, we look at a few basic things. What is the objective of the paper? What are the methods and materials used in that discussion? What are the observations or findings and what is the conclusion? This is how we analyse a paper. In this position paper, the objective seems to be very suspicious. I already mentioned that the clinicians are of highest quality and capability to provide care, but that does not mean they are the only people who can provide this care. There are clinicians around Western Australia who are equally capable and equally qualified and able to handle things. That is the problem.

I refer to methods and materials. What is broad consultation? The broad consultation paper from the Department of Health is due in two weeks. That raises the question: why did this leak have to happen now? This is basically to indicate that that paper is of no use or that broad consultation is of no use. Why were people not broadly consulted, including the neonatologists at Fiona Stanley Hospital, Midland hospital and Joondalup Health Campus? They are also qualified, high-quality providers. Why were they not consulted or included in this paper? Why was it only the western suburbs neonatologists making the decision? Another question I have on the materials and methods is:

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was the information on infrastructure issues and the problems that it will cause patients at QEII explained to these clinicians involved in this paper? Were clinicians at QEII outside neonatology informed of or involved in this consultation? Why not? If they were not, the methods and materials in this process were wrong.

**Dr D.J. Honey** interjected.

**The ACTING SPEAKER (Mr P. Lilburne):** Excuse me, member for Cottesloe! The member is not to be interrupted at this time; thank you very much. Member for Riverton, please continue.

**Dr J. KRISHNAN:** The methods and materials are flawed. What are the observations? There are derogatory remarks about the quality of care provided outside the area, saying the care provided in Fiona Stanley Hospital or Joondalup Health Campus by the neonatologists there, who are equally qualified, equally trained and equally capable, means mothers and babies will die. These are the remarks they made. How bad it is to make a comment on hardworking committed quality capable specialists outside the western suburbs. They said that if they provide the care, babies will die. How is that acceptable? They need to be very careful about what they say.

Coming to numbers, I encourage the Leader of the Opposition, the Leader of the Liberal Party and the member for Cottesloe, who wants to actively interject, to do the research. Two hundred babies were transferred from King Edward Memorial Hospital for Women to Perth Children's Hospital. How many of those babies required immediate care within the first 24 hours? Do your research, then spell out the number. Put it out here. This is not the right number. Two hundred is not the number. I encourage the opposition to do the proper research and then come back with what exactly immediate transfer means.

Nothing called tri-location exists. Does that mean that every baby and mother who is involved in a childbirth are under high-risk at the moment because there is no tri-location? Does that mean because we do not have a tri-location process in Western Australia, we do not have a world-class hospital? No. They are not under risk. We have a world-class health system providing the service and we are really proud of it. Where is the tri-location concept coming from when it does not exist? A lot of fibs are being told. I encourage the opposition not to fall for creating a political drama, but to do the real investigation to find the facts as to what exactly is the best outcome for the people of Western Australia.

One question in my mind is: What is the advantage for the Cook Labor government to move the hospital from the QEII precinct to the Fiona Stanley Hospital site? What are we gaining? Why are we proposing that the hospital not be built in QEII? There are valid reasons. There is no political advantage for us. Why are we doing it? We are doing it because it is the right thing to do. The clear thing here is that it is not about who is right. It is about what is right. If we take that approach, we will stick to the right position and deliver to the people of Western Australia the right location of the hospital with the best clinical outcome for the future.

Although the Reid report is very old, it clearly said that the women's and babies' hospital should be located where Perth Children's Hospital is now located. The previous government decided to do it the other way. I do not have a problem with that; we have a world-class children's hospital. It has had its flaws, but that happens with the construction of a new infrastructure project. We have moved on. When it comes to delivering another infrastructure, it is impossible. Why should the government compromise and provide infrastructure that causes problems to existing patients and is not futureproof? Do we stand up for the right thing or provide a half-hearted effort of infrastructure that is not good enough for the future? I urge the opposition to do its research and I urge clinicians to come on board. They should do the research before getting involved in why this decision was made and why it is justified. What is the right thing for the future of Western Australians compared with who is right? Together, with bipartisan support, we can deliver the best thing for Western Australians. I oppose this motion, Mr Acting Speaker. Thank you for the opportunity.

**MR D.J. KELLY (Bassendean) [6.30 pm]:** I rise to comment on a particular aspect of this motion. The motion condemns Labor's neglect of the health system and, in particular, its failure to support our hardworking health workers. Earlier in his contribution, the member for Cottesloe said, "I don't want to hear stuff from the other side about what might've happened in the Court government or those sorts of things. I don't want to talk about that; I just want to talk about what's happening now." Unfortunately, when a person comes into this place and represents a political party, they have to acknowledge that party's track record—what the Liberals and Nationals did to the health system every chance they got into government during the last 30 years. I will give the member for Cottesloe a recap of the things that happened under the Court and Barnett governments, because they went to war with the hardworking health workers of WA. They tried as best they could to remove their job security, fought them tooth and nail over wages and made life a misery for many staff.

The Liberal-National government redeveloped Mandurah hospital and turned it into Peel Health Campus. It privatised it and brought in a cowboy operation called Health Solutions, which was an absolute disaster. Peel Health Campus was underfunded in capital, and for a long time its staff were paid significantly less than staff who worked at hospitals directly run by the Department of Health. Health Solutions was a cowboy operation and its service delivery was appalling. The Barnett government finally got out from under that contract and brought in Ramsay Health Care. Interestingly, it gave Ramsay a short-term, seven-year contract, not a 20-year contract. We

have rightly made the decision to put that hospital under the direct management of the Department of Health and committed, I think, \$150 million—I may be wrong—to redevelop that site. Peel Health Campus was a disaster for the public and for the staff.

When the Liberal–National government redeveloped Wanneroo hospital and it became Joondalup Health Campus, it gave the contract to Mayne Nickless, a company that had very little experience in the delivery of healthcare services. Members can look at parliamentary reports to learn what happened there. It was a disaster. To maintain employment on that site, staff who had loyally served the public health service had to give up their permanent job and work for Mayne Nickless. In many cases, they did this at reduced rates of pay. It was a disaster. It was so bad that the government brought Ramsay in to take over. One of the reasons the Liberal–National government gave for doing this was that testing the market would deliver the best outcome for the state. Ramsay took over the Mayne Nickless contract and, through a variety of deals with a succession of governments, its contract has been extended—I do not have the date—for something like 40 years. A private company will have that site, which is paid for at taxpayers’ expense, and it will not go to market for two generations. I will leave others to talk about whether that is a financially good deal for the state, but the rationale was that going to market on a regular basis would deliver a competitive price for the taxpayer. It was privatised in the 1990s. I understand that the next chance a Western Australian government can go to market is decades away.

During the same period, the Court government forced hospitals to put services such as orderlies, cleaners and caterers out to market. At Sir Charles Gairdner Hospital, which was the first hospital to privatise the service line at the direction of the Court government, P&O Health Services cut the number of orderlies from 120 to 57. Anyone who knows Sir Charles Gairdner Hospital knows that it is a massive site! What is more—this is the extent that it went to war with its own staff—the orderlies whose jobs were made redundant had the right to be redeployed to other government jobs if they did not work for P&O, but the government refused to acknowledge that. It perpetuated a myth in the hospital that if they did not take a job with P&O, they may have no job at all. It engaged psychological warfare against the staff to get them to work for P&O. In the end, a lot of the orderlies did not go to P&O and, from day one, when the number of orderlies went from 120 to 57, it was an absolute disaster. It was so bad that the Court government—it was not us—brought that contract back in-house after three years. To spite the workforce, it did not offer the orderlies who took back control of delivering that service permanent jobs like other orderlies in the health system; rather, it only offered them three-year contracts to leave open the potential for the government to retender the contract. Those are just a couple of examples of what happened under the Court government, but there are many more. The cleaning contract at Royal Perth Hospital was privatised, and it was a disaster. Those are examples of what happened under the Court government.

It was pretty much the same thing under the Barnett government with the Serco contract for Fiona Stanley Hospital. Only two companies that tendered for the work did not drop out and got to the final stage. One was Serco and the other was the company that built the hospital. It had never done that sort of work in a hospital. Serco had never run such an extensive contract, but the Barnett government refused to let the health department entertain the option that it could deliver services in the hospital. The government was left with the option of either Serco or the construction company running important cleaning, sterilisation and orderly services. In order to get the hospital open, the Liberal–National government gave the contract to Serco, and we all know that that has been a disaster. The sterilising service run by Serco at Fiona Stanley Hospital was so bad that when surgeons opened surgical kits, they would find little bits of the previous patient on the instruments. We warned the government that that would happen, and it did. We have largely removed Serco from most of those service lines. Personally, I hope we eventually get rid of all Serco contracts at that hospital. It was a disaster at Fiona Stanley Hospital.

One of the things with the contract at Fiona Stanley Hospital was that the government had to employ an extra 100 nurse assistants because Serco refused to allow what they called their “porters” to handle patients. The government assumed that that was part of the deal under the contract. That is what happened in other public hospitals, but Serco said, “Nope; not in the contract.” There was a contractual dispute. In the end, the government had to employ 100 nursing assistants just to get the job done. That is a good example of what the opposition did.

It gave the new Midland Public Hospital to St John of God Health Care. We all know the disaster that that has been, particularly for women’s health. People cannot get contraceptive advice or a termination. Blokes cannot get a vasectomy at Midland Public Hospital because it is run by a religious organisation that the Barnett government gave a carve-out to in the contract so that they did not have to provide those services. I stood in opposition when the former Premier Colin Barnett said that if he had known about that, he would not have agreed to it. He claimed that he did not know that St John of God Health Care had been given a carve-out in that contract. What a load of rubbish. He gave a public hospital to a Catholic healthcare organisation to run. What did he think one of the conditions was going to be?

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We then saw the fiasco of the children's hospital that had no patients. There have been a couple of references to the ridiculous contract the opposition entered into for the parking at that site. We cannot even solve the parking issues for patients and staff. When the member comes in here saying that he champions the cause of our hardworking health workers, it is absolute rot. Whenever the Liberals and Nationals get into government, they attack the public health system. I have never heard anyone from the opposition repudiate the decisions that were made under the Court or Barnett governments. I have never heard them say, "It really was a bad idea to privatise Joondalup or Peel hospital" or "The Serco contract for Fiona Stanley Hospital was a disaster." In fact, I think I heard members opposite today say how good a job they did at Fiona Stanley Hospital. The reality is quite the opposite, especially for the healthcare workers.

Ask any member of staff in a public hospital in WA whether they would rather work for the Department of Health or a private contractor. They will overwhelmingly say, "We want to be part of the team. We want to enjoy the same job security and rates of pay as health department employees." Every time the opposition gets into government, it breaks that relationship with healthcare staff.

I will make my last point. We did not hear anything about Aboriginal health outcomes today, even though the opposition had about two hours to talk about everything in the healthcare system. We had a referendum on the weekend. It was not the outcome that I was hoping for. I respect the decision. However, I will just remind the member of an opinion piece written by Jonathan Carapetis, who is the director of the Telethon Kids Institute. It is one of the most respected healthcare research institutions in Western Australia. He put an opinion piece in *The West Australian* and publicised it on the Telethon Kids Institute website. He finished it off by saying why he was voting yes —

The Voice in itself will not Close the Gap, but we can't Close the Gap without it.

With the exception of the member for Central Wheatbelt, all the members of the opposition flipped on the Voice. All the advice from those clever clinicians was that the Voice would help improve outcomes for Aboriginal people in Western Australia. The opposition went against advice from places like the Australian Medical Association and Telethon Kids Institute. If the member really cared about health outcomes for Aboriginal people in Western Australia, he would have supported the Voice. The member came in here and said that what is happening in hospitals in any number of regional towns in Western Australia is terrible, but the fact is that he ignored all the professional health advice about Aboriginal health outcomes.

**Dr D.J. Honey:** What a load of rubbish. That was a personal opinion.

**Mr D.J. KELLY:** See! The member for Cottesloe is arcing up! He can put up with the privatisation, but he knows that when the opposition took its opinion on the referendum, it disregarded all the professional health advice. Advice came from the AMA, the Telethon Kids Institute, the National Heart Foundation of Australia and the Diabetes Institute. The member comes to either one conclusion or the other: either he cares about Aboriginal health outcomes in Western Australia or he does not —

**Dr D.J. Honey** interjected.

**Mr D.J. KELLY:** — and his stance on the Voice

*Point of Order*

**Dr A.D. BUTI:** The member for Bassendean did not ask for interjections. I do not think that we interjected at all during speakers from the other side.

**Mr P.J. RUNDLE:** You did about the tennis!

**Dr A.D. BUTI:** I did about the tennis. Yes, fair enough. Good point. I will take that one. Smash!

Can you ask the member for Cottesloe to not interject? I am trying to listen to what the member for Bassendean has to say.

**The ACTING SPEAKER (Mr P. Lilburne):** There is no point of order. I just request that all members respect each other during this debate. Member for Bassendean, please direct your answer to the current debate.

*Debate Resumed*

**Mr D.J. KELLY:** Sure. If members opposite are concerned with health outcomes for Aboriginal people in Western Australia, they would have taken a different view in the referendum. The fact that they, with the exception of the member for Central Wheatbelt, did not is something that they will have to live with in the future. It is clear that all the health advice directed them in one direction, and they chose not to take that advice. Everything else the opposition says about health is tainted with that view.

**MS H.M. BEAZLEY (Victoria Park — Parliamentary Secretary) [6.47 pm]:** Thank you for giving me the call to talk on this private members' business. The Leader of the Opposition asking this house to condemn the Labor government's management of and commitment to our state's health system is pretty absurd, to be honest.

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I will get to our government's work and investment in the public health system in a moment, but history is important to any present-day story, as already discussed by the member for Bassendean. I want to go back a little as well—not too far back, just to 2018. This is when our Parliament's Public Accounts Committee, which was and is a bipartisan committee, tabled its report entitled *PCH—A long waiting period: A critique of the state's management and oversight of the Perth Children's Hospital project*.

We all know some of the highlights of the former government's terrible management, lack of accountability and severely delayed delivery of the Perth Children's Hospital. They included the long-running lead contamination in the water; the installation of asbestos-tainted roof panels; the hospital not being big enough to cover demand, even before it was built; and the inability to futureproof the hospital for growth by choosing a design that could not be added to upwards, making any physical expansion difficult, if not impossible. The main takeaway from this report was that poor government oversight was a major cause of the project going wrong. I will quote some of the specific findings of this report. It states —

The governance structure established by the State to oversee the delivery of the Perth Children's Hospital was convoluted.

...

Confusion around key roles and responsibilities continued to plague the governance structure well into 2017. We find it difficult to comprehend how this confusion was not resolved throughout the almost four-year, 156-meeting, life of the Perth Children's Hospital Commissioning and Transition Taskforce (the PCH Taskforce).

Finding 7 states —

The Integrated Program Management Office (IPMO) was engaged in September 2015 because the PCH Taskforce was operating without independent assurance as to how the overall project was tracking against key milestones.

The former Liberal–National government had no idea what was happening in its own project.

Finding 10 states —

A September 2016 gateway review of the PCH commissioning program found that the PCH governance structure was operating without an effective critical path program. Consultants engaged to operate the IPMO had made similar observations twelve months earlier.

Nothing happened in between!

Finding 12 states —

The PCH project has been remarkable for the number of ultimately inaccurate public statements made by ministers and senior bureaucrats concerning the construction program and opening date.

They were misleading.

Finding 17 states —

It seems that the responsible ministers continued accepting overly optimistic forecasts and conveying them to the public without challenging the veracity of the information they were receiving.

On this note, a minister not questioning the advice they receive is a terrifying notion to me. It is an absolute path to danger. The PCH project was a case in point. Despite years of being able to course-correct and alleviate just that one risk, members opposite never took the initiative to do so. I go back to the report and finding 22. How is this for a lack of government oversight and functional governance? It states —

The manner in which the issue of elevated lead levels came to the PCH Taskforce —

**Dr D.J. Honey:** This is your hired-gun report.

**Ms H.M. BEAZLEY:** The member for Cottesloe might want to say that to former member Dean Nalder.

**Dr A.D. Buti:** It was bipartisan, wasn't it?

**Ms H.M. BEAZLEY:** Yes, it was a bipartisan report. I repeat —

The manner in which the issue of elevated lead levels came to the PCH Taskforce, through confirmation of a rumour, was unacceptable.

It was really unacceptable! The former Liberal–National government found out about poison in the water through a rumour, not through management. I suspect it was a difficult day for the opposition when then shadow Treasurer Dean Nalder put his name to those findings against his then boss. He did not write an alternative report. Former

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opposition leader Mike Nahan was in power during the time evaluated by the report and had ultimate responsibility for the PCH project.

I take us back a bit further to 2015 and a string of incidents at the then new Fiona Stanley Hospital—a hospital that Labor paid for but the Liberal–National government failed to deliver as envisaged.

**Dr D.J. Honey:** What a load of rubbish!

**Ms H.M. BEAZLEY:** Money was set aside, member.

The former Liberal–National government privatised support services at the hospital through Serco. In 2018, then acting director general of Health Bryant Stokes acknowledged ongoing problems with sterilisation services by Serco at the hospital and said that he was concerned about the timeliness of the delivery of medical supplies to wards. That was a very diplomatic way of talking about what was happening there. Blood and bone fragments were found on medical instruments at Fiona Stanley Hospital for months and months. Serco finally had that particular contract stripped from it after the ongoing and prolonged problems that compromised people's health each day and the former Liberal–National government had not taken action on. At the time, Australian Medical Association (WA) president Michael Gannon called out the Liberal–National government on surgical waiting list blowouts, ongoing IT problems and an under-resourced emergency department that had seen consultants quit. He stated at the time —

We've got problems with doctors seeing patients in clinics, seeing patients in emergency departments and not having access to medical histories and test results.

That was because of IT problems, because Serco could not deliver and because the coalition government had decided to contract out the responsibility that voters had given it to look after our public health system and patients. It decided to contract out that essential government job. Finally, thankfully, in 2020, our Premier, who was Minister for Health at the time, through the good fiscal management and political will of this government, was able to bring 650 Serco jobs back under state control.

Western Australians know whom they can trust to protect and invest in their public health system. The Cook Labor government and the McGowan government before it have made health and mental health a priority. We have increased our health budget by 30 per cent since coming to government. We have grown our workforce by 30 per cent, and it is continuing to grow. We have delivered over 500 new hospital beds since 2021–22. That is the equivalent of two brand new tertiary hospitals. We have committed to delivering a further 600 new beds. We are building a brand new world-class women's and babies' hospital at the Fiona Stanley Hospital precinct. We have a progressive reform agenda that puts patients, their families and carers at the absolute centre of the care we provide and decisions we make. We have modernised WA's abortion laws. We legalised voluntary assisted dying, giving Western Australians with a terminal illness genuine choice at the end of their life. We are rolling out nurse-to-patient ratios, which the Australian Nursing Federation has been campaigning for for 25 years. We are prioritising infant, child and adolescent mental health by implementing a complete redesign of our system to better support young people through a continuum of care.

All the Liberal leader and her coalition do is criticise. It is the criticise coalition, not the constructive coalition. It is lazy. I have not heard one constructive idea. It is telling that the Liberal leader brought on this motion for debate but is not in the chamber to hear the responses to it, even from her own side. That tells me how disingenuous this is. The Liberals do not understand our public healthcare system; it is not in their DNA. They do not have a commitment to a strong public health system.

I have gone through some issues with the Perth Children's Hospital and Fiona Stanley Hospital projects and their delivery, but to add to that, as mentioned by other members, the former Liberal–National government privatised both Peel Health Campus and Midland hospital with disastrous results, mismanaged the construction of Perth Children's Hospital and left King Edward Memorial Hospital for Women to continue to struggle well past its use-by date. It privatised the parking at the Queen Elizabeth II Medical Centre, locking the state into a restrictive contract with a private provider for decades. It abandoned the Reid review at the first opportunity and made political decision after political decision. Members opposite do not and will not put the health of Western Australians first.

The Cook Labor government takes ambulance ramping seriously. We are invested in solutions, unlike those to my right. As soon as Minister Sanderson became health minister, she immediately convened a ministerial taskforce, bringing together system leaders to deliver practical solutions to reduce ambulance ramping and bed block. We are rolling out innovative solutions across the system, including the WA virtual emergency department, enabling WA aged-care residents to be seen virtually from their aged-care facility, rather than in an ED, when it is appropriate to do so. We are delivering a state health operations centre to better streamline patient flow and system coordination, in partnership with St John Ambulance. We are helping patients who are medically fit for discharge to get out of hospital and into community aged-care or disability-care settings, making us a national leader in this space. Other



jurisdictions are looking to our model to reduce their own bed block. Our reforms are working. Ramping is down 30 per cent from last year's figures, despite having a record number of flu hospitalisations this year. Reduced ramping and bed block mean that our hospitals can conduct more elective surgeries. We have reduced the surgery waitlist by nearly 7 000 patients.

As we know, this government is also committed to building a brand new women's and babies' hospital at the Fiona Stanley Hospital precinct. It will be closer to Jandakot Airport for women who are coming down from the country, and closer to women and families in our southern and eastern suburbs. The new hospital will deliver new patient-centred models of care, co-designed by the women and families who will use this service. We actually listen to people and give them a voice. Women and families in our northern suburbs will benefit from expanded maternity services at Osborne Park Hospital, including expanded neonate capacity, expanded capacity for higher risk pregnancies and a family birth centre. The decision on the site of this hospital has been made. I look forward to continuing to engage with constituents, consumers and clinicians on how we can make this hospital the centre of excellence it will be.

The Liberal leader has had the risks of proceeding at the QEII site laid bare through the business case and Infrastructure WA review, yet she insists on campaigning for the QEII site. Issues with that site would include having to close hundreds of beds at Sir Charles Gairdner Hospital for the construction period. Constraints at that site would mean that construction would take a decade—a decade of fewer beds and disruption for patients, visitors, clinicians and staff. It would be a decade of access safety issues. King Edward Memorial Hospital would also have to remain operational for that decade. I think we all agree that King Eddy's needs replacing sooner rather than later. There would be issues with a lack of parking at that site, thanks to the contract I mentioned earlier that was signed by the former government with a private provider. Building at the QEII site rather than the Fiona Stanley Hospital precinct would cost more than \$220 million more than the already substantial \$1.8 billion budget for the project. It is clear that the Liberal leader sees an opportunity here to score cheap political points, but it does make me question the member for Vasse. Either she does not understand the risks present in the QEII business case, or she does and does not care. The Liberal shadow Minister for Health is so out of her depth that either she does not understand how to read a business case and identify the insurmountable risks that are so obviously present or she does understand but would rather advocate for a project that cannot proceed safely and that will put at risk for the next decade or more every patient who needs to access Queen Elizabeth II Medical Centre.

As someone who accesses clinical services at Sir Charles Gairdner Hospital every month, I know the constraints at that site and the needs of Charlie's staff and their often critical and complex patients. I am very glad that our health system is in the hands of Labor and Minister Sanderson. I am also very glad that we have a Minister for Health who is brave enough to make a decision that is best for the patients, best for service delivery, best for health outcomes, best for staff, best for the state's finances and best for Western Australians. It was a decision that, because it was somewhat unexpected, was a difficult decision to make.

Debate adjourned, pursuant to standing orders.