

HEALTH SERVICES AMENDMENT BILL 2021

Second Reading

Resumed from an earlier stage of the sitting.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [3.14 pm]: I rise to make a contribution to the Health Services Amendment Bill 2021. It is interesting how long this bill has taken to come back to this place. I had to retrieve my notes from my office this morning. I noted the date at the top of those documents is 12 August last year. The first line of the prepared speech on the bill is that the bill was introduced in a similar form in the last Parliament and the opposition maintains its support for the bill. I will not go through that entire speech on the second reading debate that was prepared at the time, but I do want refer to some various aspects of the explanatory memorandum.

I think there is a general point to be made here about government. As I say, the opposition supports this bill, but, collectively, on both our sides, there is not much time to reflect on the style of management within government, which is a highly hierarchical system. Essentially, we have fiefdoms in various departments, and certainly in the corporations, that do not reflect the way modern business is managed. Modern business is managed much more in a matrix style. For example, an area that I think the government could pick up on straightaway is financial management. All the major businesses, including all the big businesses down the Terrace, have a chief financial officer. That chief financial officer has direct line reporting to every senior financial manager across the entire business. I think that is something we are missing in government. It is a matter that I discussed with the Auditor General. Yesterday, we discussed some reports she was reporting to us on. Different departments in different areas have set up their own processes. We do not have in government the same level of coordination that we have in the corporate world, and I think we need that. If we look at the overall structure of the style of management we have in government, we can see that, by and large, it harks back to the 1960s. It is a very hierarchical structure and we are missing out on the matrix opportunity.

I will go through a few points. I will not go through this exhaustively, but the bill enables ministers to delegate responsibilities under clause 8, “Section 11 amended” and clause 10, “Section 15 amended”. Those ministerial delegations are defined in the bill. I think there is sometimes a risk of having too much devolution and ministers losing contact with what is happening in their departments or, more importantly, the ministers losing control of what is happening in their departments. Clause 13 looks at the management of infrastructure by the boards, so independently managing that area or those issues. I am interested in Infrastructure WA and how far the CEOs will be able to go in defining scopes for capital works and maintenance works and projects. Depending on the size of the board and its experience, that is an area that could be mismanaged. It is very easy for capital expenditure to get out of control. I know that the government has put in a range of controls around that, but this bill will delegate some significant authority down to boards in relation to that. Clause 15, “Section 26 amended”, relates to financial management and defines the matters that a department CEO may issue on policy frameworks and the like. Again, I think that is a real issue for government. If someone asked the government today what the cash flow or the financial position of the government was, they could not get an answer. Any of the major companies’ offices down the street, such as BHP, Rio Tinto, Woodside and the like, would have a chief financial officer who could give a cash flow position of that business on the day. We need to watch out for that with this delegation, particularly in the evolution of different financial management systems within those organisations. That is a common theme and concern I have.

Clause 18 amends section 35 of the initial act. It will provide a facility under its control and management to a person who engages in community work or conducts a service that has a community or charitable purpose. I have a bit of a concern that that will go too far. I understand that this is to allow some flexibility for the boards, but I would loathe to see boards engage themselves in activities that go outside the very strict scope. I would loathe to see, for example, hospitals and boards supporting causes that are not directly related to the immediate duty and function that they have to carry out. We also need to see transparency and ensure that process does not occur in secret.

Clause 20 will insert sections 36A to 36E, dealing with properties. When I initially read it, I was concerned that we would see property transactions that were not properly controlled by the government, but as I read further in that bill, certainly at least in the area of land disposal, I saw that it will require the minister to sign off for the disposal of that land. I would be very concerned if individual boards were transacting land that did not have the direct control of the minister on it, but the minister will have that control. That is controlled under clause 26, which amends section 49. Recovery of fees and charges is obviously positive and it is good to give the board the authority to do that so that we will not have unfairly imposed charges on the taxpayer in that amendment.

Clause 31 replaces section 58 and it is around compensation for pain and suffering, injury and the like for patients who have received treatment in hospitals. I am interested in whether there will be any limits to those payments. That is an area that we would want central control over to make sure that payments are not excessive and outside

what government would normally pay in compensation. I am not trying to unnecessarily hold the minister up; I just want to look at a few of these points.

Clause 41 amends section 79 to place a number of express obligations on board members and committee members. That is certainly worthwhile, but it needs to be explicit. I am interested in where the detail of that is explained and how we will see the detail of those particular requirements.

Clause 54 amends section 121 and there are various requirements for the employing authority, the health service provider, to ensure that classification and remuneration of health executives is in accordance with the relevant policy framework. I am very pleased to see that control in there, because one of the things we see in many organisations is that executive salaries creep and grow, often at many times the rate of the people who are carrying out work in those departments.

Clause 66 amends section 177(1) to define “confidential information” non-exhaustively. The explanatory memorandum refers to it replacing a word. We can explore this at the consideration in detail stage. What information is allowed to be reviewed? In particular, could patient health records be included in that particular clause?

I do not have any other comments. As I said, we support this bill. This is an evolution of a journey started some years ago by the former government and this government has continued to improve that. As I said, not for this bill, there is a general opportunity for us to look at government overall and at less hierarchical management structures and a more matrix structure, but that is clearly not a matter for this bill.

MS C.M. ROWE (Belmont) [3.25 pm]: I rise today to make a contribution to the Health Services Amendment Bill 2021. This bill was first introduced in the fortieth Parliament. It passed in the Legislative Assembly but, unfortunately, did not progress through the Legislative Council because it came through prior to prorogation of Parliament. I acknowledge the work of the former Minister for Health and of course the current Minister for Health for bringing this important, comprehensive and enormous bill to Parliament. I also acknowledge and thank all the ministerial and department staff who worked tirelessly alongside those two ministers to reintroduce this important legislation. This bill is a really important step towards improving the performance, efficiency and ultimately accountability of our WA health system, which I do not think anybody in this place would see as anything other than truly commendable.

I would like to point out for the record that this legislation is another example of our government’s commitment to improving outcomes for patients. There are a range of key amendments to be made to ensure that the Health Services Act is effective. The bill will amend the minister’s powers to allow the minister to more effectively delegate their functions and responsibilities to officers in the Department of Health and to health service providers, or HSPs. It is very clear that this government has always backed our health workers and we really appreciate their hard work and expertise that they bring to the job, and of course, more than ever, over recent years during the pandemic they have been at the forefront and done us all immensely proud.

This provision will provide greater flexibility to remove administrative burdens that slow down the day-to-day operations in hospitals and the health setting. The bill will also establish a new framework for the delivery of capital works, maintenance works and the carrying out of clinical commissioning. This bill is a really sound, sensible, effective set of measures that will improve the operation of our system. It forms part of a broader commitment that the McGowan Labor government has to putting our patients first.

Since we came into government in 2017, the McGowan government has embarked on bold legislative changes and ambitious projects that will truly change the landscape of our health system for the state. We have made incredible investments to continue to improve our health system every step of the way. This year’s budget includes a record \$2.5 billion investment in health, and, importantly, in mental health. A key part of our investment is the emergency department reform package to continue to improve hospital emergency capacity and address ambulance ramping. We all know our community cares about health and our hospitals—we all do—and that is why this reform package is really critical. It includes funding to embed 24/7 registered nurses across 15 metropolitan and regional emergency department waiting rooms; for telehealth services, which provide patient care for people who do not need emergency department support; to reduce emergency department presentations; for real time data capabilities and programs to manage system pressures; to improve the flow of patients through ED and better triage for incoming ambulance patients; and to identify solutions for long-term improvements to ultimately reduce ramping.

Since the last state budget, an additional 342 beds have been added to the public hospital system, with a total of 530 beds to be added by the end of this year. That is the equivalent of building a brand new tertiary hospital, so that is really significant. I would like to take this opportunity to again acknowledge the work of our Minister for Health, because that is truly remarkable. If we look across the country, we see that a lot of other states and territories are in the same situation with ramping, but we are really showing our bona fides to putting patients first by committing to those additional beds. It is really critical. This investment, of course, complements a suite of changes and programs that we have implemented across health to make a real difference to Western Australians.

Of course, 5 December 2019 will be a monumental date etched in our state's history—certainly in mine. I believe it will be remembered as the day that our Parliament chose compassion. The Voluntary Assisted Dying Act 2019 is one of the most consequential pieces of legislation to have been passed in this place. It has been one year since dying with dignity became an option here in WA. The actions of this government and the advocacy of so many incredible members of the community have provided a compassionate end-of-life option for WA, and I am incredibly proud of that. I remember vividly that just before the bill came to this place to be debated, I held a community forum and I really was shocked at the number of people who came out to listen to what we had to say on the proposed legislation and, more importantly, to share their stories. I know the minister was there at that community forum. It was gut-wrenching because, previously, no dignity had been provided to people who were looking death square in the eye. We are now providing them with that option for dignity in their final months and moments. That is something that I think is certainly really monumental for our state and certainly our state should be proud of it.

The McGowan government's approach to vaccination is another example of a really strong track record of achieving health outcomes. I acknowledge our government's actions during the pandemic, but I think it is more important to acknowledge everyone who got vaccinated because that was one of the critical things that got us across the line in terms staying safe and strong. It was not an accident. We took those measures as a government—not only the Premier, but the Minister for Health. We have always relied on the advice of the Chief Medical Officer and our approach has ensured a soft landing from the Omicron wave. It also means that we have saved hundreds and hundreds of lives by closing the border and waiting for people to ensure that they are fully vaccinated. This government has achieved a third dose vaccination rate of more than 82 per cent. I think I heard the member for Mount Lawley comment that that is a higher rate than the rate of people who wear seatbelts in the community, which is quite frightening. Nonetheless, that is quite a staggering achievement. When I look at what is going on in the US, for example, I see they have had over a million deaths due to COVID. The correlation between the death rate and the vaccine rate shows that the vaccine's effectiveness is undeniable. I am really proud of our government for ensuring that we kept our borders closed while a vaccine was developed, so that people had sufficient time to have had at least the first dose; overwhelmingly, most had had the second dose as well. It truly saved lives. I think it is absolutely remarkable.

Our commitment to the health and wellbeing of Western Australians continues. We offered the free flu vaccine throughout the month of June. I know that many in my community took that up. We had the Premier out in Belmont and he got his flu vaccine at one of our fantastic local chemists, so that was terrific. We understand the importance of vaccination protecting against the flu, and that is especially important given the flu season is predicted, unfortunately, to be the worst that it has been. We encourage all Western Australians, where possible, to get vaccinated if they have not already been vaccinated. If they were not able to take up that opportunity for the free vaccine during this month, it is still a great thing to do over the coming months as we get deeper into winter. It is very important to protect ourselves and our community and I think that we as a community have shown that that is something that we really embrace.

Members may recall back in 2018 we also funded catch-up vaccination programs for children aged one to four years so that they could get a free meningococcal ACWY vaccine that protects against potentially deadly meningococcal infection. It followed the McGowan government's lobbying of the federal government to introduce the National Immunisation Program's one-year ACWY vaccine, meaning all infants are now offered this important protection at 12 months of age. That is again something that is literally saving lives. It is a life-saving vaccine and it helps protect all our children across the state from this terrible, terrible illness.

I am also really proud that our government is going to be delivering a new women's and babies' hospital. That is not to cast shade, of course, on the wonderful King Eddy's. That is where I gave birth to my eldest daughter, Bobby. It is a terrific facility, but I think this is a wonderful and much welcomed announcement that we have made. That will be a \$1.8 billion hospital. It will be a modern, world-class tertiary hospital providing the best care to women from across the state and, of course, to newborns. This will be terrific and I cannot wait to see what it looks like.

In closing, I thank our health professionals for their continued commitment and the outstanding work that they do, particularly during the pandemic over recent years. I also recognise the Minister for Health and the great work that she continues to do in this challenging role as we continue through this pandemic, and she should be commended. I commend the bill to the house.

Debate adjourned, on motion by **Mr D.A. Templeman (Leader of the House)**.