

## ROYAL PERTH HOSPITAL PROTECTION BILL 2008

### *Consideration in Detail*

Resumed from 9 April 2009.

#### **Clause 1: Short title —**

Debate was adjourned after the clause had been partly considered.

**Mr R.H. COOK:** This may or may not be the appropriate clause to make these comments on, but it will not escape the chamber's attention that this bill has been on the notice paper since 2008. In fact, many members can reflect that this was the first piece of legislation we were associated with.

**Mr A.J. Waddell:** It's a heritage bill!

**Mr R.H. COOK:** It must have been dug out of the archives of the notice paper for it to come to the attention of the chamber today! Many members will know that the bill was removed from the notice paper, and on two occasions the government has had to reinstate the legislation. I think it is fair to say that this legislation is not high on the government's list of priorities. What we do know is high on the government's list of priorities is the Prostitution Bill.

### *Point of Order*

**Dr K.D. HAMES:** The Prostitution Bill is clearly not related to the short title of this bill.

**The ACTING SPEAKER (Ms L.L. Baker):** Member for Kwinana, could you please direct your comments to clause 1.

### *Debate Resumed*

**Mr R.H. COOK:** I wonder why the minister has brought this debate on today when the bill has been on the notice paper for almost four years now. Seemingly, it has popped out of nowhere, even though the government has stated on numerous occasions that there is far more important business.

**Dr K.D. HAMES:** I am very pleased to answer this question. The first part of the answer to the question is that I am now Leader of the House. The second part of the answer to the question is that the former Leader of the House had no problem with this bill being brought on for debate, but there were issues with much greater priority. The commitment of this government was to introduce this legislation to the house, and that was done some time ago. We have kept the bill on the notice paper. It was delayed at the time because, as the member will be aware, Labor members of this house foreshadowed a number of amendments to the bill. Six members have proposed amendments on the notice paper; the purpose being to create a very long delay to debate this bill and to not allow this legislation to proceed. Hence, the government, for all this time, has decided that it would not progress this legislation until the appropriate time. Our intention was to get it through this Parliament. We did what we promised: we introduced the bill to the house. If members read the Liberal Party's election commitments, that is very clearly what we said we would do. My intention is to get it through Parliament before the next election. The whole purpose of the legislation was, and is, to stop the Labor Party, if it wins government, closing Royal Perth Hospital as a tertiary hospital, which is what it planned to do before the 2008 election. As part of our commitment to save Royal Perth Hospital, we promised the people who strongly supported the view that we should save it that we would bring this legislation to the house so that a future alternative government could not, without taking it through both houses of this Parliament, close Royal Perth Hospital as a tertiary hospital.

**Mr A.J. WADDELL:** The timing is rather confusing. Will it be possible for this bill to be assented to before the state election in March next year? It needs to pass this house, and it is my understanding that it still has not made it to the other place. Given the delays in the debate, it would seem that the government's short legislative agenda would not allow this bill to pass. In effect, given there is a very distinct possibility that Labor will be back in government after the next poll, the government's objectives will not be met.

**Dr K.D. HAMES:** Enjoy the dream!

It is a very good observation. It does have to pass this house before it gets to the other place—I agree with the member about that. I believe, given there are nine sitting weeks left in the other place, that there is time to deal with this.

**The ACTING SPEAKER (Ms L.L. Baker):** I remind members that this is not a general debate. We need to stick to the clauses. The question is that clause 1 stand as printed.

**Mr R.H. COOK:** We on this side support this legislation. Ultimately, we are concerned about the nature —

**Dr K.D. Hames:** Is that what you said before?

**Mr R.H. COOK:** Yes, we did. We said we would vote for this legislation. We criticise it on the basis that it is very poor health policy. We believe it is inappropriate that the government bring to this place a bill that is for all intents and purposes an act of high political drama and is in every way, shape and form not a piece of considered health policy. The bill itself is shrouded in political terms around “protection” of the hospital and so forth, which we regard as quite inappropriate. This bill has been introduced to do two things. One is to make sure Royal Perth Hospital continues to provide health services; the other is to make sure it operates on a tertiary level. That is why I move —

Page 2, line 2 — To insert after “the” —

*Tertiary*

This is indeed what the minister is seeking to capture by this legislation. The Minister for Health is trying to ensure that we maintain tertiary services at Royal Perth Hospital. From that point of view, we think it is only appropriate that this chamber assist the minister with what is a fairly short piece of legislation but is shrouded in political language. We thought it appropriate we make sure the word “tertiary” is inserted to correctly reflect what the government is trying to do.

The minister made it quite clear on a number of occasions—indeed, he made this quite clear in his second reading speech back in 2008—that he is seeking to ensure that Royal Perth Hospital continues to operate as a tertiary hospital. I remind members in this place that around that time, the Minister for Health offered a list of services that he thought should operate from the hospital to reflect its tertiary status. As a result, we believe it is appropriate that the short title of the bill reflect what the minister is trying to achieve. That is why we so move in relation to tertiary services.

There is always a range of considerations and discussions about what defines a tertiary hospital. The minister himself would probably be in a very good position, in his response, to capture that definition to make sure that we reflect his intentions appropriately. The essence of what the minister is trying to achieve is that we continue to operate a tertiary hospital from this site. On that basis, we invite the minister to support the amendment I have moved to the short title.

**Dr K.D. HAMES:** Quite clearly, we oppose the proposed amendment for a very simple reason. This bill is about the protection of Royal Perth Hospital. Royal Perth Hospital is the name of the hospital. It is not called the “Tertiary Royal Perth Hospital”. If I introduced a bill to protect Joondalup hospital, I would not move to protect “Secondary Joondalup Hospital”; it is not sensible. Clearly that cannot be part of the title because it is not the name of the hospital.

On the issue of “tertiary”, members will recall that I said in my second reading speech that there is no official definition of “tertiary”. Rather, a “tertiary hospital” is defined by the services it provides. Hence, elsewhere in the bill it refers to the regulations. We are using the regulations to define a “tertiary hospital” because that is what is provided. The range of services provided defines a tertiary hospital. There is no official definition.

**Ms J.M. FREEMAN:** I rise in support of the proposed amendment. We recently had an issue with doctors and the capacity to train doctors. We know that we will have an increased number of doctors. I understand that a tertiary hospital is for the purpose of training. On Monday evening, I was at an iftar dinner, which is a dinner to acknowledge Ramadan and involves the breaking of the fast. I spoke with a young doctor there who talked about a lack of appropriate teaching hospitals. Although he is very lucky—he is an intern attached to a public hospital—he felt very concerned that tertiary hospitals would be undermined in Western Australia through the privatisation of Midland hospital and the privatisation of Fiona Stanley Hospital.

*Point of Order*

**Dr K.D. HAMES:** My point of order is one of relevance. We are discussing an amendment to put the word “tertiary” into the short title. This is not a general debate about hospitals.

**The ACTING SPEAKER (Ms L.L. Baker):** Member for Nollamara, can you restrict your comments to consideration of the short title?

*Debate Resumed*

**Ms J.M. FREEMAN:** Indeed, I thought I was. I thought I was being very clear about the fact that this was about a tertiary hospital. I understand that a tertiary hospital is a teaching hospital. I was trying to point out the importance of a teaching hospital in terms of ensuring that this was in the title. That was the aspect of the Royal Perth Hospital and the importance thereof of a teaching hospital. In fact, as I understand, that was the intent and purpose of being able to go to the community. The minister so aptly and constantly points out that that was one

of the points of maintaining the hospital. He went out into the community to maintain that as an election issue, even though the government at the time pointed out that Royal Perth Hospital would not be closed and would remain a hospital for those areas. As the minister would know, it is an important tertiary hospital for the Mirrabooka area. But as one of the most contentious hospitals in terms of some of the clientele, many people in our area go up to Joondalup hospital. They are very sad that that is not a tertiary hospital, because they thought that would be a tertiary hospital. However, the minister is concerned that I stated that the point is that it is a tertiary hospital. What I was referring to was the ability of hospitals to train the many people now coming out of our universities. Doctors coming out of the University of Notre Dame are having difficulty gaining appropriate training in a tertiary hospital. That is why it is so important that in this bill after “the”, “tertiary” be inserted. We need to maintain the capacity to teach at an important tertiary hospital. I just want to make sure that the minister understands that I have to be relevant. This is about ensuring that the nature of the hospital as an education hospital be included in the title and that the word “tertiary” is inserted after “the” in line 2 on page 2, as stated in the member for Kwinana’s amendment.

**Mr C.J. TALLENTIRE:** I rise to support this amendment. The inclusion of the word “tertiary” makes perfect sense when we consider that the government is spending some \$68.8 million over the next four years on ensuring the capacity for postgraduate medical training of future doctors. It is absolutely essential that we make it clear where these hospitals are. A substantial sum of money, \$68.8 million, is being spent. It needs to be conveyed to the community where that money is going and which hospitals are the designated hospitals. I, too, support this amendment and believe the title needs to reflect what we are talking about here.

**Amendment put and negatived.**

**Mr R.H. COOK:** I move —

Page 2, line 2 – To delete “*Protection*” and substitute —

*Health Services*

I have another amendment to the short title of the bill. As I alluded to before, it concerns the overlay of strong political language in relation to this bill. We on this side recognise the potency of the minister’s political campaign. It was a very effective campaign in the last election. In a lot of respects, the campaign that was run by the Liberal Party was in fact run on the basis of lies—that is, that we were going to be closing Royal Perth Hospital.

**Dr K.D. Hames:** As a tertiary hospital.

**Mr R.H. COOK:** But that is not what the Liberal Party campaign said.

Indeed, the minister, perhaps in a flurry of excitement and enthusiasm of having just achieved government, sought to introduce a bill that reflected the political context of the time—that is, to use that language that existed around the hospital. Let us not forget that what we are doing here is casting in stone a very important health policy—indeed, a health context. What we are doing is making a decision on behalf of the people of Western Australia that we want this hospital to provide hospital services for the future. In that sense, this legislation is going to be significant, because it will bind government evermore to conduct health policy in a particular way.

We are not in essence protecting the hospital. What we are doing is making a decision on behalf of future governments about how we want to see health services operate in this particular area. We are informing future governments that they will provide tertiary health services from an institution called Royal Perth Hospital at a particular site into the future. It is from that perspective that I think it is important that we take some time to consider the short title of the bill and make sure that the short title of the bill actually reflects what the legislation is about. The minister has said before that this is a bill to protect the hospital against future Labor governments, but it is not. This is a bill that will direct governments of any persuasion, be they Labor, National or Liberal, to conduct health services in a particular way.

I have moved this amendment in this way because I want the short title of the bill to actually reflect the aspirations of this bill—that is, to provide the people of Western Australia with a hospital called Royal Perth Hospital that provides services from that particular site. I have moved that we insert the words “Health Services”. What we are trying to say here is that from this particular site we will be providing a tertiary hospital—although admittedly we have knocked off the word “tertiary”—called Royal Perth Hospital and that hospital will be providing health services. I think it is more appropriate that the short title of the bill read that this is the “Royal Perth Hospital Health Services Act 2008”.

**Dr K.D. HAMES:** That was the most confusing presentation I think I have ever heard. Firstly, the member said that he supports the bill, and then he spoke clearly in opposition to the concept, which is not just that it will

preserve those health services for Labor—he is right; it will preserve them for other future governments as well—but he said that we really should not bind future governments to providing a particular service on that site.

**Mr R.H. Cook:** I was describing what the legislation will do.

**Dr K.D. HAMES:** Yes, I know, but previously he said that he supported the bill, but then he spoke in opposition to the concept of binding future governments to providing a tertiary health service on that site.

**Mr R.H. Cook:** Not so.

**Dr K.D. HAMES:** I will go back and read what the member said.

Nevertheless, just on a couple of points the member made, this did not come up after the election; this came up during the election. We made a commitment during the election that we would introduce such a bill.

**Mr R.H. Cook:** You introduced the bill after the election.

**Dr K.D. HAMES:** Yes, I did, but we committed to doing that before the election. I appreciate what the member says about binding governments. It will not bind governments. It means that if a government wants to change—any government; Labor or Liberal in the future—we have to bring legislation before Parliament to change it from being a tertiary hospital. Whoever decides to do that—Liberal, Labor or National—would not be stopped from doing it; they would just have to get approval of both houses of this Parliament in order to do it. Hence, the short title includes the word “Protection”. I did not hear any argument from the member as to why the short title should include the words “Health Services”. In the rest of the bill we are talking about the health services that are provided at that hospital. We are talking about how the hospital will provide tertiary services. The member did not say why the words “Health Services” need to be inserted in the short title of the bill. It is spelt out quite clearly that that is what the bill is about, and that is what the bill does.

The reason that we promised to bring in this legislation is the shock and outrage expressed by the people who use that hospital, particularly the people in Mt Lawley, Morley, Mirrabooka, Balga and Girrawheen—all those close-by areas—and also by the people who live in those areas at the end of the railway line, in Canning, for example, which includes many Aboriginal people, who love that hospital and want to continue to use that hospital. We wanted to protect that hospital so that a future government would not be able to make a decision to close that hospital as a matter of policy without getting the approval of this Parliament to do that. The member is right. It is unusual, but we did it because of the outrage that was expressed at the time. As the member said, we campaigned heavily on that, and it was successful. The reason it was successful is the people in those catchment areas were so opposed to the decision that the former government was going to make.

So it was something that we very strongly supported. If tomorrow the member for Kwinana were to be the Minister for Health, there is no way that he would be able to close that hospital, because of the problem that we have been talking about for these last two months. The problem is that there are not enough beds in the health system. We are desperately short of beds across the system. We have plans to expand the number of beds with Joondalup hospital and Fiona Stanley Hospital. But if the member for Kwinana and a future Labor government were to try to shut down Royal Perth Hospital when Fiona Stanley Hospital opens in a year and a half, they would be absolutely slaughtered in the polls and in public opinion, because their other hospitals would be absolutely bursting at the seams.

**Mr R.H. Cook:** I could not agree more.

**Dr K.D. HAMES:** So I hope that the member for Kwinana will make the commitment at some stage that he does not have any intention of bringing this matter before the house and of seeking approval to close down that hospital as a tertiary hospital. I hope the member does not intend to do that in the future, and I would be interested to get a commitment from the member along those lines.

**Mr A.J. WADDELL:** I rise to support the amendment. As the Minister for Health has said, in the three years since we last debated this bill, circumstances have changed significantly and this is not really the hot issue that it was previously. I am really interested in the comment that the minister made earlier about the definition of “tertiary” and about how that has been encapsulated in regulation et cetera. This comes to the crux of the short title of the bill, in the sense that when we are dealing with regulations, we need to be very mindful of the original intent of the bill. The bill that is before us is very short; it is very brief indeed. I am actually a bit surprised as to how short this bill is in relation to the amount of time that this place has spent debating it. But the clarity that this bill presents is not necessarily there in terms of what the intent of any future regulation might be. Therefore, I believe that by inserting into the short title of the bill the words “Health Services”, it will become very clear that the intent of Parliament is to protect and provide health services at Royal Perth Hospital, and to not allow at any future time a bureaucrat or a person who has control over regulations to hollow out that hospital from the inside. The amendment is really an attempt to clarify the meaning of the bill. At the moment, the bill refers merely to

where Royal Perth Hospital is, and to how it will be a public hospital, and we will then get into the regulations about it, and at a later time we will probably examine what services will be provided at that hospital. But this is our last opportunity to clarify the title of the bill. In the time since I entered this place and since we originally debated this bill, I have learnt that we are not very good at naming bills in this place and there often is not a lot of clarity in the title of our bills. So I would commend this amendment on the basis that it will provide that clarity.

**Mr W.J. JOHNSTON:** One of the things that I think we should recognise is that this bill will not actually provide any protection to Royal Perth Hospital. The wording of the bill is so vague and imprecise that even though it says that it will protect Royal Perth Hospital, it will not actually do any such thing. So, by continuing to include the word “Protection” in the short title of the bill, we are actually deceiving the people of Western Australia about what we are doing. Any proper reading of the balance of this bill makes it clear that all we are doing in this bill is protecting the name of Royal Perth Hospital. We are not actually protecting it as a hospital. A series of amendments have been proposed by the opposition. Those amendments will go some way towards protecting Royal Perth Hospital. But the bill as it stands at the moment does not do that. So why should we claim that that is what we are doing? That is not the intention of the bill. The way that a court or whatever in the future would have to interpret this bill is not on the basis of what the minister says the bill should do but rather on what the bill actually does. Therefore, by changing the short title of the bill from “Royal Perth Hospital Protection Act 2008” to “Royal Perth Hospital Health Services Act”, we will be providing to the community a much clearer understanding of what we are doing with this bill today.

So unless the minister at the table is saying that he is willing to accept the amendment standing in my name, for example, to maintain the funding for the hospital—which will genuinely protect the hospital from the future budget cuts of a capricious Liberal Treasurer—we will not really be providing any protection for Royal Perth Hospital at all, other than for the name. For example, in a later provision in the bill, the term “Royal Perth Hospital” is defined. However, it is defined not in terms of the services that are provided at Royal Perth Hospital, not in terms of the number of beds that are provided at that hospital, not in terms of the number of patients that are treated at that hospital, and not in terms of the quality of the treatment that is provided at that hospital, or any of those things, but rather in terms of its geographical location. So, in accordance with this bill, it would be possible to have a much diminished hospital on that site. Therefore, the idea that we are protecting Royal Perth Hospital through this piece of legislation is a nonsense. Therefore, given that we are not protecting Royal Perth Hospital through this legislation, we should not be pretending to the community that that is what we are doing.

Therefore, the member for Kwinana’s amendment is appropriate to be supported, and it will ensure that the people who read the bill are not confused by what is being done here.

**Ms J.M. FREEMAN:** I also rise to support the amendment. I thank my colleagues for the very good contribution that they have made in giving me a greater understanding of the amendment. I thank the member for Cannington for outlining the current title of the bill and how the word “Protection” is a poor reflection of the mechanics of the bill. I thank the member for Forrestfield for saying that we should not be naming bills when the circumstances have changed, such as they have over the past three years. The Minister for Health also talked about the change in circumstances and said that given the need for a greater number of hospital beds, the closure of Royal Perth Hospital would not occur in any event, because the beds and the health services that are provided at that hospital are required given the population growth in Western Australia.

I therefore think it is very important, as outlined by the member for Forrestfield, that we are very clear when we give a title to a bill and we do not cause any misunderstanding about the intent of a bill. The intent of this bill is to ensure that the services that are provided at Royal Perth Hospital will continue in the manner that is outlined in this bill. This is not a definitive bill. There are many aspects to the bill, and because it is so short and because there is such capacity in terms of regulations, there are many things that can be done by the Department of Health and indeed the government.

The minister will recall that in estimates two years ago we raised the issue of Royal Perth Hospital and what the government was doing with some of the equipment. It came to the fore that it was the government’s intent at the time that equipment could be moved from Royal Perth Hospital to Fiona Stanley Hospital. Indeed, if it was the government’s intent to protect Royal Perth Hospital, it did not previously have that intention. It was only because of the questioning in estimates and the critical media coverage that the government felt compelled to protect it, and not to have older equipment going into the brand-new, state-of-the-art Fiona Stanley Hospital. In protecting this great service that the minister says is delivering to the good constituents of Mirrabooka, it is very important that we do not just end up with second-hand goods either. In any event, if that is the intent, it is about health services and ensuring that health services are at their peak and delivered to those people in the best way possible. To call this a protection bill is therefore anathema to what actually has to occur there. What actually has to occur

Mr Roger Cook; Acting Speaker; Dr Kim Hames; Mr Andrew Waddell; Ms Janine Freeman; Mr Chris Tallentire; Mr Bill Johnston

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is that Royal Perth Hospital health services are delivered to all people in that area, as the minister says the changing circumstances would ensure. I think that the proposed amendment is certainly worthy of consideration and should apply, as the member for Forrestfield has outlined, to ensure that the short title of the bill is accurate and shows good intent.

**Mr R.H. COOK:** The minister challenged me to try to clarify what I was saying. I was not necessarily arguing against what the bill does; I was simply making the observation that it binds future governments in the provision of health services from this particular location under this particular title of Royal Perth Hospital.

**Dr K.D. Hames:** That is unless they get parliamentary approval.

**Mr R.H. COOK:** Unless they get parliamentary approval. My 46 years of observing politics in Western Australia —

**Dr K.D. Hames:** Forty-six years?

**Mr R.H. COOK:** During the first 10 of those I was perhaps somewhat young to make any observations, but I do not remember too many occasions on which we on this side have ever enjoyed a majority in the upper house.

**Dr K.D. Hames:** You've got one now together—you and the Greens.

**Mr R.H. COOK:** With the Greens? No, we do not; we need the National Party's support.

**Mr W.J. Johnston:** No; you've got an absolute majority.

**Dr K.D. Hames:** Have we? I thought you had.

**Mr R.H. COOK:** I am sure the Greens would ask: what is this “we” business?

**Dr K.D. Hames:** I am thinking of a couple of occasionally wayward Nationals!

**Mr R.H. COOK:** That is right! Occasionally the Nationals are prone to having the odd independent thought, but the fact of the matter is that they are in bed with the Liberal Party and every decision the Liberal Party makes is the National Party's decision —

**Dr K.D. Hames:** Or vice versa.

**Mr R.H. COOK:** Indeed; I just wonder how that works out in the seat of Eyre. I guess we will wait to see the outcome of that division.

I was simply stating what this bill does; that is, this bill is about the provision of tertiary hospital services from a hospital called Royal Perth Hospital. From that point of view, it is appropriate to amend the short title to reflect that. As the member for Cannington said, at the moment it has the word “Protection” in it. We know why the word “Protection” is there—the minister made that abundantly clear before: it is to protect it from a future Labor government. Of course, as I have said on a number of occasions, the community has nothing to fear, if that fear is that a future Labor government would shut down the hospital. I know what the minister says the bill does politically, but what it does technically is ensure the provision of health services from this particular site under this particular title. It is therefore appropriate that the short title reflect that intent, and that it not necessarily reflect the government's political campaign. In the respect that we have for its potency, it should actually reflect what the bill does. The minister can still go out to his community and say, “Look at what the government has done. We have a bill to protect the hospital”, but the actual nature of this bill is about the provision of health services from this particular location under this particular title. There are a lot of opinions about the wisdom of that or otherwise, but that is what the bill does. From that point of view, I have simply moved this amendment because what I have mentioned is in essence what the government is trying to do. From that point of view, we have moved an amendment to insert the words “Health Services” because we believe that that better reflects the impact and the nature of this legislation.

**Amendment put and negatived.**

**Clause put and passed.**

**Clause 2 put and passed.**

**Clause 3: Term used: Royal Perth Hospital —**

**Mr R.H. COOK:** I will move a range of amendments to this clause of the bill.

A member interjected.

**Mr R.H. COOK:** It is probably the best thing to do because that way we can actually focus.

As I said, I will move a range of amendments; again, we seek to make the bill work better. As members will see, the bill is three pages long. It is extraordinary in its simplicity, and I am sure that the minister rushed to bring it to this place because it was part of the government's 100-day plan —

**The ACTING SPEAKER (Ms L.L. Baker):** Member for Kwinana, are you moving an amendment?

**Mr R.H. COOK:** Yes.

**The ACTING SPEAKER:** You just need to move the amendment in your name on clause 3.

**Mr R.H. COOK:** Indeed, but as part of that amendment I will move a range of definitions, and it might be better for the sake of the chamber to consider each of those individually. I seek the Acting Speaker's guidance.

**The ACTING SPEAKER:** The member needs to move the first of his amendments, and then he can deal with the definitions in explanation individually. So, move the whole of that first paragraph.

**Mr R.H. COOK:** I move —

Page 2, after line 9 — To insert alphabetically —

*continued operation* means to remain in existence and provide ongoing health services at the current level at Royal Perth Hospital, other health institutions, hospitals and health services in Western Australia;

*for the time being* means at the time of the Act coming into operation;

*protection* means the safeguarding of existing health services provided by Royal Perth Hospital and other health institutions, hospitals and health services in Western Australia;

*tertiary* means tertiary health care which may include but is not limited to, services provided by state-designated trauma centres, a burn centre, trauma surgery neurosurgery, cardiothoracic surgery, organ transplant, paediatric surgery, magnetic resonance imaging and positron emissions tomography, and include secondary, primary and emergency care;

*the entity* means the Board of a public hospital;

Members will see that the term “Royal Perth Hospital” designates a public hospital on a particular lot and plot of land. As we were struck by just how short and simplistic the legislation is, we seek to bring about a bit of clarity to it. By using the word “continued operation”, the minister is trying to refer to the continued operation of the hospital. By way of this amendment, we have sought to provide the bill with a greater sense of clarity and certainty about what that term actually means. We have used terms such as “remain in existence” and used the words “provide ongoing health services at the current level at Royal Perth Hospital, other health institutions, hospitals and health services in Western Australia”, because the term “continued operation” is used in the bill. Currently, it is not specifically clear what is meant by “continued operation”, and, so from that point of view, it should be clarified. We also seek to clarify the definition of “for the time being”.

We come also to the definition of “protection”. We have spoken before about what the minister means in this bill when he refers to “protection”. We are endeavouring with this amendment to assist the minister to provide greater clarity of this particular word. We have offered the phrase —

... means the safeguarding of existing health services provided by Royal Perth Hospital and other health institutions, hospitals and health services in Western Australia;

As we said before, we know exactly what the minister means when he says “protection”, but there is nothing in the bill to clarify what “protection” means. The minister in fact means the protection of the hospital from those evil-doers on the other side of the chamber, being the Labor Party in government!

**Mr A.J. WADDELL:** I am fascinated to hear the explanation from the member for Kwinana and want to hear more from the member.

**Mr R.H. COOK:** I am grateful to the member for Forrestfield for his contribution.

We are seeking with this amendment to assist the minister to define what he means by “protection”. We know that in years to come when people read this bill, they will scratch their heads and ask, “What in the living daylights does he mean by protection?”

**Dr K.D. Hames:** They can read *Hansard*.

**Mr R.H. COOK:** They will say, “What possibly could he be protecting? Is he protecting the hospital from termites? Is he protecting it from the Heritage Council? Is he protecting it from floods or storm damage?” We are trying with this amendment to assist the minister to state what this bill is about; obviously, that is to safeguard

the ongoing provision of health services from this particular site under this particular name. We further offer the minister an opportunity to be clearer about the nature of the services that are provided there.

Given that these amendments were drafted almost four years ago, I ask members to bear with me. With this amendment we are attempting to say that if the minister is dinkum about wanting to provide tertiary hospital services from this particular campus, clearly we had better outline exactly what are those services. We do not want the minister to be accused of being too ambiguous in guiding future policy operators or public policy advocates. We want to guide the minister by asking him what he specifically means. Clearly when he was talking to the public during the last election, he was trying to say, “This is the tertiary hospital that you know and love and we will preserve those services in relation to what goes on there.” The amendment therefore proposes to insert —

*tertiary* means tertiary health care which may include but is not limited to, services provided by state-designated trauma centres, a burn centre, trauma surgery neurosurgery, cardiothoracic surgery, organ transplant, paediatric surgery, magnetic resonance imaging and positron emissions tomography, and include secondary, primary and emergency care;

We are seeking to clarify in this three-page bill what we believe the minister is trying to achieve. The amendment also proposes to insert a meaning for “the entity”, because we obviously need to define exactly the entity of Royal Perth Hospital. We have sought to use a phrase from the Hospitals and Health Services Act, which is “the board of a public hospital”. Obviously we do not have access to the same expert legal and technical advice that the minister has access to and would be very interested in hearing from the minister whether he has a suggestion on how we could clarify that further to assist with the drafting of the bill.

As I said, this is a three-page bill. Our proposed amendments are considerably longer than three pages, but that is because we want to nail down exactly what the minister is trying to do with this bill. From that perspective, therefore, we have gone to the substance of the bill, which refers to a number of phrases and a number of issues, and provided some clarity for the public and those who seek to interpret this bill when it becomes an act.

**The ACTING SPEAKER (Ms L.L. Baker):** Member for Forrestfield, in continuation.

**Dr K.D. Hames:** That’s a very beady set of eyes you’ve got there, Madam Acting Speaker!

**The ACTING SPEAKER:** It went the other way last time.

**Mr A.J. WADDELL:** I actually think this is a good amendment. It might be tempting to write it off as —

**Dr K.D. Hames:** If you’d let me explain, I’d explain that this is cutting off your nose to spite your face. This is absolutely the last thing that the member for Kwinana would want to have there if he was a minister, so I will explain it.

**Mr A.J. WADDELL:** I take it from that interjection that the minister will be opposing the amendment.

**Dr K.D. Hames:** Yes—on the member for Kwinana’s behalf, as well as my own.

**Mr A.J. WADDELL:** The point is that we need to define some of these terms.

**Dr K.D. Hames:** Can I just interject on that because you weren’t here before?

**Mr A.J. WADDELL:** Certainly. I was here.

**Dr K.D. Hames:** When we debated it last time we tabled a regulation that set out what “tertiary” means. That is all the regulation does; it defines a tertiary hospital. In fact the regulation is out of date now because it has changed, but that was just to give an example of a regulation. The regulation defines the services of a tertiary hospital and nothing else. It is a two-page document. I didn’t get the chance to respond to you before about the size of regulations.

**Mr A.J. WADDELL:** I thank the minister; that does go somewhere.

The reason I rise is simply that the whole question of the clarification of definitions in bills and acts as they come before this place is frustrating for those of us who are not legally trained to interpret them. I am talking simply about the interface with the community. People in the community are forced to deal with the legislation that we pass. It gets frustrating trying to provide them with an understanding of what the underlying meaning is when we have to go from layer to layer to layer of legislation. We often have to say, “We have the act, and then we need to look at the regulations, and then there has to be some definition, and then there are a couple of court cases in place to define what “may” or “shall” mean”. We really should be moving towards creating self-contained documents that carry their own meaning within them. The reason that one adopts a skeletal approach to legislation and relies on regulation is to allow certain flexibility and to be able to rapidly amend legislation to meet changing circumstances. I can see that there is a case for that in some instances. But in this instance when the intent of the bill is to preserve an entity, it seems to me that the minister is not dealing with a rapidly

evolving situation. He is dealing with a very fixed and known entity that will have a very fixed and known service and a very fixed and known intent in terms of keeping it as an operating public tertiary hospital. These are the things that the minister stated as the objectives of the bill. I therefore fail to see what harm there could be in defining those objectives in the bill, which would prevent the ongoing problem of having to decode terms in regulations and various legal interpretations of this word and that word when in fact there is an opportunity right here before us today to define some of those terms. I refer particularly to the phrase “the entity” in clause 6. There is very twisted wording in clause 6, which reads —

For the purpose of maintaining ... as a tertiary hospital, the entity for the time being having management and control of Royal Perth Hospital under the *Hospitals and Health Services Act* ...

To me that creates a vision of some ghostly apparition roaming the halls of the hospital, when quite clearly the intention is to say “the current board that manages the hospital”. Why do we not say what we mean?

**Dr K.D. HAMES:** I need to explain to the member for Kwinana why he does not want this amendment. The first reason is that it is contrary to another of his proposed amendments, in which he will move that Royal Perth Hospital be a 400-bed hospital. That is contrary to the first component of the amendment we are dealing with. Let us assume for a minute that the member for Kwinana is the Minister for Health and that in 2014, when Fiona Stanley Hospital opens, the minister plans to reduce Royal Perth Hospital to a 400-bed hospital. He would not be allowed to do that if this amendment is passed.

**Mr R.H. Cook:** That’s enough.

**Dr K.D. HAMES:** Can I have three minutes?

**The ACTING SPEAKER (Ms L.L. Baker):** It is hard to get good help!

**Dr K.D. HAMES:** By the way, I am planning on finishing at five, so we obviously will not complete this debate tonight.

The first part of the amendment is the insertion of a definition of “continued operation”, which means —

... to remain in existence and provide ongoing health services at the current level at Royal Perth Hospital ...

We will not be able to continue to provide services at the current level at Royal Perth Hospital and still open Fiona Stanley Hospital—the clinical services framework will not give the Minister for Health the money to allow him to do that. RPH has to be reduced to a 400-bed hospital to have the proper distribution of health services across the state. It cannot be maintained at the current level of services. At the end of that definition are the words “other health institutions, hospitals and health services”. I have to say that I do not know what that means in relation to the continued operation of Royal Perth. This amendment is proposed to clause 3 of the bill, which is headed, “Term used: Royal Perth Hospital”. Under the proposed definition of “continued operation” are the words “other health institutions, hospitals and health services”. For the time being, that is not relevant. Again, the proposed definition of “Protection” includes the words —

... the safeguarding of existing health services provided by Royal Perth Hospital and other health institutions, hospitals and health services ...

We will not be providing the existing health services; we are changing them. There is nothing wrong with the proposed definition of “tertiary”, but as I explained to this house the other day, that is not the list. Cardiothoracic surgery and the burns centre are listed in the proposed definition of “tertiary”, but they are moving to Fiona Stanley Hospital. If this amendment were passed, I would have to keep them at Royal Perth. That is why the list of services comes under regulations, and for good reason, because the last list we gave to the opposition is no longer accurate; it still contains those things and we have made decisions since that time to change it. The minister is able to move around or change a service by way of regulation, without having to bring that change before both houses of Parliament. The last proposed definition concerns the board of the hospital. There is no board. The Labor government abolished the board and we agreed to it. There is a board, but I am the board. When we talk about the entity being the board of a public hospital, it means me. Therefore, I am Royal Perth Hospital!

**Mr R.H. Cook:** That is okay.

**Dr K.D. HAMES:** I do have a strong affiliation with Royal Perth as my father and I both trained and were residents there, so it is something I care for very dearly, but I do not think I am it. We will not support the amendment. As I said to the member before, there is no official definition of “tertiary”. We put in, by way of regulation, a list of services that are going to be provided, and the minister of the day can adjust those where

necessary. But that still allows us to proceed. We do not agree with anything in this amendment. I point out that with the amendment that follows, which we are not up to yet —

**Mr W.J. Johnston:** You can't talk about that yet.

**Dr K.D. HAMES:** No, but the reason my adviser was absent was to have a clear look at that amendment. It may make sense to accept the next amendment, but I will find out in a short time. We definitely do not support the changes in the current amendment.

**Mr R.H. COOK:** I remind the minister that we all have connections with that hospital. My grandfather trained there and my father trained there.

**Ms J.M. Freeman:** And you will be Minister for Health one day so you will be the board there one day.

**Mr R.H. COOK:** Indeed, member for Nollamara; I will be the board there then.

Perhaps we have jumped the gun in describing some of these services. What we were trying to do was to reflect what the minister, in opposition, was trying to suggest to the public; that is, if they voted for the Liberal Party, it would hold on to the hospital in perpetuity and do all those things that are done there now. The former home page of saverph.com talked about Labor's plan to close the hospital. That was not true.

**Dr K.D. Hames:** I always used the term "tertiary" every time I did it and I admit that not everyone else did the same.

**Mr R.H. COOK:** This is the minister's campaign material.

**Dr K.D. Hames:** The member for Cannington will know that sometimes what is said in one spot is not necessarily reflected in another.

**Mr W.J. Johnston:** I am not Tony Abbott.

**Mr R.H. COOK:** The former home page of saverph.com created a distinct impression that a Liberal government would preserve RPH in exactly the same form as it is at the moment. It stated that the Carpenter government was closing RPH, our state's largest hospital. It noted that the hospital had 550 beds and 7 000 staff, and that the hospital managed 500 major trauma cases in 2006 alone, some of those by helicopter transfer. Indeed, it mentions that the Telstra burns unit is there, which had been opened only three years earlier. We are to assume from this that the firm impression the minister was trying to put in people's minds was that a Liberal government would maintain the hospital on basically the same basis as it was when it was elected to Parliament.

**Dr K.D. Hames:** But we said 400 beds. Pretty much that is true, and that is what we are doing.

**Mr R.H. COOK:** It says 550 beds. Perhaps we took the minister a bit too literally when he drafted this bill and we put forward our amendments, because our amendments essentially reflect what the minister was trying to place in the minds of the people who were concerned about the closing of the hospital and to put into action what he was suggesting he would do, which was to preserve the hospital in every way, shape and form because that is what a Liberal government, if elected, would ultimately do. From that perspective, the minister should not have any problems in supporting this amendment because it is simply carrying out exactly what he wanted to do in the first place.

I also want to thank the minister for earlier providing me with a list of services that he is looking to maintain at the hospital and acknowledge that he provided that list to me earlier in the debate. As the minister observed just then, obviously that list is out of date. In conclusion, I am wondering whether the minister would be good enough to provide an updated list of the services he contemplates will be delivered from that site.

As I said, these amendments may not be to the minister's taste but they go to the nub of what he was suggesting in the last election campaign; that is, the hospital would be preserved at its current capacity and in a way that was consistent with the impression he had placed in the minds of the electorate at the time.

**Ms J.M. FREEMAN:** I agree with all the things the member for Kwinana said. I think it is very important that in these definitions we be clear about what was intended in bringing this bill to the house. I need to also make clear that I support the continuation of Royal Perth Hospital, as the Labor Party always has done, and certainly in servicing the areas of Mirrabooka, Nollamara and Balga. These measures seek to ensure that the legislation is understood in the future. If the minister believes that the amendment needs to be amended from "services at the current level" to "services at a sustainable level or an efficient level", the minister should certainly think of amending our amendment for that purpose. What is most important in this debate, which was so fundamentally outlined by the Deputy Leader of the Opposition, is that this is what was intended.

As a member of the Joint Standing Committee on Delegated Legislation, I am quite cautious and sometimes opposed to referring everything to regulation. Even when skeletal legislation runs successfully, such as with the

occupational safety and health legislation, it is fraught with problems. It means that departments can change the definitions of important aspects of an act, even such things as what a tertiary hospital means, and it is difficult for this chamber to disallow that. These definitions are very important and I commend them to the chamber.

**Mr W.J. JOHNSTON:** I want to give a short commentary on this matter. The minister said that the government needed to have the capacity to adjust the level of activity at Royal Perth Hospital. That is what the Labor Party went to the last election saying, while the Liberal Party said, “Vote for us and you’ll keep what you’ve got.” That fundamentally goes to the question of honesty. The reason the Liberal Party does not support this amendment is because it was not honest at the time of the 2008 election. That is the nub of this whole issue. The Liberal Party sold this whole idea of having the Royal Perth Hospital Protection Bill as part of its 100-day plan. I will make two points about that. Firstly, they sold it as the Liberal Party protecting what people had at Royal Perth Hospital, and that the Labor Party would not. Secondly, they tried to create the impression that they had a plan for when they won the election. That was very important because everybody knew they did not have a plan. If they had not gone to the people pretending they had a plan, their whole political campaign at the time would be undermined. So, instead of coming up with a plan, they came up with a slogan, which was a bill to protect Royal Perth Hospital. However, if the bill is only meaningless drivel, which is what we have been presented with by the minister, then there is no protection in the bill that he is proposing; that is, the government can change every aspect of the operation of the hospital and still comply with the bill. The Liberal Party had a political campaign about protecting Royal Perth Hospital, but in government they are not protecting Royal Perth Hospital. If the minister wants to reject the Labor Party’s proposals, the government should be honest with the people of Western Australia and say its plan for Royal Perth Hospital is the same as the Labor Party’s plan and that the position it took to the last election was false.

The minister said the government has to adjust the number of beds at Royal Perth Hospital because of the clinical services framework. Guess what, minister? The minister is in government; he can add extra resources if he wants. That is the minister’s decision because he is in government. If the minister honestly believes the things that were said by the Liberal Party before the 2008 election, that is what he would do.

We will come to the amendment that I will move later. The people of Western Australia clearly believed that if they elected the Liberal Party, it did not matter what happened at Fiona Stanley Hospital, Sir Charles Gairdner Hospital, Joondalup Health Campus or anywhere else—they would keep what they had at Royal Perth Hospital. Now the minister said he cannot do that because of the clinical services framework. The minister can change the clinical services framework. The minister is in charge; he can add extra resources into the health system so he can keep every bed and every service at Royal Perth Hospital. If the minister wants two burns units, he can have two burns units. If he wants three cardio units, he can have them. It might not be the right way to go, but that is what the minister can do because he is in charge. But the minister should not say before the election, “This is what you’re going to get”, and then deliver something else after the election. It is not fair; it is not right and it is not honest. I would love to see the Liberal government deliver a little honesty, because that is the one thing we have not seen from it.

**Amendment put and negatived.**

Debate adjourned, on motion by **Dr K.D. Hames (Minister for Health)**.