

## ALBANY REGIONAL HOSPITAL

### *Grievance*

**MR P.B. WATSON (Albany)** [9.53 am]: I approached the Minister for Health some time ago about concerns that had been raised with me by staff from the Albany Regional Hospital; the minister replied that there were no issues at all. He said that the issues were a media beat-up by me and a local Albany journalist. Before I get to the nub of my grievance, I assure the house and the people of my electorate that Albany Regional Hospital is staffed by some of the most dedicated, caring and compassionate staff that could be found anywhere. That includes support staff, administration staff, nursing staff and medical staff. The staff at Albany Regional Hospital are truly outstanding in their commitment to their patients, and despite many of them having serious concerns about the way the hospital is being run, they have always put the patients first.

I will not duck the issue: the previous Labor government did not cover itself in glory in respect of the Albany Regional Hospital. We tried to get a major redevelopment underway and we were extremely frustrated by the length of time it took to get plans developed and work underway. As history shows, the previous Labor government finally got a new hospital on the drawing board and work was due to start in October 2008, but the election result put paid to that. We now have a government that has promised to build a brand new hospital in Albany during its first term; I remind the minister that the clock is ticking. The government is more than a quarter of the way through its first term and there are no plans, no budget, and no timetable, and we have no clue whatsoever about what will happen with the Albany Regional Hospital, yet the Minister for Health is still saying that we will have a new hospital during the government's first term. I admit that the previous government dropped the ball in respect of this hospital, but the minister has taken the bat and ball and gone home. He has no plans, no idea and no interest at all in what is or is not happening at Albany Regional Hospital.

When the Minister for Health told me that there were no issues at the hospital, I wondered whose advice he was taking. It certainly was not the advice of the hospital employees who had been coming to see me—everyone from cleaners and orderlies to senior doctors have been beating a path to my door with a litany of complaints. I called a meeting with local staff at the hospital on a very cold afternoon in Albany and more than 80 people turned up. Several issues came up. Security conditions at the hospital are terrible. One orderly is in charge of security at night, and we know that in this day and age young people on drugs come into hospitals at night, and there are all sorts of issues surrounding that. The police stay for a certain amount of time, but there is only one orderly in charge of security, who could be anywhere in the hospital at the time incidents occur.

There is a “purple circle” within management; anyone in favour with the purple circle gets favourable treatment with regard to employment perks, professional development, rostering and the like. Support staff, nursing staff and doctors have all reported a culture of bullying amongst management. On one occasion, a position at the hospital was advertised but the person favoured by management did not qualify for it, so the position was held over for eight months while that person was sent to Perth to get training.

Support service staff are upset that they are now being described as “back-of-house” staff. There is poor communication between management and visiting doctors, including the drawing up of patient and theatre lists. A specialist neurologist, Stan Wisniewski, has been coming down there —

**Dr K.D. Hames** interjected.

**Mr P.B. WATSON:** I am a patient of his, and when I see him, his name is Wisniewski.

One surgeon has already pulled out, and another came to see me during the week to say that he is also withdrawing his services from the hospital.

Management does not consult with staff when introducing changes, and there is very poor management of people returning to work after illness. Favoured casual employees are given privileges not given to permanent staff such as housing and supervisory roles that include drawing up rosters, promotions, and travel to Perth for staff development training. The redeployment process is hopelessly inadequate and probation seems to apply only to front-line staff and not to management administration. On-call doctors are being asked to work excessive hours, and there are concerns about the possible privatisation of laundry and kitchen services at the new hospital. Patients are being sent home when still sick because of bed shortages.

Albany Regional Hospital should adopt the European wheel-and-spoke model, in which all departments speak directly to management rather than going through a lineal chain of command. There are five office administration staff per nurse, and too many beds are being taken up by aged-care and cardiovascular patients whose care is very time-consuming, which puts too much pressure on the nursing staff. Alcohol and drugs are an issue; the hospital needs to introduce random alcohol and drugs testing for all staff, including management. The storage and consumption of alcohol on the premises should be banned.

The hospital is also receiving negative press. At least one member of management blamed me and Eric Ripper for this, but I can assure members that the local press is reporting what it is being told by staff at the hospital; I can also assure members that it does not typically run an agenda for my benefit. It can take many weeks or months to employ new front-line staff, yet management seems to be able to put additional management staff on the payroll at a moment's notice.

Some of the concerns about negative press stem from the fact that there have recently been three coronial inquiries into three separate deaths at Albany Regional Hospital that occurred over a significant time, but the fact that the three inquiries were held consecutively gave some people the impression that there had been a rash of deaths over a short time. I congratulate the Minister for Health for his apology this morning to Mr Watmore and Mrs Soerink, but we have to make sure that this does not happen again. It is all right to stand in Parliament and talk about these matters, but it is not the same when a member has two of his constituents sitting across his desk from him, and he is crying along with them as they tell him how their young son went to hospital perfectly healthy and subsequently died. If he had gone into hospital during the day, he would still be alive. The fact is that he went in at night, the doctor was tired and all these things happened. I do not care whether the National Party, the Liberal Party or the Labor Party are in government; the people of Albany just want to make sure that they have a safe hospital. It should never have happened. Kieran was a strong young man. He went to hospital and never came out. I am not saying that I want the minister to perform miracles. All I want him to do is assure the people of Albany that when we send our young people in Albany to hospital, they will be looked after, and that they will not have to go through what my constituents have gone through in this tragic situation. There are issues there about which I plead, on behalf of my constituents in Albany, that the minister at least look at addressing.

**DR K.D. HAMES (Dawesville — Minister for Health)** [10.00 am]: I thank the member for the grievance. I am more than happy to have this opportunity to discuss issues at Albany Regional Hospital. I will start with the last point first—that is, the tragic death of young Kieran. The member for Albany is right: the apology was not enough. A large number of recommendations have been made about what should happen at not only that hospital, but also other hospitals throughout Western Australia. I have given instructions that all those recommendations be put in place as a matter of urgency across our hospitals to try to prevent that happening again.

I also appreciate the comment that it does not matter who is in government. All the three deaths occurred while the member for Albany was in government, or when no-one was in government during the changeover. The practices, therefore, that were operating at hospitals were not specifically put in place by the previous government; they were just there and that was the way hospitals operated. They have continued to operate in exactly that same manner until now. Now that I know what those practices are, I have the opportunity to change them.

The practices that led to the deaths in themselves were not serious in the sense that each individual complaint that was made was not about someone doing something deliberately wrong or any great failure of management; it was a collection of things added to each other. These things included poor reporting practices, inadequate knowledge by the doctor of a new drug that he was using and the potential effect that it would have, and a lack of knowledge of the systems that were operating in the hospital. Proper monitoring of that patient should have been put in place. I think we would have expected that it would be in place, but that did not occur. All those things very sadly, therefore, joined together to cause those problems. The issues surrounding those deaths, as I say, are not recent issues. The last of the three deaths was in August 2008. We did not get into government until September 2008.

**Mr P.B. Watson:** The system —

**Dr K.D. HAMES:** Those things, therefore, resulted from a flawed system that obviously needs to be checked and changed.

We then get to the morale issues at those hospitals. We debated this when we were last in Parliament. I did not say that there was nothing wrong. The member for Albany will recall, if he reads *Hansard* again, that I accepted that there were issues between management and staff, such as a lack of communication and a lack of rapport between senior management and staff, and that they needed to be addressed and would be addressed by changing management practices for better communication with staff.

There are different ways that members of Parliament operate in their electorate. There is the method of standing on the outside and shooting in barbs, which has always been part of the practice of people involved in raising areas of concern; or there is the method of working with hospital management and the local community to try to fix issues. When the member for Albany was in government, he took the latter approach of going out there, despite all the issues to do with the prolonged delay in building the reconstructed hospital over two terms of government, and working with government and staff in trying to resolve problems, particularly with the

construction. Now that we are in government, he is taking the opposite approach of standing on the outside and shooting in barbs. What that does is create issues.

**Mr P.B. Watson** interjected.

**Dr K.D. HAMES:** The member for Albany gets very friendly with the union representatives and people with whom he has an affiliation, but he puts the rest of the people who are trying to manage and look after things offside. It is like he is in his old proletariat days and seeing management as the enemy.

Several members interjected.

**The SPEAKER:** Members!

**Dr K.D. HAMES:** I have received a briefing note in which senior staff state that they have never been so incensed—in fact I am reading the word “incensed”—by the member for Albany’s behaviour. They are saying that he is creating a self-fulfilling prophecy by going out and complaining about issues of management in the hospital without trying to be part of sorting those out. He is creating that lack of morale.

**Mr P.B. Watson:** You are looking after management. You are not listening. It is not going to go away!

**Dr K.D. HAMES:** Newspaper articles incorrectly reported the linkage between the deaths and some of the staff. Those staff members were extremely distressed by that linkage in the paper.

**Mr P.B. Watson:** I never said anything about that coronial inquiry.

**Dr K.D. HAMES:** The member for Albany gave his grievance. It is common practice in grievances for the member to have his seven minutes and for me to reply.

Several members interjected.

**The SPEAKER:** Thank you, members!

Several members interjected.

**The SPEAKER:** Member for Armadale! Member for Albany, you had your grievance heard in silence.

**Mr P.B. Watson:** He was muttering over there all the time.

**The SPEAKER:** The minister, I note, mutters all the time about a range of things!

**Dr K.D. HAMES:** Thank you, Mr Speaker! I have never seen a group of staff so incensed by what has been done. The member for Albany has been given the opportunity to do things and to be involved. I have gone through the reality of what the senior management staff have done for the member. They have met with —

**Mr P.B. Watson:** With senior staff.

**Dr K.D. HAMES:** They have invited the member to put forward —

**Mr P.B. Watson:** That is all you’re talking to, isn’t it? Go and talk to the people on the wards.

**The SPEAKER:** Member for Albany!

**Mr P.B. Watson:** They’re the ones looking after the patients.

**The SPEAKER:** Member for Albany, you have had your grievance.

**Mr P.B. Watson:** You’re a joke!

**The SPEAKER:** The member for Albany has made his point. I am going to formally call him to order for the first time.

**Dr K.D. HAMES:** The member for Albany has had the opportunity to put forward —

**Mr P.B. Watson:** Go and talk to the staff. Of course the managers are going to say that. You are talking to the wrong people.

**Dr K.D. HAMES:** They have given the member for Albany an opportunity to put forward the complaints by the staff and detail what those issues are, and he has refused —

**Mr P.B. Watson** interjected.

**The SPEAKER:** Member for Albany!

**Dr K.D. HAMES:** The member for Albany has refused to detail those complaints.

**Mr P.B. Watson:** It’s going to happen again under your watch and you are not going to do anything for the people of Albany. You were a failed minister before; you are a failed minister now.

**The SPEAKER:** Member for Albany, you might know, because you are an Acting Speaker, that there are certain things that need to be observed in this place, and you are not observing them. I formally call you for the second time. I think your point is made. I think the minister understands what you are saying. I would ask that the minister conclude his remarks and that the member for Albany sit there in silence for that period.

**Dr K.D. HAMES:** Thank you, Mr Speaker. The member was given that opportunity. Staff have been given that opportunity. All the staff within the hospital have been contacted and asked if there were issues. They said no.

**Mr P.B. Watson:** What do you expect? They will be penalised if they talk. That is why they came to my meeting; 80 of them.

**Dr K.D. HAMES:** The unions representing those staff —

**Mr P.B. Watson** interjected.

**Dr K.D. HAMES:** Mr Speaker, all the member is trying to do is get kicked out of the chamber. I am not going to give him that opportunity.

Several members interjected.

**Dr K.D. HAMES:** I tell you, Mr Speaker, that a staff satisfaction survey was put out last week. The turnover rates in the hospital are no different from the turnover rates in any other hospital. Those staff are being given every opportunity to complain.

Several members interjected.

**Dr K.D. HAMES:** What they do is complain about the local member. That is who they complain about—the member for Albany!

**The SPEAKER:** Thank you, minister.

Several members interjected.

**The SPEAKER:** Thank you, members. I am glad you are so enthused this morning; it is wonderful.