

MINISTER FOR HEALTH — HEALTH WORKFORCE

Matter of Public Interest

THE DEPUTY SPEAKER (Mr S.J. Price) informed the Assembly that he was in receipt within the prescribed time of a letter from the member for Vasse seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [3.28 pm]: I move —

That this house condemns the Minister for Health for failing to properly plan and manage Western Australia's health workforce and the health portfolio, leading to a chronic system-wide staff shortage and stressed and overworked healthcare workers.

Obviously, I am very keen to speak to this very important motion that has been moved by the opposition today. I would like to remind members of this place that the Minister for Health spent eight years in opposition, and he has now been in government for four years as the Minister for Health. The minister has quite obviously had a lot of time to think about the role, analyse his predecessor and think about how he would approach the important health portfolio. Indeed, I point out that in an article of 2 December 2015 produced and published on PerthNow, the shadow Minister for Health had a very definitive idea about how a state government should approach and manage the health portfolio. I quote from the then shadow Minister for Health at that time. The now Minister for Health stated —

Health is one of the most important jobs of a state government.

It's not a big ask that a government should make health a priority.

Following coming to government, the government undertook the sustainable health review in 2017. In accepting the report in 2019, the Minister for Health stated —

“The demand for health services in Western Australia has grown substantially over the past 20 years as the population has grown and aged, and the incidence of chronic disease, obesity and mental health conditions has risen.

...

“It's time to plan for the future, so we are commencing plans to build a new women's hospital at the QEII site—King Edward Memorial Hospital served the WA community well for more than one hundred years, but it's time to think about the next hundred years.

Four years after commissioning this report and two years after the release of that media statement, nothing has changed. In fact, we are seeing some significant issues and the cracks certainly are getting bigger in the health system as well. I go back to the commitment Labor made when in opposition. In an opinion piece of 2015, the shadow Minister for Health stated at the time —

Mark McGowan has committed WA Labor to having a dedicated Health Minister in his future government.

That is another broken promise of WA Labor. Certainly it is an issue that is becoming more and more prominent as the state faces a health crisis. Every hour that the minister dedicates to his other portfolios is an hour that is not committed to addressing the very urgent and concerning issues facing the health system. The health system is under significant pressure. It is in crisis. I think the biggest concern that the public of Western Australia has is that the Minister for Health is not acknowledging that crisis and is not urgently putting in place measures to address it.

Today in question time, on behalf of the health community and, more broadly, the public, I raised issues about diverting patients from King Edward Memorial Hospital; a prominent maternity hospital in this state. It has been of great concern that mothers-to-be, at 30 weeks pregnant, would be diverted away, which apparently is part and parcel of being part of the public health system, in the words of our health minister.

I asked the Minister for Health what urgency is being put on incentivising our health workforce to ensure that we can attract the midwives, nurses and staff that the health system requires. Quite overwhelmingly, we are seeing not only staff shortages in our health system, but also, among our frontline workers, a culture whereby a lot of health workers do not feel comfortable turning up to work. There have been issues around Fiona Stanley Hospital. I heard feedback directly from staff at Fiona Stanley about staff having panic attacks before going to work; that is, in a job that these workers actually love. It is very distressing to hear that these frontline workers are feeling that their voices are not being heard. These concerns very much reflect the concerns that were raised back in October last year by frontline staff at Perth Children's Hospital as well. We understand what the impact can be when staff are not supported in the way that they should be or, when there are significant understaffing issues, there is an impact in terms of poor patient outcomes. But it should be appreciated that our staff are also working under significant pressure. We have a chronic situation in our health system at the moment, and that is of the government's making. The government would like people to think that it is because of a particular surge in mental health presentations

or because they have been overwhelmed at emergency departments. This has been backed up by Peter Allely of the Australasian College for Emergency Medicine in relation to comments from the Premier. I will quote from Mark McGowan, our Premier, from the beginning of June. The Premier's excuse was —

“And the reasons are complex, but basically they boil down to post-COVID there's been a surge in mental health presentations and it's difficult to explain—but a massive surge in mental health presentations,” ...

The opposition in the Legislative Assembly has asked questions about this supposed surge in mental health patients. Peter Allely of the Australasian College for Emergency Medicine said that figure may have risen a small amount in the last 12 months but it is not a huge amount. Dr Allely stated —

“Mental health patients represent between 10 and 15 per cent of all presentations to our emergency departments.”

Statistics raised by Channel Nine and also through questions asked in Parliament and data provided on the WA Health website illustrate that the demand at our emergency departments involving mental health presentations and emergency department presentations have been on trend and predictable. That is overwhelmingly the feedback that we have had from people in the health profession, including the Australian Medical Association and others. This points to the concern that the government has not planned for or invested in health to ensure that our health staff are supported. The government has not invested in health to ensure that this crisis could be averted. We have seen underinvestment in health. In the first three years of this government, investment in health did not keep up with growth. We know that ambulance ramping has tripled to its highest number. We have seen a record number of code yellows. Elective surgery waitlists have blown out. We also know that our health workers are working under extraordinary pressure. I pointed to the fact that when our health workers are not supported, issues occur and poor patient outcomes happen, and we have had those. The 2020 figures on severity assessment code events are the most recent and up to date. They state that a world-leading health system such as ours is now reporting 519 clinical incidents that have or could have had a near miss or caused serious harm or death attributed to improper healthcare provision. That was in the 2019–20 financial year, which is the most up-to-date information. One death due to improper clinical care is one death too many, but we are looking at 142 of these incidents attributed to improper care provision in 2019–20. The Minister for Health was scathing of the previous government when he was in opposition. He stated in 2012–13 that there had been 309 severity assessment code 1 incidents. He has now overseen a 68 per cent increase in that number under his watch. That illustrates how this government has politicised the health portfolio and ignored the problems that have occurred in response to its mismanagement of health.

A number of issues have been raised with us. The Leader of the Liberal Party will outline that nurses and health workers feel they have been thrown under the bus. The Leader of the Opposition will talk about some of the issues that are impacting regional health workers.

I would like to highlight some specific issues that have been raised with me. A nurse at a metropolitan hospital outlined to me that junior staff are not effectively supported. The minister has talked about bringing on new graduates and we certainly welcome that, but we have had some feedback about that. I was sent an email by a registered nurse at a metropolitan hospital, who also directed it to the Minister for Health. The email states —

I look after the junior nurses coming into the health service. The workload in this position has been immense with very little support, and I am not listened to. I will attach the letter I sent to Risk cover ...

The email continues —

The junior nurses coming into the health service are not supported properly to ensure they are safe and supported. I can see yet another PCH episode occurring at my hospital with one of my junior nurses. Processes being used for secondments and for allocating FTE is not transparent. I am not listened to and after all these years of nursing I am super worried about the safety of our public in a health system in crisis. This is making me sick.

This is an example of the correspondence the opposition receives time after time. Quite obviously, there is real concern amongst our health workers about how they are being supported. We certainly welcome any efforts by the government and its commitment for additional staff at Perth Children's Hospital, but it is not just the staff at Perth Children's Hospital who are feeling the pinch. That email was from a staff member at Armadale–Kelmscott Memorial Hospital. We hear the same things from staff at Fiona Stanley Hospital. I raised in the media recently the significant issues in the maternity ward at Fiona Stanley Hospital. Staff members are having panic attacks before going to work. They are really concerned about the impact on mums and bubs and what this lack of support will result in. They are worried about the pressure they are under to go to work when they are sick and the pressure to do double shifts night after night. These are real concerns.

We are also seeing an impact on patient care. Last week, we heard the story of Rockingham mum Tori Crawford, whose baby died during childbirth at Rockingham General Hospital in December. Tori's uterus had ruptured, but she was not supported by staff until it was too late for her baby girl. The Rockingham hospital report highlights

Deputy Speaker; Ms Libby Mettam; Dr David Honey; Ms Mia Davies; Mr Simon Millman; Ms Meredith Hammat; Mr Roger Cook

that opportunities had been missed to avoid the tragedy and that there had been failures in communication and staff training. That is exactly what the worker from Armadale hospital was talking about when she wrote to not only the opposition but also the Minister for Health on these matters. That is also highlighted by what staff at Fiona Stanley Hospital are saying about being overworked. Warnings were raised by Perth Children's Hospital in October last year and several times since as well. We had the situation last week when there were no emergency department beds available one morning at key metropolitan hospitals—Armadale, Fiona Stanley, Royal Perth, Sir Charles Gardiner and Rockingham. Our health system is under immense pressure. Our staff are feeling the pinch. They deserve to be supported.

I go back to my original comments and the comments made by the Minister for Health when he was the shadow minister back in 2015, when he said —

Health is one of the most important jobs of a state government ... It's not a big ask that a government should make health a priority.

For the benefit of health staff, where is WA Labor's commitment to have a dedicated Minister for Health? We cannot afford to have a part-time minister in this role while our health system is in crisis.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [3.45 pm]: I rise to support this motion by the Deputy Leader of the Liberal Party. This is not a new crisis that we face in the state of Western Australia. Before the election, a *WAtoday* article was published on 9 March headed "'Survival mode': Perth nurse-to-patient ratios reach 'outrageous' levels". The article states —

Nurses at Perth's major hospitals say they are working in "survival mode", operating with shortfalls of 30 to 50 fewer staff than required.

And emergency department doctors have backed the claims, saying staffing ratios accepted in major emergency departments were "outrageous" and would never be accepted in hospital wards.

Nurses say patient safety is at risk, with the shortages most severe in critical care and specialty areas at King Edward Memorial Hospital, Perth Children's Hospital and major emergency departments.

This warning was given well before we saw the dreadful incident at Perth Children's Hospital, but we know that there have been dreadful incidents at a number of hospitals around Perth because of this crisis. The article continues —

Australian Nursing Federation state secretary Mark Olson said nurses were "actively discouraged from calling codes" that would alert hospital management and government authorities to dangerous staff shortages.

A consistent part of this issue is the pressure on staff. That is something this government and this health minister should have been concerned about. This was public. We on this side of the house raised these issues more than two years ago. We raised issues about ramping at the emergency departments of hospitals. We were reporting the concerns of doctors, nurses and other medical staff, who had expressed their concerns to us. We raised what people were saying and, in particular, what the staff in those hospitals were feeling.

The article continues —

Dr Peter Allely wrote an exclusive piece for *WAtoday*, saying hospitals operating in dangerous ways was now the norm.

"There are not enough beds in our WA hospitals and EDs to accommodate all the sick and injured people who come to us for help every day," Dr Allely wrote.

I will not quote that article at length given the amount of time I have in which to speak. An ABC news report published on Wednesday, 21 April this year and headed "WorkSafe to investigate Bunbury Hospital after AMA workplace culture complaints" states —

WA's workplace health and safety body has confirmed it will launch an investigation today into the Australian Medical Association's claims of a "crisis" situation at Bunbury hospital.

A recent AMA survey of more than 55 doctors at the health campus found more than 80 per cent of hospital staff were worried about poor staff morale, with more than half of them suggesting the issues had worsened over the past year.

It goes on —

The head of the WA branch of the AMA, Andrew Miller, said he spoke to staff about concerns that workplace culture was affecting patient care.

"They don't feel that the culture is good, they don't feel like they can safely raise concerns about patient care without their jobs being at risk," ...

That issue was amplified with the reference of staff to the Australian Health Practitioner Regulation Agency. The article continues —

“When the hospital makes arrangements around rostering, around patient loads, around the number of beds that will be opened, how many staff get rostered on for different shifts and the amount of overtime they have to work—staff have concerns around the sustainability and the safety for patients as a result of that.”

On 4 June, Peter Law wrote an article headed “Fiona Stanley Hospital deputy director of clinical services John Anderson declares crisis in ED”. This is a senior staff member of the hospital and someone who should be listened to. The article goes on to say —

An executive at one of WA’s biggest public hospitals has admitted what the State Government won’t—doctors have faced an unprecedented “crisis” this week.

I note that the Minister for Health and the Premier, and others, refuse to call this a crisis. I think this will be worse than a crisis. I have the greatest fear that this will be a complete meltdown of our health system. I will explain why. I will not quote the article in full, but in that article the deputy director of clinical services, Dr John Anderson, is quoted as saying —

Yesterday, “bed state black” was declared at the hospital’s intensive care unit, meaning the department couldn’t accept any more patients and they needed to go elsewhere for treatment.

The article goes on to state —

Dr Anderson reminded staff of “mandated actions” designed to identify patients “for potential transfer or discharge as soon as possible”.

The staff are being put in the position of having to put patients who should be staying in hospital out of the hospital or directing them somewhere else. Patients are being pressured by the staff to go home. That causes distress to not just those patients but also the staff in those hospitals.

I refer to a recent article from Thursday, 10 June, titled “King Edward Memorial Hospital boss says midwife and bed shortage to blame for bypass”. The article states —

Sick midwives, staff shortages and closed beds are to blame for having to turn away mothers from the State’s leading maternity hospital, says North Metropolitan Health Service acting chief executive Tony Dolan.

His comments come after it was revealed King Edward Memorial Hospital ... went into bypass for 24 hours this week, leading to a mother being diverted to Osborne Park Hospital.

...

Mr Dolan said the diversion was caused due to the high volume of patients, “sickness around midwifery staff” and “shortages” in the midwifery workforce.

What is most disturbing in this article is that it goes on to quote Mr Dolan as saying —

“At the moment for the beds that we’ve got open, we’re about 28 midwives short,” ...

That means that the hospital does not have the staff-to-patient ratio that it requires to safely administer health services. I saw the minister shake his head. Otherwise, does that mean that that hospital has 28 midwives in excess of requirements? We know that is not the truth because we have taken the time to talk to the staff. The Deputy Leader of the Liberal Party; shadow Minister for Health has been doing a fantastic job of digging into this issue.

This is a crisis of the government’s making. The government has done nothing for four years. It is hiding behind COVID. What is most egregious is the treatment of staff, or should I say the mistreatment of staff. The staff do not feel safe. Why do the staff not feel safe? The prime reason is that we had an incident at Perth Children’s Hospital. An investigation was carried out, which the CEO would not even sign off, yet three of those staff members were referred to the Australian Health Practitioner Regulation Agency. I have spoken to other senior medical managers in hospitals, and they are saying now that none of their staff feel safe. In fact, I believe AHPRA is being overwhelmed with staff reporting the hospitals for having an unsafe work environment. The staff are overworked. They are terrified that if they make a single mistake, they will be disciplined. As I have said before, the staff are distressed.

I will finish on this point. The most worrying thing about all this is that those staff are becoming so distressed and feel so unsafe that it is affecting their health. They are being asked to do two or three shifts in a row. That means that those staff are not getting proper rest and proper recreation. Those staff are saying, “If I’m going to be unsafe, then I won’t come to work when I feel unwell. I won’t come to work when I feel distressed.” That is going to happen at an accelerated rate. I am enormously concerned that the lack of sufficient action by this government will cause not just a crisis but a complete meltdown of our hospitals in Western Australia.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [3.53 pm]: I rise to add my comments to this motion. Again, we have raised what is a most concerning issue for the community of this state. It seems that we leave this place for a week and go back to our electorates, and we come back and a number of crises have emerged again in just that short period. We keep finding ourselves, Minister for Health, in the position of having to raise these very, very serious issues in state Parliament.

I am afraid to say that it is not just in the metropolitan area that we see this malaise. It is seeping out across regional Western Australia. We know that regional Western Australians have challenges in accessing topnotch health care. It is a very difficult area to service. We have some amazing staff. However, it was most distressing to see from an editorial in the *Albany Advertiser* online of 10 June that there has been significant ambulance ramping at Albany Health Campus. The Leader of the Liberal Party raised issues with Bunbury Hospital. “Toxic work culture” is used in reference to that particular campus. On a number of occasions, WorkSafe Western Australia has been called in to deal with the issues that are being raised in that place. These are not issues that go to bringing about positive patient outcomes when we are talking about trying to provide a top-level health service. The article states that at Albany Health Campus, the ambulance ramping total for May was 19 hours. The article goes on to say —

... Albany’s ramping total this financial year was higher than in the previous five years combined.

We have since been contacted by local medical professionals who have shared their concerns about a system being pushed to its limits.

The people who raised these issues want to remain anonymous. They are scared for their jobs. The article goes on to say —

In a region where ambulances are scarce and some manned by volunteers ... ramping can have disastrous outcomes.

We’re told nurses and doctors are doing their best, but there aren’t enough people or resources to go around.

That is incredibly concerning. Albany is a major regional health centre. Bunbury Hospital has been described as having a toxic work culture.

We have also talked in this place previously about the fact that this minister has missed the red flags that have been emerging over the last four years. I stood in this place on 25 September 2019 to talk about midwives and midwifery in regional Western Australia in particular and to raise my concerns that we were not doing enough to ensure that we have midwives in regional Western Australia. I raised the fact that Geraldton Universities Centre had been trying to partner with the state government to come up with a model that would ensure we could grow our own midwifery workforce and have enough staff on the ground to provide this vital service. That was blocked by the Department of Health. The minister could not provide an answer to how we might overcome that blockage. As far as I know, Geraldton Universities Centre gave up on trying to pursue that. This universities centre was trying to create a model that would provide a sustainable intake of staff to build midwifery expertise in regional WA and to take the pressure off our tertiary hospitals, yet back in September 2019, when we raised this issue, along with many other issues in regional health, that was ignored by this government, we could not get an outcome, and the centre abandoned that idea. Regardless of whether this centre comes back to pursuing that, it is incumbent on this government to look at all options when it comes to providing a midwifery workforce for our state, not just in our tertiary hospitals, which we know are in crisis, but also in our regional areas, where we have to be able to think outside the square and work with those education providers to ensure that we have the best medical care available. We certainly have been raising those issues in this place for some time. Those red flags have been ignored by this government. We have talked about that in the case of the Your Voice in Health survey and have gone through all those things that have been raised previously. I have run out of time.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [3.58 pm]: I rise to make a contribution to this matter of public interest on the provision of health services in Western Australia. I notice that when one has regard to the text of the MPI, one of the fundamental attributes on which the opposition speakers have failed to make out their case is that the Minister for Health does not have a plan to tackle the issues in health.

Mr P.J. Rundle interjected.

Mr S.A. MILLMAN: Not once, member, did I interject while opposition members were speaking. I will seek the protection of the Deputy Speaker because I do not propose to suffer the interjections that I had to endure last time around. I have a number of points that I would like to make in the short amount of time that I have available to me.

Mr R.S. Love: We’d like that too.

Mr S.A. MILLMAN: Excellent. Thank you, member for Moore.

Opposition members have said, firstly, that the Minister for Health does not have a plan and, secondly, that we have been in office for four years and that nothing has changed. Let me deal with the first proposition because that

statement demonstrates an impressive level of hyperbole. It did not take me any time at all from the moment that this matter of public interest started until now, 30 minutes ago—very little time at all—to determine some of the outstanding achievements that the minister delivered over his first four years in government. The Perth Children’s Hospital was opened. The Kalamunda Hospital was upgraded. There was a \$13 million investment for the Harvey health service. CT scanners were introduced in the Karratha Health Campus and the Geraldton Health Campus. We have a new MRI scanner in Kalgoorlie. The budgets that have been handed down, including the first budget in 2017 and those throughout the first term of government, have all contributed significant sums of money to the health budget. Incredible work was done throughout the first term of the McGowan government to tackle mental health. In the pre-COVID-19 pandemic era, there had been a significant increase in the impact of mental health. This has been, I think, the function of a couple of things, one of which is a silver lining. One thing that I have noticed over the past few years is that the taboo associated with mental health has ameliorated. People are much more comfortable, confident, assured and prepared to raise, canvass and discuss mental health issues. Members need only refer to some of the incredible maiden speeches in this place a couple of weeks ago to recognise how important the question of mental health is. Because more people are aware of mental health, more people are taking time to access the necessary services, and although that puts an additional demand on our system, it should be welcomed because we are helping and treating those people. That is the way in which the McGowan government is putting patients first. Understandably, we also need to ensure that we put significant investment into mental health. I see the member for Joondalup, who is passionate about this topic, and it reminds me that \$7.1 million was invested during the term of the last government into a mental health observation area at Joondalup Health Campus.

I heard the contribution of the member for Central Wheatbelt. I note that the health services in Katanning, Gnowangerup, Kojonup and Tambellup—all in Nationals WA seats—received increased funding, upgrades, extra facilities and resources. That is what happened in just the last term of government. For those who have said that nothing has changed or nothing has happened —

Ms M.J. Davies interjected.

Mr S.A. MILLMAN: No; I did not interject once while you were speaking.

Ms M.J. Davies interjected.

Mr S.A. MILLMAN: Not once did I interject, member. The problem is that when the Leader of the Opposition tried to articulate her argument—she failed to do it—she said, first, nothing has happened and, second, that this is a minister without a plan. The facts speak for themselves: plenty has happened.

[Quorum formed.]

Mr S.A. MILLMAN: I appreciate the contribution of the member for Moore. The more people who hear just how wrong the case that was presented by the opposition in this MPI, the better.

Let me disabuse all members of the proposition that nothing was done over the last four years. The next thing I want to do is to make sure that everyone is crystal clear that this government and this minister have a plan for tackling the unprecedented circumstances in which the health system finds itself. As I have done on a number of occasions, because members of the opposition do not grasp this, I will locate this argument in the necessary global context. We are in the midst of both a global surge in demand for health services and in the midst of a global pandemic, yet the Western Australian government and the Western Australian health system continue to deliver a world-class health system for the citizens of Western Australia. That stands in stark contrast to any number of other jurisdictions and it stands as testament to the work that this government has done.

The one thing that the opposition does not seem to be able to grapple with is that health is a complex portfolio that is multifaceted. One of the most incredible propositions that the opposition advances—I am flabbergasted by it every time I hear it—is that somehow this minister is not capable of dealing with the question of health at the same time as he deals with jobs or trade or science or medical research. I have said it before and I will say it again: these portfolio responsibilities bring together areas of absolute focus for this government. They provide us with the opportunity to take advantage of the fact that we are world leaders in our COVID-19 pandemic response. Our major trading partners—Japan, Korea, India and China—are all still wrestling with this. The Prime Minister—your Prime Minister—at the moment is doing a free trade agreement with Britain, which is wrestling with wave after wave of COVID. The British National Health Service has a hospital waiting list for elective surgery of over five million people. That is indicative of the global nature of the surging demand on health systems worldwide. One way in which we can leverage our excellent response to the COVID pandemic and to promote trade at the same time is by resourcing this portfolio with an excellent minister, and to have those conversations with our trading partners. I have mentioned this previously, but I have to mention it again because the opposition fails to take the point: it is only by investing in medical research, science and innovation that we will find ourselves in a position to be able to continue to deliver our world-class health system.

I was with Professor Lyn Beazley and the Labor members for Scarborough and Churchlands at the Royal Perth Hospital Health Excellence Awards in research at the WA Museum a couple of nights ago, and it was incredible to hear about some of the cutting edge research that is being done and funded by the Royal Perth Hospital Medical Research Foundation.

The other thing that the opposition has a tendency to do is to quote selectively. They are masters of the idea that data is the aggregation of anecdotes. It is not. They grab one story and blow it out of all proportion. It is incredible. The minister must have a thick hide, because when he introduces a reform, he is criticised for it—and then the opposition quotes him out of context. When we were elected to government, we initiated a staff survey to get a sense of the attitudes of staff working in our health department. Opposition members have a tendency to grab the worst possible story. Why do they think that that is going to work? It does not wash as far as I am concerned. They need to look at the entire picture and not quote selectively in order to demonstrate a weak point that they have not been able to establish in any event. I got the results from the 2020 Your Voice in Health survey that found that health staff are positive about their roles and strongly committed to patient care. Engagement levels in the survey rose, despite the interruption of the COVID-19 pandemic. It found that areas for improvement included more support for staff wellbeing. The results of the second Western Australian health system staff engagement survey show increased employee engagement and that the workforce is positive about their roles and strongly committed to patient care.

None of that should come as a surprise to any member in this chamber. I for one stand in support of health workers in the hospitals and health services in my community in Mount Lawley—places like Osborne Park Hospital, Royal Perth Hospital and Sir Charles Gairdner Hospital. While I am talking about Osborne Park Hospital, I was amazed to hear the opposition level against us, as though it were a criticism, that somebody was not able to get service at King Edward Memorial Hospital for Women but was able to access services at Osborne Park Hospital. In fact, this is what a health system should look like—a system where a service is provided, irrespective of geographic location, and where people can go from King Edward Memorial Hospital and still receive world-class care at Osborne Park Hospital. I know it is world-class care because I have been there, and I was there with the minister when we announced millions of dollars' worth of investment in that particular facility at Osborne Park so it can continue to deliver world-class care for the people in my community of Mount Lawley.

The other point I wish to make relates to the absence of a plan. Such an incredible proposition was advanced by the opposition. Clearly, this government has a plan. We took that plan to the election and we are committed to delivering on that plan. When there is pressure on emergency departments, we need to spend money to upgrade them. That is why we spent money on Royal Perth Hospital's emergency department, we are spending money on Sir Charles Gairdner Hospital's emergency department and Peel Health Campus will get an upgrade. I have mentioned all these previously but I am making the same points again because it seems as though the opposition has not got the point; it is not very good at listening. Armadale Health Service's emergency department was upgraded.

This is a government that recognises that our health system is facing challenges. It is not unique or constrained to Western Australia. This government is well placed to deliver the necessary policy outcomes to tackle those challenges. The only reason we can tackle those challenges is that ever since we took over the Treasury bench, we have been focused on making sure that finances are on a sustainable footing to be able to pay for this health service into the future. The problem with those opposite is that the government that they were part of was in the never-never. It just increased debt and deficit, and it was completely unsustainable. We need a responsible, mature government that has a plan and has the capacity, fortitude and ability to implement that plan. We need a minister with the drive and vision of the Minister for Health to make sure that that is delivered.

MS M.J. HAMMAT (Mirrabooka) [4.11 pm]: Thank you for the opportunity to rise and speak on this matter of public interest. I am delighted to have the opportunity to speak on an issue that I have spent some time thinking about over many years—that is, the health workforce. It is particularly important to note, when speaking about the matter before the chamber today, that we have heard a lot about some of the professional workers in the system. But it is worth noting that the health workforce is made up of many workers. Doctors and nurses have clearly been reflected on by the members in the corner today. Particularly on International Cleaners Day, it is important to recognise that cleaners in our hospitals perform essential roles, as indeed do orderlies and a wide variety of other health professionals such as physios, nutritionists and administration staff. During any discussion about our health workforce, at the very front of our mind we should recognise that the health workforce is not just made up of doctors and nurses, although clearly they are important. All the workers in our health system are important. They all perform essential roles. But it would be remiss of us not to reflect on the very important services that others also perform in our health system.

I rise today because I particularly want to talk about the sustainable health review. We have heard from the member for Mount Lawley that one of the key propositions in the matter of public interest before us today is the idea that there is the lack of a plan in the health system. I strongly reject that proposition. I do that because I want to acknowledge the work that has gone into developing a sustainable health plan for our system. Much of that work was initiated

by the current Minister for Health on assuming office when the government established the sustainable health review. It was announced in 2017, so shortly after the state election. The final report was completed in 2019. That is a blueprint for the next 10 years at least, to ensure that Western Australians receive quality health care that can be sustained for generations. This is the challenge that we all recognise: we need to have a sustainable long-term health system for all Western Australians. I was fortunate to be involved in that review as one of the panel members. I am very glad to report that the final report focused on driving a cultural change and on prevention and community care as essential parts of ensuring that we have a sustainable world-class health system. That review and the work of that panel was very much focused on delivering patient-centred care, so recognising that patients are at the centre of all that we do. The health system should also provide high-quality care and financially sustainable health care.

A range of issues were considered as part of the review. To the minister's credit, he appointed a very sound panel to undertake the work. That panel was excellently led by Robyn Kruk, a woman with significant international experience in matters of health care. It also included the director general of Health and the Under Treasurer, an important person with views about the health system. We had a nominee from the minister, Warren Harding, and also nominees to speak on behalf of clinical staff in the clinical considerations, as well as nominees from consumers and carers, and employee nominees. The panel included a broad range of stakeholders with interests in the health system. The panel undertook very extensive work and carried out extensive consultations in the community. It engaged with hundreds of individuals and organisations. It accepted hundreds of written submissions as a way of really understanding what our health system needed to achieve in the future from a wide range of perspectives. This group travelled all over the state and convened forums in many regional centres as well as many forums in the metropolitan area. It also worked with reference groups on an ongoing basis, one comprising clinicians and the other comprising consumers. Extensive consultation work was undertaken. One of the things that struck me was the high level of mature responses that we heard during those consultations. People are very considered about the health system and recognise that many challenges are placed upon it. They also recognise that careful planning and work will ensure that we are able to deliver a health system that ensures people access the health care that they need at the time they need it. They also recognise that sustainability is key to the long-term success of our health system. I think it was a very good process. It was a very extensive process. It took account of a wide range of interests, both within the health system and also within the community, recognising that many other organisations also have views about our health system. This was pulled together into a final report that was released in 2019. It developed a number of long-term strategies for the health system.

To suggest, as members in the corner have done, that there is no plan for our health system is false because very detailed work has clearly been undertaken by this government, not just to extract one or two case studies and then submit that those stories represent the universal experience of many, but a very detailed piece of work from a panel that undertook very extensive consultations, listened to what people had to say, issued an interim report to gain feedback so that we could test our ideas and assumptions and then produced a final report. That demonstrates a very strong commitment to not just developing a plan but developing a plan that was properly consulted on and properly considered, one that has sustainability at its heart and recognises that we must deliver care in the community and work in partnership with many organisations if we are to succeed. I guess I contrast quite sharply the work that this government and this minister have done to deliver a plan with the latest anecdote that was contributed to the debate by those in the corner.

We should be very clear that the challenge before us requires a long-term piece of work to change. That was one of the conclusions of that report. Many strategies were identified in the recommendations. I wanted to touch on a couple that I thought were important, dealing with workforce issues in particular. One of the things identified was the need to achieve cultural change. At the heart of that was a recognition that this is a long-term strategy; it does not happen overnight and it does require a commitment from all levels of our health system. I was very impressed with the maturity that was brought to those discussions. The member for Mount Lawley talked about the survey, which is an important tool for gathering information about the views of the workforce. The government's commitment to that as an ongoing tool for gathering feedback and implementing recommendations is to be commended.

In the short time I have available, I also want to acknowledge another key part of the recommendations of this report—recognising partnerships, and the fact that the health system relies upon partnerships, particularly with regard to meeting workforce challenges. Members might be aware that the health and community sector workforce is the largest workforce in the state and is growing. Meeting growth in demand is a significant challenge. Even when we were doing the sustainable health review before the pandemic, it was recognised that training people for the health system was a key challenge. We recognise the need to work with universities, vocational training organisations, medical colleges and unions. We need to work with all these organisations to develop partnerships to ensure that we have the skilled staff we need in the places where they are needed and at the time they are needed.

The member for Mount Lawley also spoke very eloquently about the pandemic. At the time we worked on the sustainable health review, we could not have foreseen how the health system would be challenged by a global

pandemic. This has been experienced all around the world and has, undoubtedly, focused our minds on the work we need to do. Our health workforce has responded to the challenges of the pandemic and the increased demand. The minister already referred to this earlier today, and I am sure he will again, but the pandemic has put our normal sources of skilled labour for the health system under pressure. We have an excellent plan in the sustainable health review, but we have been significantly challenged by the pandemic. I applaud the minister for the work that he is doing to respond to those challenges while committing to a long-term plan that will deliver for all Western Australians a health system that is sustainable and high quality and has patients as its central focus. It is a health system that, I have no doubt, will be successful and viable into the future.

MR R.H. COOK (Kwinana — Minister for Health) [4.22 pm]: Acting Speaker, thank you very much for the opportunity to speak to this important motion—one that was largely ignored by opposition members as they went on some sort of memorial tour of newspapers from the last few months, rather than sticking to its actual content. If I may, I will diverge from that debate and talk about the points that were raised in the motion.

The motion accuses me of not having a plan—a notion that was largely debunked by the member for Mirrabooka when she pointed out the sustainable health review. It is not only a plan; it is a blueprint for health care into the future. More than that, the government undertakes an annual survey of all health staff called Your Voice in Health. That is a means by which we can listen directly to the concerns of health staff right across the system, regardless of their status. It gives everyone an opportunity to have a say on what they care about in the health system. I am very proud of that; it is one of the policies we put in place upon coming to government, and every year since we have seen an increase in staff morale and engagement. This year the early numbers show that we have slipped slightly—basically, down to around 2019 numbers, which is not surprising, given the experience of 2020—but we have had a significant level of engagement: more than 45 per cent of staff have responded to the survey, which is very pleasing.

Since coming to office, this government has increased the number of jobs in WA Health by 10 per cent, which is a reflection of our commitment to and effective resourcing of the health system. Workforce employees are our most precious asset. It is not the MRI machines or the fancy buildings; it is the people who stand next to the beds and provide the care. That is why we put so much work into making them feel valued and into making sure that they have a rewarding career in the health system. That is one of the reasons why the Chief Nursing and Midwifery Officer is currently undertaking a review—under the former Chief Nursing and Midwifery Officer Professor Phil Della—to look at our nursing workforce and to see how we can work with people so they can practise at scope and get opportunities to be professionally extended in the careers they have chosen.

Since the COVID-19 pandemic last year, we have seen significant workforce shortages right across the nation. In fact, since February 2020, the number of job advertisements for registered nurses has risen by 71 per cent, or 6 600. Since February 2020, the national number of job vacancies for all healthcare workers has grown by almost 60 per cent—16 000 in April 2021. In WA, the number of job advertisements for healthcare workers has increased by 61 per cent since February, to pre-COVID levels, with the number of ads rising to a record 1 410 in April 2021. The number of vacancies for registered nurses in WA has increased by 62 per cent, to 467 in April 2021. There is no shortage of plans or opportunities to try to recruit staff; the fact of the matter is that we are suffering from a workforce shortage right across the country.

Our detailed and fully resourced work plan has resulted in more than 10 per cent extra health workers employed by WA Health. The *Western Australian public sector quarterly workforce report* says that between March 2017 and the December quarter 2020, the number of healthcare workers employed by the state has increased by 38 302 FTE—up 3 622, or 10.4 per cent. This is an important point: the increase in the employment of healthcare workers accounts for almost half the additional number of workers added to the entire public sector since the McGowan government came to office.

Mr S.A. Millman: If you ask them, they'll say nothing's happened.

Mr R.H. COOK: The opposition will say that nothing has happened, but they would also say that we have neglected the workforce, whereas there has actually been a huge lift in the number of healthcare workers in the healthcare system as a result of the McGowan government, accounting for half the recruitment of all public sector workers right across the system. It is simply not true to say that there is no plan. It is not true to say that there is no focus.

To address the acute shortage of staff, on 14 April I announced a major boost to nursing in Western Australia. That includes an extra 600 newly qualified nurses at WA hospitals over the next two years, which will bring the number to 1 000 this year and 1 000 next year. More than 200 of these new nurses are already on the wards today, both in general and mental health disciplines. We are also acting to attract experienced staff with a new national and international advertising blitz. Specifically, the areas of mental health, intensive care, emergency care, perioperative care and midwifery care are being targeted, because those are our areas of greatest shortage. The recruitment campaign has a strong digital focus, with a dedicated page on the WA Health website. This is all part of the McGowan government's campaign, Path to Permanency, for WA workers.

Extract from Hansard
[ASSEMBLY — Tuesday, 15 June 2021]
p1432d-1441a

Deputy Speaker; Ms Libby Mettam; Dr David Honey; Ms Mia Davies; Mr Simon Millman; Ms Meredith Hammat; Mr Roger Cook

We are doing a significant amount of work in relation to the health and wellbeing of our staff, and I just want to turn briefly to the issues the member raised about maternity services at Fiona Stanley Hospital. In November 2020, we had 248 births at Fiona Stanley Hospital. By May 2021, that number had increased to 331—a significant increase. In November 2020, we had 96.9 FTE; that number has now increased to more than 116 FTE in Fiona Stanley Hospital's maternity department.

It is simply not correct and not true to say that there is no response to or no plan for the current shortages. These are shortages that all health systems across the country are experiencing. The health system is struggling, in the same way that all health systems are struggling, but it is responding to the current issues by increasing the number of beds and nurses, and by mounting a statewide, national and international recruitment campaign to make sure that we have the resources we need, the most precious assets in our health system: the doctors, nurses, allied health and support staff who stand next to the beds and provide world-class health care.

Division

Question put and a division taken, the Acting Speaker (Ms R.S. Stephens) casting her vote with the noes, with the following result —

Ayes (5)

Ms M.J. Davies
Dr D.J. Honey

Mr R.S. Love
Ms L. Mettam

Mr P.J. Rundle (*Teller*)

Noes (49)

Mr S.N. Aubrey
Mr G. Baker
Ms H.M. Beazley
Dr A.D. Buti
Mr J.N. Carey
Mrs R.M.J. Clarke
Ms C.M. Collins
Mr R.H. Cook
Ms L. Dalton
Ms D.G. D'Anna
Mr M.J. Folkard
Ms K.E. Giddens
Ms M.J. Hammat

Ms J.L. Hanns
Mr T.J. Healy
Mr M. Hughes
Mr W.J. Johnston
Mr H.T. Jones
Mr D.J. Kelly
Ms E.J. Kelsbie
Ms A.E. Kent
Dr J. Krishnan
Mr P. Lilburne
Mr M. McGowan
Ms S.F. McGurk
Mr D.R. Michael

Mr K.J.J. Michel
Mr S.A. Millman
Mr Y. Mubarakai
Mrs L.M. O'Malley
Mr P. Papalia
Mr S.J. Price
Mr D.T. Punch
Mr J.R. Quigley
Ms M.M. Quirk
Ms R. Saffioti
Ms A. Sanderson
Mr D.A.E. Scaife
Ms J.J. Shaw

Ms R.S. Stephens
Mrs J.M.C. Stojkovski
Dr K. Stratton
Mr C.J. Tallentire
Mr D.A. Templeman
Mr P.C. Tinley
Ms C.M. Tonkin
Mr R.R. Whitby
Ms S.E. Winton
Ms E.L. Hamilton (*Teller*)

Pair

Mr V.A. Catania

Ms C.M. Rowe

Question thus negatived.