

HEALTHCARE WORKFORCE

Matter of Public Interest

THE SPEAKER (Mrs M.H. Roberts) informed the Assembly that she was in receipt within the prescribed time of a letter from the Deputy Leader of the Liberal Party 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) [3.05 pm]: I move —

That this house condemns the Minister for Health for failing to properly secure the necessary skilled healthcare workforce to deliver a world-class health system, including his failure to recruit enough nurses as promised.

It is a worthy motion on something that members on this side of the house are certainly hearing in our communities, whether it is in metropolitan Perth or across regional Western Australia.

Mr P. Papalia interjected.

Ms L. METTAM: I can hear the Minister for Police's comments suggesting that in some way this motion is an attack on our health workers; it is quite the opposite. This motion is all about supporting our health workers who overwhelmingly are being asked to do more with less, with only 47 per cent feeling that they are valued in their workplace. One-third of our health workers feel comfortable or safe speaking up. Day after day, we hear from people in our health workforce who are feeling extraordinary pressure, and that is exactly what this motion points to.

This motion points to the extraordinary announcement made by the Minister for Health last week regarding the international advertising campaign to encourage workers to come to Western Australia. How extraordinary that several months after announcing the campaign in April, we hear the advertising campaign was delayed because of time spent with creatives. The fact that it has taken six months to deliver such an advertising campaign is extraordinary given that we know hospitals and health workplaces are overcrowded and understaffed, leading to issues around patient safety in an overstretched and under-resourced health system. We know that our health workers are already feeling extraordinary pressure and are being asked to do more with less. We hear across the board from staff that they are working double shifts and working overtime. It was the trigger for the grievance that I presented to this place just last week about issues raised about Wyndham Hospital, where health workers feel unsafe not only in their workplace—I talked about the fact that only one in three felt safe speaking up—but also in their accommodation. The lacklustre response to the security issues raised about nurses' accommodation is leading to an extraordinary circumstance in which we are seeing hospital services being cut back and patients in the Wyndham community being asked to travel an hour to Kununurra for hospital services. It is quite extraordinary.

Although we have an understanding and an appreciation of the lives that can and will be lost to COVID-19, it is fair to raise—we have raised it in this place—the issue of the lives that are lost when our health system is not properly resourced. The Australian Medical Association has pointed to the fact that an overcrowded emergency department can increase the mortality rate by some 10 per cent, which would lead to the loss of hundreds of lives—300 to 400 according to David Mountain, who stated that on Channel Seven recently. Given the mortality rate and what we know about emergency departments and the importance of getting patients treated in a suitable time frame, we know that this can lead to the loss of life. We know that it can also lead to issues of acuity. That is why we on this side of the house continue to raise the important issue of ambulance ramping, which has been at extraordinary levels under this government; it is five to six times greater than what was considered a horror story by our Minister for Health when he was in opposition. That is fundamentally linked to the issues that we are seeing right across the board in our health system—in our hospitals and emergency departments across our regions, which are all experiencing these issues of being understaffed.

The Department of Health's annual report pointed to the fact that there were 119 deaths due to clinical errors in our hospital system. Healthcare workers are doing an exceptional job under extenuating circumstances. They are human, and when consistently asked to do overtime and double shifts, we know that there will inevitably be mistakes. On this side of the house, we certainly do not, and did not, support the government throwing junior nurses under the bus to the Australian Health Practitioner Regulation Agency in response to the tragedy surrounding Aishwarya Aswath. We believe that our healthcare workers should be supported, and that is why we are talking to this worthy motion.

I touched on Wyndham Hospital. It usually has eight or nine nurses or health workers on the roster and it is now down to three. That is obviously having a significant impact. We know that regional WA increasingly relies on interstate and international workers. We also know that the government has been doing some good things in recruitment. We have had feedback from the Australian Nursing Federation about Perth Children's Hospital. Despite the Minister for Health stating there was not a staffing issue there, we certainly support the quick response to the recruitment that we have seen at Perth Children's Hospital. There are an additional 17 full-time equivalent emergency department nurses and another 25 FTEs were approved in August 2021. That was revealed through the estimates

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process. The feedback that we are getting from the nursing federation is that that is a great example of a health service provider recruiting quickly in response to an obvious need. We know of the tragedy surrounding Aishwarya Aswath. The issues that had been raised since October the year before were finally resolved, in some way, from a recruitment point of view, although we look forward to seeing what the report will state when it is finally tabled. We are hearing from other health service providers that the recruitment process is too slow across the WA Country Health Service and other health service providers. That is leading to issues of serious concern and patient safety.

In the grievance that I presented last Thursday in this house, the Minister for Health opposed the suggestion that nurses are finding it difficult to get back to Western Australia from interstate or overseas. I reject that suggestion. We have heard from many who are finding it difficult to get back to WA. Thankfully, one nurse who I assisted through the media, which is the way, in most instances, we have been successful, is now working as a nurse in Darwin because the approval process was so involved. She talks about a three-month approval process to get work here. She responded to the nursing shortage call when she was in Victoria. She had been working over there and wanted to return home to work here. She is in the extraordinary circumstance of having to work in Darwin while still applying for work in the WA health system.

Just today, there were stories on the radio and in news articles about the midwife shortage we are seeing across the state. That has led to the extraordinary circumstance in which mothers no longer feel comfortable that they will be able to give birth at their hospital of choice. A nurse wrote to me stating that she trained as a nurse at Edith Cowan University in Churchlands. She has over 15 or 16 years' experience working in intensive care units and has three years' experience working as a clinical specialist in palliative care. For the past two years she has been working in the field of medical devices. The email goes on. She has been in the United Kingdom and is trying to come home. She has been appealing, through the Minister for Health's office, to take advantage of the \$5 000 relocation costs and the benefits associated with being employed in the WA health system, but she has been frustrated with the process all along the way. With her support, I will forward this email to the minister following the matter of public interest. It states —

At present, I am applying for Medical Assistant and Floristry Assistant positions, as —

She is —

desperate for work (I haven't worked since 17th August). I've applied to a nursing agency also today, and hoping they may be able to get me some support worker shifts in the meantime.

For all the red tape that needs to be gotten through to get my nursing registration again, I am not surprised why so many choose not to go back into the profession. I was on the Temporary COVID Register in the UK during the pandemic, and the bureaucratic nonsense that I went through to get a job —

Here —

... is mind blowing.

I do hope you are able to get some answers from ... the Government regarding my concerns.

That came in just today on the back of the issues that have been raised.

Of course, the other big challenge in recruiting and attracting staff is the government's own appalling record when it comes to how our health workforce feel. I have already pointed to the statistics around that. The most recent study in the Your Voice in Health survey stated that fewer than half of the respondents felt that their contributions were valued. What is also damning is that across the spectrum these figure highlight that workplace satisfaction in our health sector is one of the worst performing in the nation, with almost half the responses to the survey providing feedback that is below the national public benchmark. What a damning statistic that is. What a damning situation we are in at this point in time. Across the board in the health system our health workforce is calling out for more support at a time when there is no COVID in the community, elective surgery has been put on hold and there are record levels of ambulance ramping in response to a respiratory virus. It raises a question about what urgency this government has put around measures to ensure that our hospitals are best prepared as they can be for a COVID-19 outbreak. It raises the question of why it has taken six months to deliver an advertising campaign, given our health system is on its knees. This is not just about supporting our health workforce who, more than ever, feel undervalued and unsafe about speaking up. This is about patient safety, given we know that there has been a number of clinical errors and that there will be hundreds of deaths, with emergency departments that cannot ensure that those patients go to a ward and are not treated as quickly as possible. I leave my comments there.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [3.20 pm]: I rise to join in condemning the Minister for Health for failing to properly secure the necessary skilled healthcare workforce to deliver a system that Western Australians deserve. The motion moved by the shadow Minister for Health is very important. How damning it is to hear that people are responding to the calls of this government to come to Western Australia and they cannot get through the red tape or bureaucracy to work in our hospitals that are so understaffed and resourced. How

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damning; it is a disgrace, minister. I am very happy to rise to support the shadow minister's health motion and it is very timely, because we need to bust the myth that our hospital and health system is okay. That is what the Minister for Health consistently stands and tells everyone: that our health system is COVID-ready and that we are prepared. What absolute rubbish! It is broken and it has broken on the Labor Party's watch because over a number of years it has failed to invest to keep pace with the investment required to now manage what we will see as a serious crisis when COVID arrives on our doorstep. The minister is making an almighty mess of our health system when we most need it to be operating at full capacity.

The question we have to ask is: what is at the heart of every health system? It is certainly not the bricks and mortar, although it is very important to have appropriate facilities for our health workforce to work in and for our population to go to as it builds confidence in the health system. But the people we rely on to deliver these services are at the heart of every health system. They are under extraordinary pressure. They are under-resourced and starved of leadership, with a government that is desperate to paint over the cracks and problems to convince the public that everything is okay. Do members know what would get people to roll up and get vaccinated? Admitting that our health system is broken and that people could do their bit by getting vaccinated so that we do not overwhelm an already broken hospital and health system. That would motivate people to turn up and get vaccinated. Admitting that our health system is broken and that it will disintegrate if COVID arrives in Western Australia before our vaccination rates are high enough to protect the community is a truism. That is not overstating the case; that is why there is so much haste in trying to get our population vaccinated. If COVID arrives tomorrow, our health and hospital system will not cope. Everybody who works on the frontline in those hospitals and everyone associated with the health system more broadly will tell us that. This, I think, is the real reason we have seen this very, very significant push to get people vaccinated. It is the right thing to do; people should roll up and get their jabs. The opposition supports vaccination. We have been out there telling everyone to get vaccinated, but this government and minister should come clean and tell everybody that if they do not, they are at risk of overwhelming our health system and the best thing they can do is get vaccinated for their health and their family.

The Minister for Health has this Disney scenario of our health system; is it like the Disney version on repeat: "We're all okay, it's fine!" He has dismissed the concerns of the opposition, the Australian Medical Association, the Australian Nursing Federation, media reports, patients, St John Ambulance and all the health service providers, and persisted with "everything is fine and okay; we are under pressure, but everyone else is, so it's okay". That is his version of events. Unfortunately, it could not be further from the truth. I would like to focus on the WA Country Health Service in particular and explain why the opposition can level such serious accusations at the Minister for Health.

Let us start with the doctors. We have heard feedback from the health workforce more broadly through the government-run survey. The AMA runs its own survey, and through its *Medicus* newsletter of September 2021 it published its response from 600 doctors working in the public health system. It published those results in its biannual morale and engagement survey. I understand that it is a union, and so it has an agenda to try to ensure that it has appropriate supports for its workforce and members—we are not blind to that fact—but 600 doctors across the public health system provided feedback. The responses about the WA Country Health Service were damning. This is a direct quote —

Compared to the other reported health service providers ... in WA Health, WACHS consistently had the highest negative ratings for many of the 2021 Morale Engagement Survey questions and significantly, the poorest ratings for senior doctor morale.

...

The AMA (WA) has previously highlighted sinking morale at Bunbury Regional Hospital ... and ... results show little improvement in some of the key problem areas.

Results from other WACHS site are also cause for concern and warrant remedial action, with a majority of practitioners believing raising clinical concerns will impact their future employment ...

That goes to the same feedback that came through the government's own survey, that people are too scared to raise their own concerns. Why would anyone want to work in an environment like that? How will we recruit more people to come and assist us with our enormous task, when we have some of the lowest morale of doctors and nurses? Every single clinician working in these hospitals is providing feedback saying that they are too scared to raise these concerns and they are working in an environment where the morale and culture is either rated as poor or very poor. In the case of Bunbury Regional Hospital, 89 per cent of senior doctors reported morale as being poor or very poor and 84 per cent rated culture as poor or very poor. That is an indictment on the leadership of the hospital and the minister. That is the conclusion of the analysis of the AMA at the end of those results. Again, I quote directly from the newsletter —

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While the HSP Boards play a significant role in this process, the Minister for Health, the Minister for Mental Health and ... (the Director General of Health) all bear ultimate responsibility. The fault lines run deep, yet reach to the very top.

I want to read to the minister some the comments collected by the AMA by senior practitioners, directly from the people who are an integral part of our health system that the minister says is prepared, safe and working well. They are not attributed to individuals, it did not do that, but they are published in *Medicus* and can be tabled in Parliament if required. They were collected as part of the survey. The first quote states —

“The hospital is completely overwhelmed and staff are failing to engage and care—it is an impending disaster and is a result of government and health department functioning and failure. It should be front page news every day and is not—so it is also a failure of the fourth estate.”

The second one states —

“The public health system has lost all its appeal to work in.”

The third one states —

“Culture and morale are good in Anaesthesia but in nursing, it is very poor. There is chronic understaffing and I worry about the patients on the wards and my nursing colleagues’ mental health...”

The fourth one states —

“Theatres are understaffed, elective lists are pushed ahead of emergency cases despite poor staffing (rather than cancellation ... and ward nursing staff are often asked to work double shifts without any recognition of their goodwill. When extra resources are asked for in certain services, the response is the same—“there’s no money for that”—and yet you’re expected to deliver education, research, clinical care for an ever-increasing and complex patient load...”

It is remarkable that in a state as wealthy as Western Australia a response from anyone in the health system can be that there is no money for that. The fifth quote states —

“Rather than offering solutions with substantive increases in proper resources we are subjected to endless meetings to audit and study our processes, rarely leading to a positive change...”

The article in *Medicus* ends with —

Holding up the health system is a battered, weary workforce, with both anecdotal and validated reports of burnout, plummeting morale and poor culture in the public sector.

That is directly from the people who work in our public health system who are holding together this hospital system that the minister continues to tell us is operating, is fine and everything is okay. It could not be further from the truth and it is clear from the people on the frontline that everything is far from rosy. The minister is providing a desperate cover to the failures of a critical service on his watch.

I want to touch briefly on the question raised by the member for Moore during question time today and the recent reports about the necessary workforce required for Geraldton Health Campus and across the midwest. I understand that there is a shortage and, despite being aware of the issue, the minister could not provide us with figures about it. He was briefed enough to come in and provide a snarky response to the member for Moore, but not enough to say that he understood there is a shortage of staff in the hospital and the government is doing everything it can. The other challenge that the minister could explain is why Meekatharra has no permanent staff and perhaps he could clarify whether that is the case. I understand that a number of hospitals across the midwest and the Kimberley regularly rely on fly-in fly-out staff. Having no permanent staff cannot be a good outcome for either those people who are flying in to provide the service, or for the continuity of care for the community and certainly not for the bottom line. I would assume that, given the health situation we face with COVID potentially arriving on our doorstep any time, we would want money to be spent to secure staff in a permanent manner in the furthest reaches of our state. They are vulnerable communities that will not survive without support. Having no permanent staff at Meekatharra and potentially a shortage of 40 FTEs at Geraldton hospital is absolutely disgraceful. That also goes to the issues that were raised by the shadow Minister for Health last week about hospitals and health services in the Kimberley. We can add that to the issues at Bunbury Hospital, to the code yellows being called in Albany and the morale issues at Albany Health Campus.

There is absolutely a case for us to call this minister to account for his statements that the health system is COVID-ready and prepared. We are not prepared to manage even the daily business of health and patients walking daily through emergency departments. My comment is that the minister needs to do better because our state’s health and safety depend on it, and he is failing miserably.

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MR R.S. LOVE (Moore — Deputy Leader of the Opposition) [3.31 pm]: I rise to contribute to this excellent motion brought by the member for Vasse to condemn the Minister for Health for his failures to properly secure the necessary skilled healthcare workforce to deliver a world-class health system. Just today, anecdotally, I learnt of a situation in which a particular nurse had been called back to the hospital after already doing a 12-hour shift. I understand that the nurse was the thirty-seventh person who had been called in a desperate attempt by that organisation to find staff. That is the sort of situation we are now in. People are being called back to do another shift after doing a 12-hour shift. We have had 12-hour sitting days in this place. Members can imagine how they would feel after 12 hours—we are exhausted. Then imagine being asked to come back in again. It is bizarre.

Dr D.J. Honey: Then if you make a mistake, you get referred to the medical board.

Mr R.S. LOVE: There we are. As we heard, if there is a problem, junior staff especially, who already feel unsupported, feel that they will be thrown under the bus because they saw what happened in that unfortunate situation at Perth Children's Hospital in which junior staff were referred to authorities because they had been put into positions that were untenable for staff to be put into.

The member for Central Wheatbelt referred to the situation in Geraldton, which was reported on extensively on ABC radio news today. I was listening to the interview with Mark Olson, the secretary of the Australian Nursing Federation here, who was talking about the dire situation in which unsupported staff are sent into emergency departments. People coming off the wards are not properly trained and are being placed in very difficult situations whereby the people who should be supervising and educating within the hospital system are too busy, on the floor of the hospital doing the work themselves, to get involved in training to make sure people have been provided for. One of the other things he said that was quite interesting regarding the COVID situation and the shortages was that, although it was already acknowledged there was a staff shortage, in the first term of the government, we saw steady underinvestment in the health system. That has led to this situation. He believes it was quite clear that there was potential for disaster in this COVID environment if we did not recruit properly, especially in places like the midwest, where Geraldton hospital not only services the City of Geraldton, but also provides support and backup for many smaller hospitals and communities that I represent around that area. The term he used for recruitment was that it was as though the authorities went on a "holiday" from COVID. Instead of getting to the point, they had been on holiday and, instead of ensuring that the shortages were being addressed, they were doing nothing of the sort.

We know that ambulance ramping, which is the canary in the coalmine, has been at absolutely extraordinary levels because there are no people in the hospital to take charge of patients to get them into beds and to look after them properly. Instead, they are being kept in car parks for thousands and thousands of hours per month. That is a classic example of a system that is broken, a system that has not been addressed. The minister has now been the Minister for Health for five years and he stands condemned for his lack of action.

MR R.H. COOK (Kwinana — Minister for Health) [3.35 pm]: Deputy Speaker, the government will not be supporting this motion. That may, or may not, come as a surprise to members on the other side. What certainly has not come as a surprise to members on this side is the tired language being used by members opposite. They change the motion each day but not the language. Every day, we stand up here to respond to their accusations and we answer their questions, yet they simply persist in this constant undermining of public confidence in our health system and undermining of the doctors and nurses and the great people who lead them. I can understand that members opposite have to do their jobs and they have to come in. I perhaps would have given maternity services a bit of a crack today, too, if I were the member for Vasse, but, of course, I would have made sure I had covered my bases. I would have made sure that I was not part of the government that cut maternity services at Kaleeya Hospital by selling Kaleeya Hospital and trying to cut services at Bentley Hospital. I would have made sure that, in the last 12 months of the government I was part of, it had not reduced the number of midwives by 5.3 per cent. I would have made sure that I was on safe ground and not trying to accuse a government that had already increased the number of midwives by 100 in the first five years of government. Be that as it may, I understand that the Leader of the Opposition has to stand up.

I remember in 2016, there was a young couple who gave birth by the side of the road outside Northam. They were a couple from York.

Mr P. Papalia: I think only one of them gave birth!

Mr R.H. COOK: Only one of them gave birth by the side of the road because there were no maternity services at Northam hospital. Under this government, we have doubled the number of group midwifery practices, particularly in our regional areas, and today that couple would have been able to give birth at Northam hospital and not had to travel all the way to Midland. That is an example of the sort of comprehensive rebuilding of health services that have taken place under this government. Members opposite often seek to highlight the fact that this year's Your Voice in Health survey—the online anonymous health survey of all healthcare workers that was introduced by us to make sure we can continue to monitor the health, morale and wellbeing of our staff—has this year slipped back to the

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levels it was in 2019. I do not know whether it has escaped the attention of members opposite that something has happened between 2019 and today. There has been a global pandemic, which has put untold stress upon our hospital system and the staff who work in it. It is not surprising that they are not feeling that great at the moment. Contrary to the false accusations from the Leader of the Opposition, I am not saying that everything is hunky-dory. I am the guy who is standing up saying it is tough. People are doing it tough in our health services at the moment. Because we have an unusual peak in demand, we have significant constraints on our workforce, and we know there will be a point in time at which there will be even more pressure on our healthcare services because of the introduction of COVID-19 into the community.

We must continue to recruit staff to ensure that we have the resources we need to respond to those demands. Those opposite overlook the fact that in just this year alone we increased the number of nurses, midwives and assistant nurses by more than 1 000. They overlook the fact that we have recruited more than 150 doctors from the United Kingdom and Ireland. They overlook the fact that a recruitment campaign has been running this year that has done a really good job and has been boosted by a \$2 million multimedia campaign to recruit doctors and nurses to work in our great health system. They continue to ignore the fact that our doctors and nurses are doing an amazing job under really trying circumstances—in fact, they not only ignore it, they undermine it. They constantly come into this place and undermine the great work that is being done.

I met a young nurse by the name of Emily on the weekend as we were talking about the new Belong campaign. Emily was working in the Northern Territory, where she says there is pretty tough work at the moment. She came to Western Australia to continue her career as a nurse because she knows that we have an extraordinary health system. It is not perfect. No-one said it is perfect; no-one said it is not going through difficult times. The Leader of the Opposition invented a completely apocryphal scenario to try to argue that the government is somehow oblivious to these difficult circumstances. That is why we put in a \$1.9 billion budget injection to cope with both the demand on mental health services—with a half a billion-dollar commitment—and a specific commitment around COVID-19 to deal with the peak in demand at the moment. Of course, there is also our \$71.6 million commitment to bolster the health workforce. A significant amount of work has been done and we are meeting with some success. We will recruit more than 1 000 nurse graduates this year—do not forget that we usually recruit between 600 or 700 nurses a year. There will be more than 1 000 nurse recruits this year and another 1 200 recruits next year. We will be getting a flood of young, enthusiastic and passionate nurses who have done their studies and will be completing their training in our health service. Think about the great contribution that they will make in the future. A lot has been done to make sure that our health system deals with the current demand and continues to work to prepare for the future.

The Leader of the Opposition said that we should turn our vaccination campaign into a “do not get vaccinated because it is good science, but get vaccinated because she believes our health system cannot cope”. I take a lot of advice from people on vaccination, but I will never take advice from that mob because they do not believe in it. That is why they are happy to sit back and watch the shadow Attorney General undermine the COVID-19 vaccination campaign, through his dog whistling to anti-vaxxers to encourage them to continue their campaign.

Dr D.J. Honey interjected.

The DEPUTY SPEAKER: Leader of the Liberal Party!

Mr R.H. COOK: Their campaign has resulted in death threats to the Premier and his family; threats to the schools to which their children go and threats to the Premier’s office in Rockingham. There have been protests outside his house in Rockingham. Where do these anti-vaxxers get their encouragement from? They get their encouragement from the shadow Attorney General.

What is the Leader of the Opposition doing about this? What is the Leader of the Opposition doing to call in the shadow Attorney General and to say, “Stop this coded language; stop this disgusting campaign that you’re running on behalf of the opposition. Stop encouraging anti-vaxxers. Get on board.”

Ms M.J. Davies: I have told everyone that it is unacceptable to make threats.

Mr R.H. COOK: Leader of the Opposition, do you support mandatory vaccination?

Ms M.J. Davies: Absolutely.

Mr R.H. COOK: So call out the shadow Attorney General or sack him. That is what the Leader of the Opposition needs to do—sack him.

Several members interjected.

The DEPUTY SPEAKER: Members!

Mr R.H. COOK: That is what the Leader of the Opposition needs to do.

Dr D.J. Honey interjected.

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The DEPUTY SPEAKER: Leader of the Liberal Party!

Mr R.H. COOK: The Leader of the Opposition needs to make a decision. Is she a leader in this community or a follower of Hon Nick Goiran and his attempts to undermine our vaccination campaign?

I accept what the member for Cottesloe said. None of the words—let us be careful about what we say here—that Hon Nick Goiran uses adds up to an anti-vaccination campaign. What Hon Nick Goiran is doing, though, is using language—a coded message to the anti-vaxxers—to encourage them to continue to undermine the efforts.

Dr D.J. Honey interjected.

The DEPUTY SPEAKER: Leader of the Liberal Party!

Mr R.H. COOK: There are two people in this chamber at the moment who could stop this: one is the Leader of the Opposition. It is time for her to sack Hon Nick Goiran or call him into line. The other is the Leader of the Liberal Party, who says all Liberals are good Liberals. I think the Leader of the Liberal Party has a dud in Hon Nick Goiran because he is undermining the community's efforts to make sure that we continue to protect each other, protect our children and protect our loved ones.

Dr D.J. Honey interjected.

The DEPUTY SPEAKER: Leader of the Liberal Party, you had the opportunity to get up and contribute to the debate when the opposition was talking, which you chose not to do. Opposition members spoke and they were heard predominantly in silence. I would like the minister to be heard in silence as well. Thank you.

Mr R.H. COOK: I agree with the member for Cottesloe that there is a failure here. There is a failure of leadership from those opposite—from the Leader of the Opposition and her shadow Attorney General, and from the Leader of the Liberal Party for not calling in Hon Nick Goiran and saying, "Mate, what you're doing is damaging. What you're doing is not what Liberals stand for." Or maybe it is. Is the Leader of the Liberal Party happy with the campaign Hon Nick Goiran is running?

Dr D.J. Honey: The Speaker has spoken.

Mr R.H. COOK: Do you support it, member for Cottesloe?

Dr D.J. Honey: Do you want me to answer, Mr Deputy Speaker?

Mr R.H. COOK: I am inviting his interjection, Mr Deputy Speaker.

The DEPUTY SPEAKER: He is inviting an interjection.

Dr D.J. Honey: It is really straightforward. He agrees with exactly what we agree with—that is, that mandatory vaccination should be legal and it should be based on medical advice. That's it.

Mr R.H. COOK: Why does the Leader of the Liberal Party; member for Cottesloe not publicly say that the language Hon Nick Goiran is using is not helpful? Why does he not say, "I do not agree with him"? Why does he not say, "We support mandatory vaccination because that's what the Chief Health Officer has called for"?

Point of Order

Mr R.S. LOVE: This is frightfully interesting, but it is, in fact, irrelevant. The motion is about the Minister for Health's recruitment, or otherwise, of a necessary skilled healthcare workforce and not about the actions of Hon Nick Goiran.

Mr R.H. COOK: It was actually the Leader of the Opposition who introduced the issue of vaccination into this motion. I am responding to the motion.

The DEPUTY SPEAKER: There is no point of order. Please, carry on.

Debate Resumed

Mr R.H. COOK: The member for Cottesloe; Leader of the Liberal Party has an obligation—that is, to stop the rot that Hon Nick Goiran is encouraging in public confidence in the vaccination program.

Dr D.J. Honey: That is just not true.

Mr R.H. COOK: We know the language. We hear the dog whistles coming from your mob all the time. We hear it on native title. We hear it on a whole range of issues—around immigration. We hear it around a lot of things, such as the rights for women. We hear the dog whistling from you all the time—when you call women sandwich makers; when we hear your guarded language around health services for reproductive services. We hear it from you all the time when you talk about Aboriginal heritage. We hear coded language from you all the time. We heard coded language coming from Hon Nick Goiran today. We know what it means—it is a dog whistle. It is a dog whistle to those running the anti-vaxxer campaign. It is time for the member for Cottesloe to stop it. He is the Leader of the

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Liberal Party. He is the one who calls the shots. It is time he applied leadership and called Hon Nick Goiran into line. If he does not call him into line, the Leader of the Opposition has to sack him as the shadow Attorney General, as is her right as Leader of the Opposition. If the Leader of the Liberal Party is not prepared to do that, he is not up to the job.

My job is simple: I have to provide great world-class quality health care for the people of Western Australia. The way to do that is to make sure we have the health workers we need to provide the health services Western Australians deserve. In this time of COVID-19, we need to continue to recruit staff, which is why we have already recruited an extra 925 qualified nurses since January this year. In addition to that, we have another 84 nursing assistants, who are providing great health care in our health services. We have recruited 1 270 new graduate nurses across WA Health in 2021, with 170 graduate nurses working in our vaccination centres. In 2019, 763 graduate nurses were employed in the WA health system. We have seen a significant increase in the number of new health workers coming into our system. We reintroduced our \$2 million campaign, which will be on top of the already successful recruitment exercise that has been undertaken.

We will continue to see nurses and doctors coming back into the service. They are not listening to members opposite and the way they are trying to undermine our health service. They are voting with their feet. They are coming back into the system, or they coming into the system, and they will provide great health care for the people of Western Australia. We are very proud of the work that they do.

DR K. STRATTON (Nedlands) [3.50 pm]: I rise to not only condemn this motion, but also support our healthcare workforce. I had the privilege of working in three tertiary public Western Australian hospitals as a social worker, and some seven per cent of my electorate work in hospitals. Many more work across our health system in allied health services, GP and specialist rooms, peak bodies and primary health. Being home to three tertiary public hospitals, every day my community welcomes thousands of people who provide a variety of roles in health care, contributing to the care of patients in those hospitals and health settings. They are, in fact, part of the vibrancy of my community and why the single block on which my office is located can sustain seven coffee shops and a pub.

From my work and the community experience, and as a patient myself of King Edward Memorial Hospital for Women, and at Perth Children's Hospital, when my daughter managed to break both of her wrists, here is what I know about our health workforce. They are highly qualified. They are highly skilled. They put their heart and their soul into their work. They are dedicated. They are committed. They administer care with their heads, their hands and their hearts. We have a highly experienced workforce as well. I know many of my social work colleagues, my allied health colleagues and my medical colleagues have dedicated not just years but decades of their lives to service to our health service. I saw this across the multidisciplinary teams that I was part of in paediatrics, maternity hospitals and tertiary mental health and emergency departments. I am talking about security staff, patient care assistants, occupational therapists, physiotherapists, dietitians, reception staff, nurses, doctors and specialists, all of whom carried out their roles in patient care with dedication, compassion and professionalism.

All of these are complex settings, with complex patient care, and I have always borne witness to a patient and their family being at the centre of that decision-making and care. Just to give a little insight into some of those complexities, when I was a social worker at King Edward, I was working with 12 and 13 year olds who were having babies, and women who had long histories in the child protection system; one woman was going to lose her tenth child to that child protection system. We dealt with significant grief and loss and significant reproductive loss. We dealt with women who were flown down from remote Aboriginal communities with nothing but the clothes on their backs to deliver a baby after a very complicated pregnancy. All this work is unseen by the private health system, and it is carried on fairly much behind closed doors by that health workforce. This is no denying, and we have not heard the minister deny, the impact of the global pandemic on our health system and its workforce. As he acknowledged earlier, we have seen not only a peak in demand but that health workforce supply has been constrained by the global pandemic and, of course, WA is no exception to that. What we have, though, is a budget commitment and a strategy to alleviate and address some of those issues.

Putting patients first and at the centre of care and decision-making is not just the focus of those who are directly carrying out patient care, but also of our health leadership, including the Minister for Health. We have a clear strategy that is backed by action and by budget commitments. We have set targets for recruitment and retention. We have a diverse array of strategies in place to recruit doctors and nurses from overseas and interstate, to facilitate nurses returning to the workforce, and a graduate nurses program, GradConnect, that has already seen us recruit a significant number of graduate nurses.

Alongside this investment in recruitment is investment in retention, with strategies to maximise permanent employment. We see a \$71.6 million budget allocation for workforce attraction and retention, including \$88 million for additional beds, nursing and administrative staff, and the Perth Children's Hospital in the seat of Nedlands. As we have heard, this is supported by a \$2 million media and communication campaign showing real healthcare workers,

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in real healthcare settings, and also showing those settings to be, as I know them, collaborative, dynamic workplaces that are centres of excellence in care. That investment has paid off already with the recruitment of 1 000 new nurses and midwives since January, and our hospitals have the highest number of nurses in the WA health system on record.

We have a strategy, action and investment. This is what leadership looks like. On behalf of my community of health workers, I thank the Minister for Health for his leadership and support for our healthcare workforce. Importantly, however, I acknowledge that dedication and commitment to high quality care demonstrated by our healthcare workers—rather than the constant dialogue about their inadequacies and lack of capacity, which my colleagues tell me is getting fairly relentless and impacting their morale—and instead express my deep respect for their work and contribution to our community. I express my gratitude for their contribution to the health and wellbeing of all Western Australians, both during the pandemic and beyond.

DR J. KRISHNAN (Riverton) [3.56 pm]: First of all, I have some statistics: currently, we have 15 483 full-time equivalent nurses in Western Australia. In 2016, we had 11 456 full-time equivalents. If the opposition cannot do the maths, a little over 4 000 plus nurses have been added to the health system. From January to August 2021, 925 qualified nurses were recruited by WA Health. In the most difficult time for recruitment anywhere in the world, WA Health has succeeded in recruiting 925 qualified nurses. Is this a failure of recruitment? I do not think so.

In 2021, 1 217 nurses were recruited across WA Health. The 170 graduate nurses currently working in vaccination clinics will eventually be transitioned into the mainstream healthcare system. All these stats make a clear statement. Along with the very important stat that there are two active cases in the state, with zero community transmission, can the opposition spot many other places in the world that have this situation? It is because of the strong health system. It is because of the dedication of healthcare workers, particularly the nurses, who have got up every day to care for Western Australians.

In her concluding comments, the member for Vasse said that if this continues, it will result in many deaths. Two things could be interpreted from that. The first is that it is humiliating and insulting to the current workforce to tell them that the opposition does not have confidence in them and we may have deaths with the current workforce. Secondly, the opposition is sending the wrong message to possible recruits, saying they are coming into an organisation where there will be deaths and they will be responsible for these if they join us. Is this showing responsibility by the opposition health spokesperson? She should be joining hands and encouraging people to join the healthcare system. She should be thanking the workforce who are working hard to keep Western Australians safe, not insulting and humiliating them and also causing a problem with recruiting people into the system.

I come to the comments of the Leader of the Opposition. I understand that she is a very experienced politician and well deserves to be the Leader of the Opposition. As new members, we look to her for how the opposition does things in this house. It is a key responsibility to cooperate with the government on important programs like vaccination. She is saying that, yes, she supports vaccination, but she does not stand up to someone who supports anti-vaxxers. One of her coalition partners is using coded language, or whatever terms, to very safely support anti-vaxxers. She needs to lead by example by standing up to those people and condemning them and supporting vaccination. One key achievement is that close to three-quarters of Western Australians above the age of 12 years are already vaccinated. We want nine out of 10 people at a minimum to be vaccinated. For that, we do not want distractions. We do not want people encouraging anti-vaxxers and causing problems or hurdles. I kindly request that the Leader of the Opposition stand up to such distractions and support the government and the people of Western Australia and cooperate with the government in achieving things that are essential for the people of Western Australia.

Lastly, the Deputy Leader of the Opposition said in his contribution that people are being treated in the car park, which is absolutely wrong. Ambulance ramping means that paramedics are still caring for the patient they have brought to the hospital. Ambulance ramping means that the patient can be inside the hospital having blood tests or X-rays and being cared for by the paramedic. It only means that the emergency team has not taken over their care. In my previous contribution, I said that when category 3 and category 4 patients arrive in an ambulance, there is constant ramping when they are put back in the waiting room because they are capable of sitting and caring for themselves and putting their hand up when they need help. They are constantly assessed in case there is a need to escalate them to category 2 and category 1. They are not cared for in the car park. That is wrong information. Again, that is misleading.

I thank you, Madam Acting Speaker, for the opportunity to make this short contribution. I oppose this motion very strongly. Lastly, I request that the opposition join hands on the only portfolio in which we can work together—that is, health—to make things better for, and provide better health services to, every Western Australian.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [4.01 pm]: It gives me great pleasure to rise after the fantastic contributions by people who have firsthand experience of our health system in Western Australia—the Minister for Health, the brilliant social worker in the member for Nedlands and the former general practitioner in the member for Riverton, who spoke with alacrity, sincerity and intellect. Meanwhile, this opposition is perpetrating a despicable fraud on the people of Western Australia. During its eight-and-a-half-year term in government,

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Royal Perth Hospital suffered years and years of neglect. There has been no more difficult birth in the Western Australian health system than the commissioning of Fiona Stanley Hospital—a completely botched job by the Liberal–National government. The last thing it did for us was to leave us a children’s hospital with lead in the water and asbestos in the ceiling. Do not believe the lies of members opposite. If they say to us that the health system was in ripping nick when they were booted out of office in 2017, it is a fraud, a lie and a deception and we will make sure that they are put straight. The trouble is that they never had the ability to put the health system straight. They never had the ability to put it right because of the shocking state in which they left our state’s finances. When this Labor government was elected in 2017, we set about doing two things—implementing the sustainable health review so that we could give our health system the firm foundation it needed to go forward and fixing the state’s finances. It is only because of that diligent, dedicated, hard work that we are in the position we are in today and we can spend \$1.9 billion on a new women’s and babies’ hospital and \$1.8 billion to improve the health system.

The utter hypocrisy of the Liberal Party is on display when it brings this motion before Parliament. A nod is as good as a wink to the anti-vaxxers. Last week in the chamber, we debated the Sentencing Legislation Amendment (Persons Linked to Terrorism) Bill. The conspiracy theorists and the anti-vaxxers got a fair run in that debate. This is what the Australian Security Intelligence Organisation had to say about them. It said that extreme right-wing groups and individuals have seized upon COVID-19, believing that it reinforces the narratives and conspiracies at the core of their ideologies and that those groups and individuals see the pandemic as proof of the failure of democracy and globalisation. ASIO also says that these groups are tapping into COVID-19 as a way of activating these groups.

We heard absolutely nothing from the member for Cottesloe during this debate. Not only is he providing no support to the member for Vasse, but also he is demonstrating that the modern Liberal Party is opposed to science, academic endeavour and higher education. Hon Nick Goiran is in the Legislative Council right now channelling Florida Governor Ron DeSantis. He is modelling himself on Ron DeSantis. Hon Nick Goiran does not want to admit that he has been vaccinated because he knows that as soon as he does, he will lose all the support from those anti-vaxxers he is encouraging and cultivating and drawing along. He is relying on their support. He is modelling himself on Ron DeSantis, the Republican Governor of Florida. It is a disgrace because it undermines the legitimate health effort that I honestly and genuinely believe the Leader of the Opposition supports. I know that she has been vaccinated and I am sure that she supports mandatory vaccination. I wish she would come out and say it.

Ms M.J. Davies: I’ve said it a number of times, thank you very much.

Mr S.A. MILLMAN: So why does the Leader of the Opposition’s shadow Attorney General not support her? Does he not support her leadership? Is he trying to undermine her? Does she not have the authority to call him out? Does she not have the authority to hold him to account?

Ms M.J. Davies: Come to my press conference, member, and listen to me say it—again and again and again.

Mr S.A. MILLMAN: I am asking the Leader of the Opposition to tell her shadow Attorney General to say it as well; otherwise, she will be stuck in a situation in which her leadership and credibility is undermined and she cannot legitimately bring these arguments before Parliament.

Several members interjected.

Mr S.A. MILLMAN: I look forward to the next time we have this debate because there is much more material to come. The member for Cottesloe was not here when we had to articulate just how clear the previous government’s failures were.

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*)

Extract from *Hansard*
[ASSEMBLY — Tuesday, 26 October 2021]
p4785g-4795a

Ms Libby Mettam; Ms Mia Davies; Mr Shane Love; Mr Roger Cook; Deputy Speaker; Dr Katrina Stratton; Dr
Jags Krishnan; Mr Simon Millman

Noes (46)

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

Ms M.J. Hammat
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 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 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 C.M. Rowe (*Teller*)

Question thus negatived.