

HOSPITALS — SAFETY

Standing Orders Suspension — Motion

MR Z.R.F. KIRKUP (Dawesville) [3.01 pm]: — without notice: I move —

That so much of standing orders be suspended as is necessary to enable the following motion to be moved forthwith —

That this house condemns the McGowan government for its woefully inadequate response to the skyrocketing assaults on doctors, nurses and other healthcare professionals.

Standing Orders Suspension — Amendment to Motion

MR D.A. TEMPLEMAN (Mandurah — Leader of the House) [3.01 pm]: I move —

To insert after “forthwith” the following —

, subject to debate being limited to 15 minutes for government members and 15 minutes for non-government members

Amendment put and passed.

Standing Orders Suspension — Motion, as Amended

The SPEAKER: Members, as this is a motion without notice to suspend standing orders, it will need the support of an absolute majority for it to proceed. If I hear a dissentient voice, I will be required to divide the Assembly.

Question put and passed with an absolute majority.

Motion

MR Z.R.F. KIRKUP (Dawesville) [3.02 pm]: I move the motion. We in this place all know and appreciate that doctors, nurses and hospital staff do an exceptional job in very difficult circumstances in our state’s hospitals. Already we have seen the health budget cut by this government, which is making their circumstances difficult. However, we now see that these invaluable workers are being threatened, abused and assaulted in record numbers. For context, we know that hospital staff were subject to 2 159 violent assaults last year, a substantial increase from the 1 439 reported assaults in 2017. We have seen doctors, nurses and our valuable health staff being punched, hit, grabbed, stabbed with knives, stabbed with medical needles and hit with a walking frame. They have had glasses and hot liquids thrown at them, and been abused, intimidated and threatened just for doing their job in our state’s hospitals.

As a result of the information provided to the Parliament just last week, we know there are hotspots right across the health system. We know in particular that across our health system Sir Charles Gairdner Hospital emergency department is a hotspot for this kind of unacceptable behaviour. We know that in the South Metropolitan Health Service, the ED and the mental health unit, again, are the hotspots where this type of behaviour occurs. We see time and again that the emergency departments of country hospitals, the Perth Children’s Hospital and hospitals in the east metropolitan region are under extreme pressure, and the staff there are being absolutely and unacceptably intimidated and violently assaulted.

All members in this place will agree that this is an absolutely unacceptable situation. I am sure that we all unite in our condemnation of the attacks that have occurred on those staff. Unfortunately, members, this is not a new issue. Our hospital staff have been the subject of violence for a very, very long time. In opposition, in 2009, the now Minister for Health asked a question of the then former Minister for Health and attacked the government for what he said at the time was inaction to respond to violent assaults on our nurses in our state’s hospitals. Back then the rate of assaults on our healthcare workers was 21 per cent lower than it was in 2018—a number that, of course, is far too high but significantly smaller than what the number is right now.

We are seeing that this is a longstanding issue that this minister has known about, yet in opposition he sat there and protested, moving motions to condemn the government. But what steps has he taken now that he is in government and has the power to do something about it? Undoubtedly, he will point to the media spin that he is so good at putting out. He will talk about the summits he has convened. He will talk about the announcements made over the weekend in direct response to a media story on this issue. Unfortunately, that is absolutely unacceptable when faced with a growing tide of assaults and violence perpetrated against our valuable health staff.

An announcement made by this government entirely because of pressure relating to a media story is an unacceptable way to respond to an issue such as this. It astounds me that the minister responded to the media inquiry rather than taking active leadership on this issue, considering he was in opposition from 2008 to 2016 and raised this issue constantly in the Parliament. I would expect, as would any member in this place, now that the member is on the Treasury bench, and has the opportunity to do something about it, he would be taking some tangible actions to respond to what is unacceptable violence in our state hospitals. We cannot rest on our laurels in this situation. Of course, we welcome any steps taken to try to address this issue. The reality is that this minister has failed to do as much as is

necessarily required to respond to this issue. It is absolutely not good enough that our doctors, nurses and health staff are being assaulted on a daily basis. It is extremely important that we all stand to condemn that but more than that, the Minister for Health should stand up now, show some leadership and do something tangible to help stem the tide.

The Lead of the Opposition and the Leader of the National Party will speak to this. However, I have to say that it is incredibly disappointing that we as a Parliament are assembled here today listening to such a motion because this minister has failed to take any action to respond to the issues when the level of assaults has risen since he has taken office and he has known about this for some time. It is a trend with this minister. He is on the record for years and years in opposition and fails to do anything about these issues on finding himself in government. That is not good enough. We expect all members to join with the opposition in condemning this minister and this government for their inability and failure to act to address the assaults on our doctors, nurses and health staff in our state's hospitals.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [3.07 pm]: The Nationals are happy to stand and support this very important motion. Indeed, we have moved a number of motions in this house concerning regional health, and health in general, and the priority it should have by this state government. There is nothing more important than providing a safe place for our patients as well as the hardworking staff in our hospitals. Of course, we will speak from a regional perspective.

We have raised questions in relation to code blacks and some of the analysis our spokesperson on health, Hon Martin Aldridge, has been undertaking across the state. It is very alarming to see some of the code black numbers. Those who are not aware of what a code black is, it is an emergency that may be activated in response to a person threatening harm to others or themselves. Hospitals use a range of other classifications, but this in particular relates to when a staff member or a patient is in direct danger. It may also be an indicator of when there has been an assault or something similar. We see some very scary numbers; although nothing like our major tertiary hospitals, those numbers are very frightening. However, from a regional perspective we can talk about 70 code blacks in one year in a community like Kalgoorlie, which has risen from 2015 when there were two, to 15 in 2016 and 27 in 2017. There is despair, particularly amongst regional staff members, because they are isolated. This is a bigger regional centre. Imagine what it is like for nurses in a smaller centre—for a single nurse on duty—as happens in Yalgoo, Cue and Mt Magnet, where we have been arguing about single-nurse posts. What I suspect, and what the evidence certainly bears out for this trend of assaults against nursing and hospital staff, which is not just in Western Australia—it is nationwide—and which is increasing exponentially, is that it is underreported. The numbers are revealed when staff activate the code black or make a complaint, but we know that there are many, many more incidents than that. Although we welcome the \$5 million and the advice from the minister that some of that funding will spread to regional hospitals, given the exponentially growing challenge across our metropolitan area tertiary hospitals, I suggest that \$5 million is a little like spreading vegemite across toast.

When I talk to people in some of my communities and to my members about the concerns that have been raised with them, they have some very scary stories about the implications for nurses in particular. They are probably the ones who feel most vulnerable—they are at the coalface in our emergency departments—but there are also all the auxiliary staff who are called to turn up and support them when there is an emergency. We continue to argue that more work needs to be done, particularly in regional Western Australia, where isolation exacerbates some of these issues and where there is a “she’ll be right, mate” kind of attitude. These staff do not like to be the ones who cause a problem in a hospital, because they know that there will be implications for their family and friends if there is a lack of services because staff have been removed, or if they make a complaint and they are deemed to be troublemakers. Nurses in my own community of Northam have been too scared to raise these concerns with me directly for fear of ramifications, but there are certainly concerns in and around the changes that have been made in terms of external lighting and in-hospital cameras that pick up and communicate when a code black has been activated. In regional hospitals, there is no awareness of that across the broader hospital. There is a growing trend to have security personnel in these hospitals. Unfortunately, in many cases they are not there 24/7 in regional communities, so they rely on someone coming from another area of the community to deal with an emergency. All of them relate the increasing trend in violence to the abuse of methamphetamine. That is anecdotal, but that is what we see when we travel around the state.

When the minister addresses this very important motion brought to the house by the shadow spokesperson for health, I ask him to try to address the concerns we have about regional Western Australia and the very alarming trend we are starting to see. There are big numbers from the Kalgoorlie, Geraldton, Karratha and Newman hospitals, and they have a broad-ranging effect. We can look at some of the evidence around the implications for a person's mental health and the ability of staff to return to work. Some people deal with the results of these assaults for years after the event has occurred. If someone is assaulted in the workplace, it can be very traumatising. There is then an ongoing ripple effect, in that the staff member has to recuperate before they can return to work. We commend the member for bringing this very important motion to the house. We support it wholeheartedly. We call on the

government to make sure that there is more than the \$5 million that has been announced and that this issue will be given the highest priority.

MRS L.M. HARVEY (Scarborough — Leader of the Opposition) [3.13 pm]: I also rise to contribute to this debate. What frustrates opposition members is that we have raised the issue of the assaults on people who work in our health system again and again through the press. Back in February 2019, Phil Hickey wrote in an article that —

Chief executive of the North Metropolitan Health Service Dr Robyn Lawrence said at the time she was “horrified” by the string of assaults and that the “severity of workplace violence and aggression incidents at SCGH” had recently increased.

She was talking in February about what had happened in November the previous year. In November, this minister knew he had a problem. In February, he knew he had a problem. Then we get to June. Once again, there was an article about assaults on staff working in hospitals. In this article in June, the minister called for a summit to examine the problem again. We know what the problem is! The problem has been highlighted for years. It is now increasing at an exponential rate because of the underfunding of the health service by this mean government. This summit was called after a 55-year-old nurse was stabbed in the neck by a patient who had been brought to the hospital after being involved in a serious assault and was left unattended. Security had been called to manage that individual prior to him stabbing that nurse in the neck. That is the kind of attention that this minister has given to his portfolio.

When we raise these matters, the Premier stands on his feet and tries to shame the opposition. He talks about the influenza epidemic and those problems. When problems and issues like this are raised, the correct response is not to cut the health budget; the correct response is to respond to the growing demand and ensure that Western Australian lives are not being put at risk by a mean-spirited Premier who has his priorities wrong.

I want to read out these figures so that members can understand the true extent of the problem. In 2018, the total number of individual assaults in our health service was 2 159. My family members work at Sir Charles Gairdner Hospital and Perth Children’s Hospital. Our family members work there. They are members of our community. The government is leaving them at risk because it has refused to look at this problem and fund it appropriately. To give members an idea of how bad this problem is, in 2016, the total number of assaults across the health service was 1 046. The government knew it had a problem in 2017 because the number of assaults was up to 1 437. Then we get to 2018. I will tell this Premier what is shameful: not the opposition for raising this issue, but the lack of attention this government has given to solving this problem. In 2018, there were 2 159 assaults; that is more than double the 2016 figures. I find that utterly disgraceful. The North Metropolitan Health Service had double the number of assaults in 2018 from 2016. The response of this government was to have a summit, a review, a talkfest. It said, “To feed the chooks and to make sure we look like we’re doing something, we’ll tell Health to go to its budget that we’ve cut and find \$5 million from within its existing resources to do something about this problem, while we work out what the results of the summit are and wait for a report.” The government does not need a summit; it does not need a report. It needs to put the funding and protections in place to protect our health workers so that I, for one, do not have to get out of bed each day and see these stories in the media and wonder whether it is going to be my sisters next.

MR R.H. COOK (Kwinana — Minister for Health) [3.17 pm]: I thank members for the opportunity to speak on this issue today. Much has been made of the numbers but, at the end of the day, one assault on a nurse or a doctor in a hospital is one assault too many.

Mrs L.M. Harvey: It has doubled in two years.

The ACTING SPEAKER: Sh!

Mr R.H. COOK: This government will not tolerate assaults on our frontline doctors and nurses, particularly in our emergency departments, where people with illness or injury are provided with vital care. We expect that while they are receiving that care, the same respect should be shown to the doctors and nurses. That is why we have taken a zero-tolerance approach to assaults on doctors and nurses in our hospitals.

As members have observed, over the weekend we made some announcements, which was an update on our violence in hospitals strategy for Western Australian hospitals. These measures came from the Stop the Violence Summit that we held on 24 June, at which 100 healthcare staff—leaders, frontline workers, security staff, doctors, consumer advocates and others—talked about what they believe is necessary to ensure that we appropriately address the issue of violence within our hospitals. They believe that a one-size-fits-all solution will not work because not one stereotypical type of patient is causing these issues. While those under the influence of drugs quickly come to mind—they are the most volatile and unpredictable—we must look at all sources of violent behaviour. Different groups may inflict injury on others in our hospitals, and obviously we have to take an appropriately informed approach to these issues. Over the weekend, we provided an update to the community on our response to the issues raised at the summit, which involved the allocation of \$5 million to immediately fund the short-term actions that

came out of the summit. People at the summit called for short-term and long-term solutions. The \$5 million will immediately go towards an increase in security staff numbers and a review of procedures at hospital sites to flex-up capacity to cover peak periods and support EDs.

In addition, we are funding additional alcohol and other drug specialist positions at five hospitals, with the AOD specialists trained to de-escalate and coordinate appropriate discharge plans. We are developing a public awareness campaign to encourage patients and visitors to consider the impact of their actions on others. We are also partnering with the Western Australia Police Force to commence work on improving patient handover processes from police to hospital staff, to improve the understanding and management of the issues around individual patients. We are also considering a range of in-reach services associated with patients in a watch house. We are reviewing security equipment requirements, such as CCTV, and developing a systemised training package for hospital staff to identify and manage agitated and aggressive patients. We are enhancing support options for staff following violent incidents and developing tools and protocols to monitor patients who pose a high risk of violence and aggression.

We have a range of measures in place. We have listened to the people who work on the frontline and allocated resources to make sure they have better support, here and now, to address the immediate issues, but we are also undertaking longer-term programs to better manage patients and anticipate issues that may be associated with them. Obviously, we need to do more and, indeed, David Mountain, the head of the ED at Sir Charles Gairdner Hospital, made those comments—as I did—on the weekend. He said that it is a nice down payment; I think I used the same language in the press conference. It is a down payment on some of the measures that we are undertaking to better support frontline workers.

The Leader of the Opposition challenged me when she asked what I have been doing since being in government. She made the correct observation that I made a lot of this issue when we were in opposition. It would not surprise members to hear that in 2013, doctors identified what they were calling “doctor terror spirals”. A February 2013 article states —

Doctors and nurses are being “regularly threatened with guns, swords, knives, axes, cleavers and other sharp objects” as violence escalates in major hospitals.

What was the response from the then Minister for Health? He said —

We have appropriate security staff and systems in our hospitals to manage the situations which require it.

There was no sense of alarm at that point, even though there had been an escalation in the number of assaults on ED staff. The Liberal government was not seized with any great urgency to do anything about it. There was none of the outrage that we have seen today in the opposition’s disgust at this issue. In fact, it was business as usual when the Liberal Party was in government.

In August 2016, in another article that raised the issue of violence in our hospitals, the then health minister, John Day, said that he was —

... “fairly confident” security is adequate.

Doctors and nurses on the frontline were calling out the situation in our EDs in 2013 and 2016, and what was the response from the Liberal government? It was business as usual and to simply say that it had things in place. There was no response to the escalating violence at that time. There was none of the outrage that has been demonstrated here today. There was no concern for the doctors and nurses on the frontline. The former government fobbed them off with platitudes that things were fairly okay and that surely things would take care of themselves. They will not take care of themselves, which is the reason that our very first policy announcement in the 2017 election campaign—I remember it was 1 January 2017—was a \$2.1 million package to improve security at our EDs, including the provision of stab vests and duress alarms. That was our indication—that should we win government, we would take the safety of our frontline doctors and nurses seriously. We put things in place to address the issue. After eight and a half years of fob offs, platitudes and business as usual from the former Liberal–National government, we said we would take responsibility for looking after doctors and nurses on the frontline. The former government did absolutely nothing.

In the face of ongoing issues, what have we done? We have continued to improve our EDs to make sure they are better resourced to deal with escalating antisocial behaviour. A lot of these people struggle with alcohol and other drug issues—people whom the Leader of the Opposition would describe as meth zombies. We do not describe them in that way. Rather, they are troubled patients who need assistance. We have deliberate policies to better cater for those patients. We have an urgent care clinic toxicology unit at Royal Perth Hospital, which was specifically set up to better treat these patients and get them away from other patients and workers in the ED environment to ensure that we protect them and look after these patients in a secure environment.

These are the changes that are taking place under the McGowan Labor government. In addition, we are putting in mental health emergency centres. I have opened one in Joondalup, we are currently constructing one at Royal Perth, and there are plans for units at Sir Charles Gairdner Hospital and other hospitals because we understand that with the changing nature of patients who present to our EDs, we have to do more and better to look after them. Obviously, a patient suffering from a mental health issue who goes into a loud, bright and confronting ED environment may be prone to responding to the anxiety that that induces. Having better clinical arrangements for these patients will make it better for everyone. It is an important part of what we are doing in our EDs, including the urgent care clinic toxicologist unit.

We convened the Stop the Violence Summit because we know that we can learn more from people; that is what summits do. That is the reason the Leader of the Opposition, in her outrage on homelessness, called for a summit on homelessness. Sometimes it is actually important to listen to the people on the front line, to sit down with them and say, “We want to learn from you what you believe is necessary to make your workplace safer.” The Leader of the Opposition said that those frontline workers are waiting for a strategy and what they got is the rollout of a strategy, of which the first measure is a \$5 million commitment to improve security in our hospitals and make sure that we have AOD nurses in those areas to look after patients in a much better way, including longer term measures to continually improve safety in our EDs. This is about infrastructure, workforce training, funding for more staff and more security guards. I might add that a lot of people have called for more power to be given to security guards. I spent a lot of time with security staff at the summit. They believe they have enough powers but need a few more staff for assistance from time to time.

A lot of members talked about code blacks. We must better use code blacks to understand the incidence of assaults on hospital staff. The member for Central Wheatbelt correctly said that they are often under-reported. Sometimes they are over-reported. If two code blacks are declared in a hospital, two code blacks go into the stats. We need to do that stuff better. We need to have more equipment and more staff, and that is what we are doing with this \$5 million allocation. That is on top of the election commitment that we made around security staff. When I was in opposition, I made a big issue around protecting our frontline workers. That is why we are investing now to improve the resources and systems to make sure that we protect our frontline doctors and nurses.

As I said at the beginning, this is not about numbers. Any assault on doctors, nurses, allied health or support workers in our hospitals is one assault too many. Our multimillion-dollar response to this is system-wide to ensure that we are doing more to protect the people of our health services who care for and protect the patients who go to them.

Division

Question put and a division taken, the Acting Speaker (Ms J.M. Freeman) casting her vote with the noes, with the following result —

Ayes (17)

Mr I.C. Blayney	Mr Z.R.F. Kirkup	Mr J.E. McGrath	Mr D.T. Redman
Ms M.J. Davies	Mr A. Krsticevic	Ms L. Mettam	Mrs A.K. Hayden (<i>Teller</i>)
Mrs L.M. Harvey	Mr S.K. L'Estrange	Dr M.D. Nahan	
Dr D.J. Honey	Mr R.S. Love	Mr D.C. Nalder	
Mr P.A. Katsambanis	Mr W.R. Marmion	Mr K. O'Donnell	

Noes (37)

Ms L.L. Baker	Mr M. Hughes	Mrs L.M. O'Malley	Mr C.J. Tallentire
Dr A.D. Buti	Mr W.J. Johnston	Mr P. Papalia	Mr D.A. Templeman
Mr J.N. Carey	Mr D.J. Kelly	Mr S.J. Price	Mr P.C. Tinley
Mrs R.M.J. Clarke	Mr F.M. Logan	Mr D.T. Punch	Mr R.R. Whitby
Mr R.H. Cook	Mr M. McGowan	Ms M.M. Quirk	Ms S.E. Winton
Ms J. Farrer	Ms S.F. McGurk	Mrs M.H. Roberts	Mr B.S. Wyatt
Mr M.J. Folkard	Mr K.J.J. Michel	Ms R. Saffioti	Mr D.R. Michael (<i>Teller</i>)
Ms J.M. Freeman	Mr S.A. Millman	Ms A. Sanderson	
Ms E.L. Hamilton	Mr Y. Mubarakai	Ms J.J. Shaw	
Mr T.J. Healy	Mr M.P. Murray	Mrs J.M.C. Stojkovski	

Pairs

Mr V.A. Catania	Mr J.R. Quigley
Mr P.J. Rundle	Ms C.M. Rowe

Question thus negatived.