

HEALTH STAFF — ASSAULTS AGAINST

Matter of Public Interest

THE SPEAKER (Mr P.B. Watson) informed the Assembly that he was in receipt within the prescribed time of a letter from the member for Churchlands seeking to debate a matter of public interest.

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

MR S.K. L'ESTRANGE (Churchlands) [2.54 pm]: I move —

That this house notes the staggering increase in assaults on nurses and the failure of the McGowan Labor government to provide adequate protection for these important frontline service workers, and the need for the McGowan Labor government to resource the state's emergency departments properly.

Nurse and staff safety at our emergency departments and hospitals is vitally important to us all because we or our family members may have to present to emergency departments to be admitted onto wards at our hospitals. We want to know that nurses are being protected and looked after so that they can do their job and support us without fear of being attacked. The nurses, doctors and staff at our emergency departments are passionate about their work. Indeed, they do not see their work as a job; they see it as a vocation. This was incredibly evident when Minister Cook and I attended the WA Nursing and Midwifery Excellence Awards last Saturday night. Those nurses do amazing work for the community. They do not want to have to put up with the prospect of being assaulted in their workplace. That is not what they want.

The McGowan Labor government is handling the health portfolio in a somewhat distressing way, because emergency departments are coming under increasing pressure due to demand. Several documents, one of them being the sustainable health review, have indicated that ED attendances have outpaced population growth over the last 10 years. In Western Australia in 2016–17, 90 per cent of people who attended an ED for acute mental health care in WA waited for up to 15 hours before progressing to a suitable care environment. We have had 10 years of increased demand, which is outstripping population growth, and 90 per cent of people with acute mental health needs who present to EDs have to wait for 15 hours. Can members imagine the pressure that alone puts on emergency departments at our hospitals? In addition, the methamphetamine action plan noted that WA Department of Health data shows that between July 2017 and December 2018 an average of 130 meth-affected patients presented to Western Australian emergency departments each week.

Mrs M.H. Roberts interjected.

Mr S.K. L'ESTRANGE: Emergency departments have been struggling to cope under the minister's government's watch. This evidence is overwhelming.

Mrs M.H. Roberts interjected.

Mr S.K. L'ESTRANGE: The Minister for Police is interjecting, but she was part of the cabinet that just handed down its third budget. This government has only one budget to go before the next election. If the government has not been able to turn around this issue in three budgets, that means it has been sitting on its hands and has not been doing anything about it.

Several members interjected.

The SPEAKER: Members, it is a matter of public interest. I will hear it in silence.

Mr S.K. L'ESTRANGE: The McGowan Labor government has failed to address the increase in demand on our EDs and the subsequent risks associated with dangerous patients who present at EDs. Patients need to be supported, but nurses need to be protected. They cannot be left vulnerable to dangerous patients. The reason we are seeing such an increase in pressure on our emergency departments is covered by a number of different datasets. One reason is the four-hour wait time rule, which is that 90 per cent of patients who present to an emergency department should be seen to within four hours. Our major hospitals in the Perth metropolitan area are struggling to achieve that rule, which was agreed on at a Council of Australian Governments meeting. It is a key performance indicator of this government and the situation has been getting worse. For the 2017 year, Sir Charles Gairdner Hospital saw an average of 74.3 per cent of patients within the four hours, but that dropped in 2018 to an average of 68.2 per cent. It is going in the wrong direction. At Fiona Stanley Hospital, the situation was similar. It was 71.1 per cent in 2017 and then dropped to 63 per cent in 2018. That is a long way from the 90 per cent target that this government is supposed to be achieving. Again, if it is going in the wrong direction, it is an indicator that these departments are under resource constraints and pressure. They are not able to cope with demand. Royal Perth Hospital is the same.

Another key indicator is ambulance ramping. That is when an ambulance arrives at a hospital emergency department, but the ambulance staff cannot hand over that patient to the emergency department staff because the emergency department is not prepared to accept the patient, meaning the ED is full. Therefore, a patient is ramped

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up with the ambulance staff. Now we are seeing record levels of ambulance ramping outside EDs under this government's watch. Last winter, the Minister for Health said that it was due to the flu season. In summer, the Minister for Health went on leave and the member for Bassendean was given the reins of the health portfolio. For goodness sake, that was a risky move given his handling of crayfish at the time. He was given the health portfolio and then ambulance ramping spiked during the hot days of summer. What did the acting Minister for Health—the Minister for Fisheries in charge of the crayfish debacle—blame? He blamed the heat. We are now seeing that it is nothing to do with the seasons. There is an increased demand on our EDs because people are presenting there all the time now, and we are seeing a spike in ambulance ramping.

The minister may scoff and laugh at this, but this is a serious issue for the patients who have to sit ramped up outside that emergency department. I do not know why he is laughing at that point. On 21 January, ambulances were ramped for 182.5 hours; on 18 February, 176 hours; on 20 February, 160.4 hours; and on 6 May, 159.2 hours. These are big numbers of ambulance ramping hours. The minister at one point argued that this ramping is increasing because ED and ambulance attendances are increasing. However, the statistics show that from the Sunday before to Monday, 6 May, ED and ambulance attendances dropped, yet the ramping hours went up. That tells us that we are not resourcing that particular department effectively enough. That was a good example of the pressure of this environment. The result of the failure to fix resourcing and staffing issues in our hospitals is that we end up with methamphetamine-affected patients presenting and these patients are made to wait sometimes for 15 hours in these environments with bright lights, noise and movement. Do we really think that is a good environment for people with serious mental health concerns to be presenting in? Of course it is not. Do members think it is a safe environment if patients and nurses are trying to deal with other patients at a time when these people with serious issues are being put in a bed off to the side in those wards? Of course, it is not. That is what this government is doing. It is failing to address the issue. It knows all this data.

The data that I have managed to get hold of is something that the minister could get hold of in an hour. All he has to do is ask the department to provide him with statistics on everything I have just said and he will know it. He will know what has been happening day in, day out for the last three budgets of this government. It has had three budgets to do something about it. What does the government have? There was a 55 per cent increase in assaults on nurses when we compare the first half of last year with the first half of 2017. In the second half of last year, the minister said in his own press release that we had a 38 per cent increase in assaults on nurses in the second half of last year compared with the second half of 2017. The minister knows the issue, yet on Sunday night, we saw a nurse doing her job, caring for patients, stabbed in the neck from behind. That is an appalling outcome.

Mrs J.M.C. Stojkovski: It was in a ward.

Mr S.K. L'ESTRANGE: Regardless of where it was, member for Kingsley, be it on the ward or in the ED, we should never distinguish where a nurse's safety is a priority. A nurse's safety is a priority wherever she or he is working. The member should dare not interject and imply that nurses only in EDs should be protected. That is what she just said in her interjection.

Several members interjected.

The SPEAKER: Have you finished? Manager of opposition business, through the Chair and then you will not have the interjections.

Mr S.K. L'ESTRANGE: Last Sunday night was a key example of why more needs to be done. It is incredibly important that this minister understands this need and that he properly resources our emergency departments and, more broadly, our hospitals. He should not only conduct a review of what went wrong, but also recognise that it is all down to resourcing. No better example of that was given than having the head of emergency services at Sir Charles Gairdner Hospital last year say that there would be an avoidable death unless more resources were allocated to our emergency departments. The head of emergency services said to the minister that there would be an avoidable death this year unless the Minister for Health does something with the resources of our EDs. It is simply not acceptable and more needs to be done.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [3.06 pm]: I rise to support this very important matter of public interest. We have a focus from a regional perspective. When we add the factors of distance, remoteness and fewer staff on the books to everything that the member for Churchlands has spoken about, we start to see some very poor outcomes for not only patients, but also those staff who put their life on the line to ensure that we have access to those services right across the state. I will come to the discussion that we have had previously about single nursing posts. We wholeheartedly support the motion that we need to make sure that these frontline service workers are supported and that we are resourcing our hospital and emergency services departments properly. In regional Western Australia, we do not have the same volume of presentations to our EDs as those in the metropolitan area do. I think everybody would understand that. However, it certainly does not make

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any difference if someone is confronted with a violent patient or someone under the influence of alcohol or drugs. Whether there are many poor outcomes or one poor outcome, for the person it impacts on, it is the same.

There has been a multitude of discussions across regional Western Australia about staff who have found themselves in very similar situations to that horrible scenario that we heard about over the weekend. As a result of the previous state government's Southern Inland Health Initiative, North West Health Initiative and Northern Inland Health Initiative, a significant amount of investment has been made to upgrade many of the government facilities in these regional hospitals, which has always included an upgrade to security and safety. Many of our nursing and hospital staff are becoming more used to having security available to them in the emergency department. They are provided with safe access if they are dealing with patients who present with mental health or drug and alcohol issues and that has made some inroads to making those staff feel more secure and protected. However, there are obviously still incidents in which we see our staff under the pump.

As recently as I think two or three weeks ago, in one of my electorate's hospitals, staff were confronted with a patient who had managed to pull off the end of a bed and started to swing it around the emergency department. Other patients, let alone the staff in the hospital, would have been terrified. People who are under the influence or having issues with their mental wellness can have superhuman strength. Nursing staff and doctors are suddenly confronted with trying to manage very difficult situations. There are no security guards, as I understand it, on constant call in those regional hospitals. I am happy to be corrected on that front, but my understanding is that no emergency department security guards are available. Especially in the biggest centres that take more of the patient inflow, that certainly does cause difficulties.

Before I sit down, I want to touch on what I spoke about yesterday in my reply to the budget speech. In this state, we still have eight single nursing posts in which a single staff member runs a facility that supports a community. That is unconscionable. We did away with single police posts some time ago on the basis that it was not okay to have frontline staff, particularly from a policing perspective, running a station by themselves. I cannot think of a reason why we still have a single nurse running one of those nursing posts. It may occur at times because of staffing arrangements due to leave or if staff are called away in an ambulance to an accident or to transfer a patient, but then the community is left unable to access health care. If someone presents whilst a single nurse is on duty, that nurse is then reliant on assistance from the police, who may also be out on a call and out of town.

As more of these situations arise, we believe that further resources need to be apportioned to make sure that the security of our staff is put first and foremost. It is very hard to attract staff into regional Australia. It gets harder when their workplace is not secure enough to ensure that they are not under threat while doing their job. We need them to be out there.

MR Z.R.F. KIRKUP (Dawesville) [3.10 pm]: I, too, wish to rise to speak to the motion and support the member for Churchlands and the Leader of the National Party in noting —

... the staggering increase in assaults on nurses and the failure of the McGowan Labor government to provide adequate protection for these important frontline service workers, and the need for the McGowan Labor government to resource the state's emergency departments properly.

I have spoken a number of times in this place about the plight of Peel Health Campus, and I will reiterate those concerns here once again. The member for Churchlands has done a fantastic job in outlining the context—the lie of the land—when it comes to the assaults on nursing and clinical staff occurring right across metropolitan hospitals and the impact that this is having on our state's hospitals. It is a very real concern to the opposition, which is why we have moved this motion today. I hope that the Minister for Health will have something more to say than the usual spin that we sometimes get from this government. I wish I could say that after all the work and community activism that we have done around the plight of Peel Health Campus, we have seen more from this government. Sadly, we are three budgets down and that has not been the case. The member for Churchlands talked about patient circumstances, in particular at Royal Perth Hospital and a number of other key hospitals. The Leader of the Nationals WA spoke about the situation confronting regional hospitals and those outposts.

I would like to talk about Peel Health Campus and what is happening there. Although I consider it to be a regional hospital, it is a service that is delivered under the South Metropolitan Health Service. When I quote this data, I refer to question on notice 4529 answered by the Deputy Premier on 12 March this year. I asked about the assaults on staff at Peel Health Campus in 2018. In 2018, there was a total of 55 assaults on staff members at Peel Health Campus, 25 of which involved nursing staff, one of which involved medical staff and 29 of which were categorised as “other” staff—a total of 55 assaults. I also asked how many staff members were threatened with assault or violence at Peel Health Campus. I was told that staff at Peel Health Campus had been threatened 374 times with assault or violence, and 55 times they were assaulted. This is a significant increase on the figures for the previous year, 2017. I asked questions about the data from January to August, and only 11 assaults occurred. We have seen

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a significant jump from 2017 to 2018 in the rate of assaults against those vital staff in our hospitals, who do an outstanding job, particularly in Peel Health Campus in a very constrained environment.

I asked a further question about those staff who had been physically assaulted and whether they had received any treatment. Three cases stick out to me that reinforce the motion moved by the opposition today. I will outline three circumstances in which an emergency department patient has assaulted someone in a hospital and the treatment they had to receive. In one circumstance in 2018, an ED patient affected by drugs punched a security guard in the head repeatedly. That security guard had to get treatment. Another security guard received a hand laceration whilst trying to restrain an ED patient who was drug affected. Another ED patient with a history of mental health issues and drug use punched a security guard in the head. These are just the security guards who work on the frontline. Of course, we have seen it right the way through, and nursing and other clinical staff are exposed to the same risks in ED. As the member for Churchlands rightly pointed out, it does not matter where it happens—in the ED or in the wards; these staff are absolutely being confronted with greater and ever increasing rates of violence. I am very surprised that the government has not done more to try to restrain these attacks on our critical frontline services staff. Members of the community are being confronted by these awful episodes at a very vulnerable time, yet the government is not doing enough to protect staff at these places, let alone the patients who might be witnessing these events as well. There can be no doubt that Peel Health Campus is in distress. It affects not only those patients who witness these events, but also those very highly revered staff in our hospital.

If we look at other key metrics for Peel Health Campus, we see that our hospital's situation continues to worsen. In 2018 alone, Peel Health Campus was on bypass and three times it had to send patients to Fiona Stanley Hospital or to Rockingham General Hospital. That is an unacceptable situation for Peel Health Campus. In the history of Peel Health Campus, I am not aware of any time that it has been on bypass so many times as recently. One of those bypass times was on 28 December over the summer Christmas period. For a very long time, that hospital was closed to patients coming in because of bed block. In most cases, Peel Health Campus was on bypass because of bed block; it was on divert. Any minute that our hospital goes on bed block is unacceptable for our community. It disappoints me and it disappoints the people of Mandurah that we did not see more money in this budget for our hospital. Other indicators also point to a deterioration in the service. The waitlist for surgery in 2018 has blown out by over 20 per cent. The off-stretcher time from the ambulance to the ED is the worst time, as the member for Churchlands rightly pointed out. That has also blown out. In January 2017, the off-stretcher time was 65 per cent of patients being seen within 20 minutes. In December 2018, it was 39 per cent. That is unacceptable for our community. The median waitlist for elective surgery has grown from 200 days in 2017 to 323 days in 2018. That is a 61 per cent increase in the wait times for elective surgery. Our emergency department now has the second worst wait —

Point of Order

Dr A.D. BUTI: The member is making some very interesting points. Some of them may have relevance to this motion. A lot of them do not have relevance to the motion with regard to waiting time for elective surgery et cetera. Can he please get back to the motion that is being presented by the —

Mr S.K. L'Estrange: Further to the point of order —

Dr A.D. BUTI: Can I finish my point of order? It is about the relevance to the matter of public interest put up by the member for Churchlands. Talking about surgery waiting time is really stretching it. The member for Dawesville is trying to make this into a general debate about problems at Peel Health Campus; we know that.

The SPEAKER: I have heard enough. It is not a point of order, but, member, you will stay close to the motion.

Mr S.K. L'ESTRANGE: Further to that point of order —

Dr A.D. Buti: He said that there is no point of order.

The SPEAKER: I said that there was no point of order.

Mr S.K. L'Estrange: He is directing me to —

Dr A.D. Buti: He said that there was no point of order.

The SPEAKER: No; I am just telling the member to stick to the motion. It is up to him to make that decision. I am saying that it was not a point of order. If he stays on the right path, we will not have a problem, and we are using up his time.

Debate Resumed

Mr Z.R.F. KIRKUP: I will continue to point out that the last line of the motion states —

... the need for the McGowan Labor government to resource the state's emergency departments properly.

Peel Health Campus is the second-worst emergency department in Western Australia.

Dr A.D. Buti interjected.

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The SPEAKER: Member for Armadale!

Mr Z.R.F. KIRKUP: I do enjoy the member for Armadale —

Dr A.D. Buti interjected.

The SPEAKER: Member for Armadale! I call you to order for the first and second time.

Mr Z.R.F. KIRKUP: I do enjoy the interjections from the member for Armadale. I will be sure to tell the people in Mandurah that the Labor Party has once again tried to stymie debate when it comes to their local hospital. It is exactly what the member for Armadale is seeking to do here. It is very disappointing.

Dr A.D. Buti interjected.

The SPEAKER: Member for Armadale!

Mr Z.R.F. KIRKUP: It is very clear from those indicators that our hospital is in distress. Of course, the data cannot measure the real impact that an under-resourced emergency department and wait times that have blown out are having on my community. People are already in a vulnerable state when they are taken to the emergency department, and now they have to worry about not being able to get into the emergency department. It takes a long time for them to get out of the ambulance and for them to be seen—33 per cent are not seen within the four-hour rule in our emergency department. That is absolutely unacceptable by any standard. It is absolutely fair to say that Mandurah and the Peel region deserve more than this. I am certain that the member for Scarborough will follow up with some more debate on this issue. However, I would like to close out on the Peel Health Campus. It is very clear from what is occurring in our emergency department that the Labor government is not doing enough to resource it; we know that already. Members in this place have heard me repeat time and again just how parlous the situation is and how our hospital is really in distress.

The Labor government has continued to ignore us. It has continued to ignore the very real impact on our community of the lack of resources. I do not really know why the government has failed to invest in our hospital. The federal member for Canning, Andrew Hastie, likes to say that Labor is giving Mandurah the Cinderella treatment—it works us really hard but then it does not take us to the ball! I remind members in this place that only the Liberal Party and Andrew Hastie have delivered \$25 million to expand our emergency department and the radiological services at Peel Health Campus. It is now an irrefutable fact that the Liberal Party has invested more than any other party in our hospital. It has had the biggest investment since it was built thanks to the Liberal Party and Andrew Hastie in Canning. Such a historic announcement could have come about only from a community united behind the cause. Andrew Hastie and the Liberals listened and delivered for our community. I doubt that Mandurah has ever seen such united community support. People were in lockstep out there and activated to see our emergency department at Peel Health Campus receive investment from their state Labor government, which continues to ignore us. Labor continues to ignore Mandurah and, to me, it will be at its peril.

I questioned the Minister for Health about his recent announcements of some \$4.4 million, set aside in May last year, for improvements at Peel Health Campus. The minister said specifically that the funding would go towards security at our hospital. Noting the member for Churchlands' motion, of that \$4.4 million, only \$230 000 has gone into security at Peel Health Campus and \$800 000 has gone into a car park. Apparently, the rest has gone into maintenance. Money should have been given to the hospital already for maintenance works, but that is where the funding has gone. Labor continues to constantly mislead the people of Mandurah and the Peel region about the real investment occurring there. The Labor Party should be investing in our emergency department, but it has failed to do so. Labor can continue to ignore Mandurah and to fail our community as much as it wants, because I promise the Minister for Health that he will see a backlash from our community the likes of which has never been seen before when it comes to Labor in Mandurah. We will remember that in three budgets we have failed to see any significant funding for our emergency department. We will remember that Labor continues to forget our community. We will remember the kick in the guts that the government gives us every time it tells us that things at Peel Health Campus are okay. We will remember that it was only Andrew Hastie and the Liberal Party who invested in our hospital. More than that, the people of Mandurah and the Peel region will turn these hurtful memories into action at the state next election. They will be the tip of the spear, on behalf of the people of Western Australia, who will vote the Labor Party out of office!

MRS L.M. HARVEY (Scarborough — Deputy Leader of the Opposition) [3.22 pm]: I rise to contribute to this matter of public interest motion on behalf of the opposition. Unlike the answers to our questions on notice, from some of the minister's cabinet colleagues, unfortunately, this minister has been far more honest and has given us data that raises significant alarm bells with the opposition. The data we refer to is the significant rise in the number of assaults on our workers, our nursing staff, in hospitals.

There has also been an increase in the number of code blacks. Having a couple of sisters who are nurses, I know that a code black is the call for extra assistance that goes out because a nurse is under significant threat of physical

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harm. We know that the number of code blacks has increased by 6.29 per cent from the calendar years 2017 to 2018. This corresponds a little to the number of assaults on nurses, which increased by 45.32 per cent from 2017 to 2018. That data means that while code blacks are on a rise of 6.29 per cent across the two years, the hospital's response to protect our nurses has fallen well behind—it has fallen significantly behind. In 2017, code blacks are converting to assaults at a rate of about 6.4 per cent. That is now up to 8.7 per cent. It is a pretty clear signal that when a distress call is sounded and one of our nursing staff is under threat of significant physical harm, the hospitals are not resourced sufficiently to respond to these code blacks and emergencies to prevent an incident converting into an assault. These are alarming figures. It has happened over a period of a year and health authorities have known about it for a number of years. We know that methamphetamine use and other issues are involved in these presentations, but we are pointing out this government's failure to act and respond. The outcomes that we get are not good outcomes. In January this year *The West Australian* reported —

The 84-year-old woman, who wished to remain anonymous, had no option but to lay on the floor of the emergency department for two hours on Thursday in an attempt to alleviate her crippling pain.

We had that shocking attack on a nurse. As a member in this place with two sisters who are nurses, one with 40 years' experience and one with 30 years' experience, working in our public hospitals I hear how frightening it is. I put to members in this place that my two sisters have saved the lives of at least half a dozen people at roadside accidents on the way home from shifts. That is the kind of people nurses are, that is what they do and they deserve to be in an environment in which they feel protected when they are dealing with not only people who are very sick, but also people who are absolutely out of control because of the drugs they have taken. It is this minister's responsibility to staff hospitals appropriately and to ensure that when a code black is sounded, nurses are protected, and we do not have assaults, so we do not have nurses going to work in fear that they will be stabbed in the neck. My blood ran cold when I heard that story because I have two sisters, an aunty, a niece and a nephew who are at risk in our hospital system because of this minister's failure to fund the security services appropriately to keep them safe. That is why we have raised this issue.

Dr A.D. Buti: That's what relevance is to the motion.

The SPEAKER: Member for Armadale, relevance is that I call you to order for the third time. You are obviously in a hurry this afternoon.

MR R.H. COOK (Kwinana — Minister for Health) [3.27 pm]: I am thankful for opportunity to speak on this important matter of public interest motion. We come to this motion not because the government has run away from this issue, but because it is seeking to remedy it and take proactive action to continue to protect our frontline workers. As I said in my answer to a question asked earlier today, we have not been silent on this issue. Unlike the previous government, we have proactive policies in our \$2.2 million security package that seek to remedy the situation.

The opposition's claim is that we have not done enough. The record now shows that we have done \$2.2 million more than the previous government ever did. This issue was never on the former government's radar. It never considered this issue during its time in office, despite the fact that over the time that the former government was in office the number of assaults on hospital staff tripled. The former government did nothing. We saw the problem and that is why we had an election commitment. What was the Liberal Party's election commitment around security for doctors and nurses?

Mrs L.M. Harvey: This is about what you are doing about it.

Mr R.H. COOK: In the broad daylight of the election campaign, understanding that the government had set up the system, what was the Liberal Party's election commitment?

Several members interjected.

The SPEAKER: There are lots of comments and lots of ideas, but the minister has the call.

Dr A.D. Buti interjected.

The SPEAKER: Member for Armadale, I do not care; I am on my feet.

Mr R.H. COOK: This is an important point: we are aware of this issue and we are acting on it. There is no way to defend the incidents that happened over the weekend; they are disturbing and they are distressing. I went to the hospital on Sunday and spoke with the staff who either witnessed or were indirectly impacted by that particular incident. It had impacted on everyone in the hospital and had affected morale and people's sense of security in the workplace. What was particularly disturbing for those staff was the speed with which the incident escalated from what was observation of a benign situation to an assault on a nurse. That is both unacceptable and distressing, because it makes it all the more difficult to respond to.

I will speak for a moment about methamphetamine, although we do not know whether it was a factor in this incident. We have all drawn that conclusion, but that is not a conclusion that I have drawn. I will talk about issues

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around methamphetamine and the emergency department situation, although that was not in play in this instance either. The government understands that methamphetamine is a problem. That is why we came in with a methamphetamine action plan. This plan is about achieving three things. Firstly, it is about reducing supply. The Minister for Police has presided over the biggest seizure of methamphetamine and illicit drugs in this state's history during the short time she has been in that role. Secondly, we want to reduce demand, which involves making sure that we have education and prevention programs so that people do not get caught up in the insidious bind of drug addiction. Thirdly, we want to reduce harm, making sure of the services that people need at the time of their addiction and their crisis, so that we can support them and their families.

In response to the Methamphetamine Action Plan Taskforce, we invested an extra \$42.5 million to address those issues. That brings the total investment over the forward estimates to over \$240 million, on dealing with alcohol and other drugs, and methamphetamine specifically, to make sure that we can address the impact of this insidious drug on our community. No other government has done that, and we are making significant advances in putting these services in place, and making sure that we can win the war against this disgusting and horrible drug. We know the effect that it has; we know that it takes people down a long and evil spiral of despair and drug addiction. We know the impact, therefore, it has on that person, their loved ones and people around them. We have to do more, and we are doing more in making sure that we get on top of this issue.

The member for Churchlands spoke at length about the performance of our emergency departments, although this has nothing to do with the actual motion. I understand the bow that he has drawn here, and I am happy to talk about them. As I have mentioned on previous occasions, our emergency departments are the best performing in the country. From that perspective, we should be proud of the work our doctors and nurses are doing, rather than continuing to knock them. The member for Churchlands talked about the performance against our targets. I want to provide for the member, and put on the record, the detail on the targets. In triage 1—patients we have to get to within two minutes—we are at 99.9 per cent, so far in 2019. We have met that target. Triage 2—patients we have to see within 10 minutes—has an 80 per cent target and we are at 78.7 per cent, so it is slightly short, but pretty much there. I will come back to triage 3 later. Triage 4—patients we need to get to within 60 minutes—has a 70 per cent target, and we have reached 68.2 per cent, so, again, pretty much there. Triage 5—patients we have to get to within two hours; patients who are in the least distress—has a 70 per cent target, and we achieved over 91.9 per cent. So I come to triage 3. These are people who come in with sore backs and other painful conditions. They need care and attention, but they are not specifically urgent. We have to get to them within 30 minutes, and we are achieving that only 50 per cent of the time. Our Achilles heel is triage 3, but across all the other triage categories, we are already meeting our targets. Triage 3 is bringing our overall averages down, but in all other areas of activity in our emergency departments across the state, we are achieving those targets.

It is true that we are struggling with off-stretcher times at the moment. The issue that we are particularly troubled with is ambulance ramping. As I reported to this place before, we are undertaking an audit of ambulance ramping, because while our EDs continue to perform really well, ambulance ramping times are problematic. I do not draw any conclusions from this, but I just put it out for members' information. On 1 April, a Monday, we had 100 hours of ramping in Western Australia. I think it was on the Tuesday or Wednesday that I made the media announcement that we would do an audit on ambulance ramping. By the following Monday, the ramping times had reduced to 27 hours. I am not drawing any conclusions from this, but it is interesting that I make an announcement that we are going to do an audit on ambulance ramping, and all of a sudden ambulance ramping goes right down. I do not know what that is about, but I am really looking forward to that audit coming back, and I will share the details with the chamber so we can get a better understanding. Just to give people an idea, for instance, on 1 April Sir Charles Gairdner Hospital had 34.9 hours of ramping, but by the following Monday it had gone down to 1.3 hours—a very drastic reduction, which is an unusual state of play. As I said, I do not draw any conclusions from that, but clearly we need to have a closer look at the performance of EDs. However, our EDs continue to perform above the national average, and indeed we are the best in the country. We should take some pride in that. There is not a crisis in our EDs.

There is a change in the type of patients presenting to our emergency departments, as the member for Churchlands observed; many more patients are coming into our emergency departments suffering from acute mental health issues, or drug and alcohol issues. We are doing long-term work aimed at reconfiguring the way we deliver services in emergency departments to meet this changing nature of demand. We are rolling out mental health observation areas, or mental health emergency centres, across the metropolitan area. We have opened one at Joondalup and we are in the process of constructing one at Royal Perth Hospital, and funding has been announced in the context of the federal election for a mental health emergency centre at Midland Public Hospital. It is about making sure that we have the facilities to better manage these patients. The mental health emergency centres are there to provide a better environment for these patients to de-escalate and stabilise, and in some cases make sure that we get them back on their medical regime, and therefore better prepare them for ongoing care and attention in a more appropriate environment. We are meeting the needs of the mental health cohort in emergency departments.

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In addition, we are also looking at a new clinic we have started at Royal Perth Hospital that is meeting with a great deal of success. We call it the urgent care clinic toxicology unit, or behaviour assessment unit. It allows us to provide a secure, discrete location for members of the public who come in with an alcohol or drug issue. There is a specialist team there that operates separate from the rest of the emergency department. This allows for these patients to be treated in a more appropriate environment, which means they do not disturb the other patients or distract other consultants providing care in the ED environment. It is an important service, and I have seen it in operation myself. On a Friday or Saturday night, it is a lively space. We can see the staff managing with this particularly difficult cohort of patients, and they do a great job. One of the reasons they can do a great job is that our EDs are being reconfigured to meet the needs of this new patient cohort.

We are providing the services that our frontline staff in emergency departments need to meet the needs of these particularly difficult patients. I acknowledge the comments of the member for Scarborough about the data that we have put out on the subject. We have nothing to hide on this. We know that it is a difficult problem, and we are determined to make sure that our health system is transparent and open, and its performance is there for all to see. Obviously a particularly disturbing picture is painted in the tripling of assaults between 2012 and 2017, as well as the way it has continued to increase. In particular, yesterday I drew members' attention to a 38 per cent increase between the last six months of 2017 and the last six months of 2018. I do not take pride in these numbers; they are there for all to see. Coming out of that are some particularly interesting configurations of what this data presents. Firstly, it suggests that there has been a significant increase and that of the 268 nurse assaults that were recorded, 265 took place at Sir Charles Gairdner Hospital. If the Shorten Labor team is successful in the election on the weekend, it has committed to developing a behavioural assessment unit or urgent care clinic toxicology unit at Sir Charles Gairdner Hospital, which means that we will be able to better manage this particular cohort of patients. It presents an unusual picture. Member for Scarborough, I am not for one moment walking away from the data, but the data itself needs greater integrity. For instance, member for Dawesville, the data that I released yesterday actually shows a reduction of 39 per cent in the number of assaults at Peel Health Campus. I have seen Peel Health Campus in the evening and I do not buy that for a second. It suggests that there are data integrity issues that we need to get right so that we can better understand and better respond to this stuff. I was talking to the Australian Medical Association this morning and it said that because frontline staff are receiving more training, they are more aware of assaults and code blacks, so they report them all. The problem with code blacks is that they can be reported twice by two different staff members, so that is two code blacks, and that of itself is a problem. Of course, what is a push and shove and does not particularly bother one nurse is an assault on another nurse, so we need to get a better understanding across the system about what an assault is and, therefore, a better understanding about the level of incidents. For instance, yesterday's numbers showed a 14 per cent reduction at Rockingham General Hospital and a 23 per cent reduction, member for Central Wheatbelt, at the WA Country Health Service. Again, I am not sure about the accuracy of those figures. We need a better way to collect this data and make sure that it is available to the public so that it can see what is going on.

Mrs L.M. Harvey: One of the concerning things about the data is that it appears that no data is kept as to whether any of these assaults were referred to the police. Is there a policy in Health that assaults are referred to police for action? Is there no policy to notify the police if a nurse is assaulted and harmed?

Mr R.H. COOK: That is a great interjection, member, and the answer is that I do not know. I will talk a bit later about interaction with the Western Australia Police Force. I think the Minister for Police will make some comments and she may or may not be able to clarify that.

I turn briefly to some of the comments made by the member for Dawesville. Although it is fair to say that the member for Dawesville did not talk much about security—he did refer to the issue of closed-circuit television—he may not be aware that the federal government's commitment to Peel has now been matched by the federal opposition, so we can all lock that into our expectations for the development in the future.

Mr Z.R.F. Kirkup interjected.

Mr R.H. COOK: That was news to me. It came through earlier this week. It is a great outcome. Again, Western Australia's health system is getting the money it deserves.

Mr Z.R.F. Kirkup: That was because of the advocacy of the WA Parliament.

Mr R.H. COOK: Indeed, we have spent a lot of time advocating on this, and I have spent a lot of time with Minister Hunt on this issue. The member has heard me bang on about a fair share for WA's health care often enough. It is a very live issue that impacts all Western Australians and I am determined to seek a remedy.

I will respond very quickly to the member for Central Wheatbelt about the Cue nursing post situation. She raised it again. I was not going to respond or make a fuss last night. It is true that there are eight single-nurse nursing

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posts left in Western Australia. As I reported the other day, two of those are currently in transition; I think they are Coral Bay and Burringurrah. We have a body of work to bring them up. The member is right; it is not good enough. The experience of nurse Gayle in South Australia is testament to the fact that we have to do better. I am pleased that the WA Country Health Service is remedying that situation. The Cue nursing post situation that was raised yesterday by the member for North West Central was basically a sliding doors issue. A nurse was coming back from an emergency response. She was due to get back to the nursing post by 11.30. She was supposed to be replaced that day by another nurse who was flying up that morning. The flight was delayed so when that person presented to the nursing post, only the receptionist was there, which is unfortunate. I am very pleased that we got that patient to Fiona Stanley Hospital by 3.30 in the afternoon, and I hope she is doing well. We are in the process of eliminating single-nurse nursing posts and that important work needs to be done.

We have to do more to protect doctors and nurses who work on the front line. They know that in the situation of providing public health services, from time to time they will come across patients who are disoriented, frustrated, suffering from a mental health issue or in a drug-induced state, and that they could face antisocial and difficult issues. What I do not think our doctors and nurses are ready for is the new form of patient who so quickly goes from nothing to aggressive behaviour. We do not have the system set up to manage that.

In relation to the incident that took place on the weekend, as I said it took place in the acute surgical ward, not the emergency department. The patient had already been in the emergency department and on that ward for some hours before the incident took place. Although he was agitated, he was managed and was not considered a safety risk. When the incident took place, security staff were on the scene almost immediately to deal with the situation, and they are to be commended. Indeed, all the nurses took the time to say that they did an outstanding job on the day. When a patient goes from nothing—that is, a seemingly benign situation—to a highly violent situation, we need to have the capacity to react quickly.

We need to continue to look at what we need to do to manage ongoing security issues as a patient goes through their patient journey. On this particular occasion, the accused went to the hospital in the custody of police and the director general of Health and the Commissioner of Police have already had conversations about how we can get a better understanding about those things. I have also spoken to the health unions and said that I want to convene a roundtable as soon as possible to get feedback from the staff about what they think needs to be done. It may be more security staff. It may be that security staff are given more powers. It may be that we simply need to train frontline staff so that they are better prepared to deal with those situations. I am not in a position to make that call, but I will listen and work with the people on the frontline to make sure that whatever we do is informed by staff feedback. No member of staff—no nurse, no doctor—should go to work expecting to be hit. We will do everything we can to make sure that we put everyone on notice and we will put many security arrangements in place to protect staff. We have already put together a \$2.2 million security package, which was part of our election commitment, but if we need to do more, health service providers, the leadership of those organisations and I stand ready to stand by the doctors and nurses of Western Australia.

MS S.F. MCGURK (Fremantle — Minister for Community Services) [3.49 pm]: I rise as Minister for Community Services, but also as Minister for the Prevention of Family and Domestic Violence, because that is one of the things I want to speak about in relation to this motion. I often think—as I am sure many of us on this side of the chamber do—that the opposition leads with its chin in some of these debates. If we look at the period when members opposite were in government, I wonder how much new money they invested in hospital security and the complex issues faced by frontline staff in our public hospitals and, indeed, in many of our health services around the state. I join with others in saying that is completely unacceptable. We need to do everything we can to ensure staff are supported and able to do their jobs, whether they be doctors or nurses, allied health staff or security staff. Everyone deserves to be given a safe work environment. The Minister for Health outlined very clearly that the Labor Party understood before the election that this was an issue and made a specific election commitment to provide extra resources to address it.

As we know, some of the drivers of that violence continue to be ever present in our community. I have no data to back this up, but, from my observation of the way in which some of these violence offences are played out in the hospitals, some of the drivers are alcohol and drug abuse; untreated mental health issues; and, particularly, the use of methamphetamine, which creates psychosis, as we know, and very unpredictable and often violent behaviour that is very difficult to work with.

The health minister spoke about the initiative at Royal Perth Hospital to provide an alternative secure location in the emergency department in which people who are drug affected and might be unpredictable can be placed under specialist observation, be treated to ensure they are safe and the other patients and staff are safe, and be linked to the support services they need. Clearly, these people are facing not just an immediate health issue but a longer-term issue. Linking those people to support services, and trying to understand the drivers of that violence, is what I want to address. That is not to take away from the fact that we clearly need to make sure that staff in our hospitals and

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our schools, and people in our community, are safe from this sort of violence. In fact, obviously, as the Minister for the Prevention of Family and Domestic Violence, I spend much of my ministerial time thinking about this issue and how we can make members of the public—in this case, often women and their children—safe from unacceptable levels of violence.

I want to give an example of how, if we can address the drivers of some of these drug and alcohol and undiagnosed mental health issues, we might turn lives around. I was thinking about the breakfast I went to this morning for the launch of the Salvation Army's Red Shield Appeal. There were about 300 people at that breakfast. One of the women who spoke at that breakfast, Kristy, has been four years clear of meth. She talked about her journey, because she had been supported by the Salvation Army to address her drug and alcohol issues. She has also been able to get back into her custody two of her four children, and she has shared custody with her parents of her other two children. She has a job, she is renting a house, and she has a car. I am not saying she has never been violent in a hospital or anywhere else. She has a criminal record. She has spent time in prison. She spoke very compellingly about the hopelessness and difficulty she had while in the grip of meth addiction. However, given the right supports, and people who were prepared to walk with her for a period of time, she was able to get back on her feet and make a difference to her life and, importantly, her children's lives.

That is the sort of approach this government is taking. This government has specific plans to address methamphetamine abuse, alcohol and drug abuse, and mental health treatment in the community. We have established mental health co-response teams, in which police go out with mental health workers to deal with people in the community with mental health issues. We need to understand how we can change this very violent, aggressive and unpredictable behaviour by looking at the root causes to ensure that people are safe no matter where they are, whether in the workplace or generally in the community. I could speak a lot more about the problem in our community with unacceptable levels of violence. We all have a role to lead a conversation that this violence is not acceptable and do whatever we can to combat it. I urge all members to get on board and have a more sophisticated conversation and come up with real answers to this problem. As I have said, I am not stepping away from the seriousness of the incident that occurred at that hospital. However, it is not good enough to simply take cheap shots about this issue.

MRS M.H. ROBERTS (Midland — Minister for Police) [3.54 pm]: I commend the remarks of the Minister for Health and the Minister for Community Services; Prevention of Family and Domestic Violence. The fact of the matter is that we need to find some real answers. We need to have considered responses. Those are the kinds of responses that we as a government have been working on. It is a shame that the opposition has still not moved on. We need to look at the causes of the issue. The former government's response was always to just pop on a bandaid and say we need provide more security, we need to provide this or that, and we need to keep target-hardening, rather than deal with the root causes of the problem. Let there be no mistake. The root cause of the problem the other day at the hospital was methamphetamine. I will call that out. I speak to police officers every day. Just about everyone they arrest is on methamphetamine. That got out of control under the former government's watch. The wastewater drug monitoring figures went up; they peaked under the former government's watch. We only need to look at what happened with the 20 years' worth of testing by Drug Use Monitoring in Australia at Perth Watch House and other sites in Western Australia. Between 2008 and 2016, there was a doubling in drug use. The vast majority of people who are arrested by police and go to Perth Watch House are not necessarily just under the influence of methamphetamine; they are under a combination of alcohol and drugs. Our Commissioner of Police has been talking to the director general of Health, and they are coming up with real solutions.

As a government, we are taking drugs out of the community. We are working on all levels. We have put in place the mental health co-response teams. We are dealing with the causes of the issue.

Division

Question put and a division taken with the following result —

Ayes (16)

Mr I.C. Blayney
Ms M.J. Davies
Mrs L.M. Harvey
Dr D.J. Honey

Mr P.A. Katsambanis
Mr Z.R.F. Kirkup
Mr A. Krsticevic
Mr S.K. L'Estrange

Mr R.S. Love
Mr W.R. Marmion
Mr J.E. McGrath
Dr M.D. Nahan

Mr D.C. Nalder
Mr D.T. Redman
Mr P.J. Rundle
Ms L. Mettam (*Teller*)

Extract from *Hansard*
[ASSEMBLY — Wednesday, 15 May 2019]
p3391c-3400a

Mr Sean L'Estrange; Ms Mia Davies; Mr Zak Kirkup; Speaker; Mrs Liza Harvey; Mr Roger Cook; Ms Simone McGurk; Mrs Michelle Roberts

Noes (36)

Ms L.L. Baker
Dr A.D. Buti
Mr J.N. Carey
Mrs R.M.J. Clarke
Mr R.H. Cook
Ms J. Farrer
Ms J.M. Freeman
Ms E.L. Hamilton
Mr T.J. Healy

Mr W.J. Johnston
Mr D.J. Kelly
Mr F.M. Logan
Mr M. McGowan
Ms S.F. McGurk
Mr K.J.J. Michel
Mr S.A. Millman
Mr Y. Mubarakai
Mr M.P. Murray

Mrs L.M. O'Malley
Mr P. Papalia
Mr D.T. Punch
Mr J.R. Quigley
Ms M.M. Quirk
Mrs M.H. Roberts
Ms C.M. Rowe
Ms R. Saffioti
Ms A. Sanderson

Ms J.J. Shaw
Mrs J.M.C. Stojkovski
Mr C.J. Tallentire
Mr D.A. Templeman
Mr P.C. Tinley
Mr R.R. Whitby
Ms S.E. Winton
Mr B.S. Wyatt
Mr D.R. Michael (*Teller*)

Pairs

Mrs A.K. Hayden
Mr K. O'Donnell
Mr V.A. Catania

Mr M. Hughes
Mr S.J. Price
Mr M.J. Folkard

Question thus negatived.