

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

*Standing Committee on Public Administration — Thirty-seventh Report —
Delivery of ambulance services in Western Australia: Critical condition — Motion*

Resumed from 16 November 2022 on the following motion moved by Hon Pierre Yang —

That the report be noted.

Hon COLIN de GRUSSA: It has been some time since we had the opportunity to speak on this excellent report. By my recollection, the last time we had the opportunity was 16 November last year. I will not go back over many of the things discussed then, but while we are talking about ambulance services I want to take the opportunity to again thank our ambulance volunteers. I had the misfortune of having to leave here early last Tuesday at about this time to find two ambulances parked out the front of my home and two ambulance teams working to extract my daughter, who had had a seizure and fallen down the stairs. Thank you to the wonderful people of St John Ambulance for the work you do.

Hon Martin Pritchard: Honourable member, is she okay?

Hon COLIN de GRUSSA: She is okay, yes. She spent a day or so in hospital, but at that stage we thought there might have been further injuries due to her falling down the stairs. Thankfully not. I also thank the wonderful staff at Perth Children's Hospital for the work that they do.

Back to this excellent report. As we discussed before, I was one of the lucky members of the Standing Committee on Public Administration who got to participate in a very interesting inquiry that looked at a number of different aspects of the delivery of ambulance services in Western Australia and came up, I believe, with some good, interesting findings and recommendations. In that process we also learnt a lot about not only what those wonderful people do, but also coordination and other aspects of the ambulance service. As was said before, we received 123 written submissions and conducted 32 hearings. That is a pretty significant number of hearings. For anyone who has been involved in other inquiries, that is a lot of hearings. Every one of those was valuable and interesting, and uncovered something that we perhaps did not know before we started the hearing. They were excellent. I want to take the opportunity to focus on some aspects of the report today, and have a bit of a discussion, with not a point of view in any way, around the way that the systems behind the assessment of 000 calls work. I am not an expert in the assessment of emergency calls, but I found it interesting to learn how the system used by St Johns and many other emergency services around the world worked. The system they use is structured call taking, whereby a specific set of questions is asked and responses are assessed against those. That, in turn, leads to an assessment of the severity priority, or whatever you want to call it, of the particular patient or case. I found it interesting, because I am not convinced that this system is the best or only way it could be done. I do not know what the right word is there, but I note that other jurisdictions around the world do not necessarily use that sort of system. They have other ways of assessing cases. One of the advantages of the structured system that is used by St John Ambulance—this quote is directly from the website of the entity that makes the system that St Johns uses—that it touts as an advantage, from page 44 of the thirty-seventh report, is that it —

... ensures that your communication center meets universal best practice standards that reduce an agency's liability risk to near zero.

I found that statement quite interesting. When we look at a service that is there to try to help people at their time of greatest need in an emergency situation, when they are close to death or whatever it may be, we see that the system being used to assess those patients touts that one of its greatest features is reducing the liability risk for that entity to zero. That is a bit counterintuitive to what we are trying to achieve. I understand that we live in the modern world. The modern world does not like liability and people do not like to get sued, so that is fair enough, but of course one of the issues that that creates is that it can potentially lead to a system that over-prioritises. In other words, because it is trying to reduce that level of liability, we could end up with over-prioritisation, with more people being categorised in a more serious way than is perhaps necessary, and thereby more people ending up in an ambulance or an emergency department and clogging up the system. Are there better ways to do this? There are other ways. We did not look in detail at those as a committee. We looked at the system that is used in Western Australia by St John Ambulance. I should say again that it is a system that is used around the world. It is not an Australian-developed system. It is used around the world and based on a lot of experience and practice. Perhaps we need to consider how that is done. I know that St Johns and other users of this system can make some changes to the way in which priorities are given during that structured call-taking process, but they cannot make significant changes. If the structured question says, "Turn your outside light on", it does not matter whether someone lives 50 kilometres from Bencubbin and no-one is next door to them and their driveway is five kilometres long, they still need to turn their front light on and St John still has to ask the caller to do that, because if it does not and it gets audited, it will get in trouble for not asking that question, even though it seemed completely illogical. I had that experience when I called an ambulance for my father a couple of years ago. I was asked exactly that question, despite the fact that it was 11.00 am and 43 degrees and the driveway was two kilometres long. I still had to turn on the front light, even though

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

the front light was around the back of the place from the driveway, so it did not make any difference. But the call taker had to ask that question. I found it interesting to look into the call prioritisation system—the assessment system for understanding the different triaging levels for patients from the call point of view.

Some other studies have been done around the world. I am trying to find the reference in the report, but a study that was done in Scandinavia reported that these structured call-taking systems, which tend to be used in western countries, resulted in not only over-prioritising patients and therefore having too many in a higher category, but also missing patients at the other end. Perhaps there is room for more work on and improvement and development of other systems. I do not know what research has been done subsequent to this report or is being done now, but we obviously need to understand how those calls are assessed in the very first instance so that those most in need get the help they need as quickly as possible, but also so that people can get the right help, because an emergency department may not be the best place for a patient to be taken in the first instance. In fact, it may be that going somewhere else could result in them being seen sooner and getting the treatment they need more quickly.

Of course, as we read these reports, we come across spelling mistakes that were missed in the proofing process. I note the mistake in paragraph 3.71, which I will not repeat because I will probably get called out for unparliamentary language. Nonetheless, I think it is important that we discuss this excellent report. Again, I want to take the opportunity to thank those people who made submissions—all the people in the various government agencies, the ambulance service and others we spoke to throughout the course of the inquiry. Of course, I thank my colleagues on the committee for their work. It was interesting. It resulted in a number of recommendations. Obviously, there was a government response in August last year. I have not had a chance to touch on that today, but I am sure we will get plenty more opportunities to do so as we discuss this report further.

Hon DARREN WEST: I also would like to make another contribution on this report. As previous speakers have said today, it is Wear Orange Wednesday and I want to acknowledge all the emergency services volunteers around the state and thank them for their wonderful contributions to our community—their blood is worth bottling. We thank them all very much for their contributions.

This report highlights the value of our parliamentary committees. When this inquiry was announced—I do not know whether anyone will remember this—there was a bay from the press and one particular journalist that this was just a group of Labor stooges trying to bring the ambulance service back in-house. Members will recall the criticism that came with that—the powerful public administration committee, which we wore as a badge of honour right throughout the inquiry. It turned out that that was not always the case. The Standing Committee on Public Administration is a bipartisan committee of members who put their heads together and were determined to follow through on many previous inquiries, including the *Four Corners* episode “Out of Time”, which shone a light on some of the inadequacies in the system, and put the service under a microscope and came up with a way that it could be run better for the people in Western Australia who need it.

I think it has been a wildly successful report in that some of the changes that have been made have reflected exactly what this committee inquiry was about. The report is bipartisan and unanimous. We were all driven by the common goal to look at the inadequacies and further examine previous reports, the workplace culture and a few other issues, including the extended response times, and consider how these could be rectified and how we could have a better service for the people. I am very proud of the work we have done. It is a great committee with good staff and we worked really well together. There was no politics. There was no blame. It was all about the facts and the outcomes.

I think it is fair to say that our wonderful volunteer ambulance services across regional WA are running out of volunteers and are coming under significant pressure. It is often the case that a sub-centre cannot supply a crew, so an ambulance has to come from further away. That exacerbates the problem in that those people are away from work or their business for longer. I want to give a shout-out to all the business owners and employers across the wheatbelt who have an ambulance officer in their employ. Thank you for making them available, because it is often during work hours that our crews have to go out and either transfer patients or make emergency calls. They are a wonderful group of people. We went to some substations where there were only four volunteers. Members can put themselves in the position in which there are only four volunteers. At one substation, two of the people were a husband and wife. Small groups of dedicated people are carrying out emergency services across the state. I am really pleased with some of the changes and the government response to many of the issues that we raised.

I would also like to give a special shout-out to the then CEO of St John Ambulance, Michelle Fyfe, who was in an extraordinarily difficult position. The service was struggling for a number of reasons beyond her control. It was very much left to the then CEO, Michelle Fyfe, to appear before the committee, which she did willingly. We never had a problem getting responses from St John or getting its team to appear before the committee and answer some difficult questions and situations put to them. Michelle has moved on from St John Ambulance, but I thank her for her participation in the inquiry and for the positive and professional nature in which she went about her work.

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

As I said, some positive and significant changes have been made as a result of the report. That is what this is all about. We all get together to come up with a better way of providing government services or, in this case, ambulance services. The report was well received generally across the sector. It was well received by the media and the public. As was mentioned earlier, there was a significant body of work, with several hearings and over 100 submissions. A lot of people had a view on this. The report was extraordinarily well received.

I want to also acknowledge the Minister for Health, Hon Amber-Jade Sanderson, for the way she took on board the recommendations, findings and information contained in this report. I believe that 46 of the 48 recommendations have received support or in principle support. I think it is fair to say that the McGowan government has taken this report on board and acted. As we all know, actions speak louder than words.

I want to touch on a few themes that came out of the government response. I will spend the rest of my time talking about the government response, because I have to say that I am as proud of the government response as I am of the report. I think it is a great outcome. The first theme is working together to improve emergency access by reviewing triage accuracy, improving the coordination of ambulance dispatch, diverting patients to more clinically appropriate alternative care pathways and enhancing competition in inter-hospital transfers. That is music to the ears of the sector. There was a bit of a one-size-fits-all approach to dispatch and triage. The call takers are wonderful people who have to be calm when the people on the other end of the phone are, in many cases, extraordinarily distressed and, it would be fair to say, not at their best. These call takers run through the information that they are required to take from these people and make the difficult triage call from time to time to dispatch an ambulance. There are cases in which alternative care pathways would be most useful in the delivery of the services.

The next theme listed in the government response is a more contemporary contract, which I am very pleased to say the government has acted on. With the new contract, it was not all about bringing the services back in-house, but it was about improving the outcomes and the terms of the contract, with the proviso that should that not be able to be achieved, a public ambulance system could be explored. Other aims for the contract were to introduce new performance management measures, strengthen clinical oversight and improve transparency on how public funds are spent. Significant public funds go into the ambulance service, and, like any public funds, we need to know they are being spent in the best way.

The next theme is a new service delivery model for country ambulance. Four of the committee's five members are from regional areas, so we were very pleased with the outcome. The aims are to move away from the best endeavours model, trial innovative new workforce models and do more to upskill volunteers and support paramedics. I am very pleased with the announcement that the government continues to make about increased numbers of paramedics in WA. A big shout-out to all the paramedics: you are all great!

The next theme is improving access and equity to explore options to address the financial impost of ambulance fees for vulnerable members of the community, enhance Aboriginal communities' access to services and ensure services are culturally safe. We found that people sometimes did not call an ambulance because of the cost, and there were not always good outcomes because of that.

The next theme is strengthening governance, transparency and accountability to ensure St John WA meets best practice in governance and to improve public oversight of St John WA's performance. I was quite surprised to learn of the governance model at St John. The blessed Order of St John was formed in about 1060 or around that time, a very long time ago. A person can become a member of the order by invitation only. That is a fairly rare governance model in corporate structure and good corporate governance. I am not saying it cannot work, but it is an unusual governance structure. St John would do well to have another look at that governance structure.

I am running out of time. I will get a chance to talk about this another day, and I am happy to because, as members can tell, I am very pleased with the work we did as a committee and the outcomes we have provided as a government. There is a list of actions. If anyone has the opportunity to read the report and the government's response, it really makes for good reading. We can provide a better service.

We compared jurisdictions. For instance, in Queensland there is a publicly funded model and the ambulance is free. We compared that with services in other parts of the country. We have a very cost effective ambulance service delivery model in Western Australia because all of our regional services are provided by volunteers. Those volunteers have to buy their ambulances, their bandages and everything that goes into that sub-centre, with the emergency callout work and patient transfer work they do. They have to work extraordinarily hard, not just to provide those services, but to raise the funding provided to them, and we cannot thank them enough for the great work they do.

Hon MARTIN ALDRIDGE: I would like to contribute to the debate on the thirty-seventh report of the Standing Committee on Public Administration, *Delivery of ambulance services in Western Australia: Critical condition*. It is certainly a long time between drinks with the list of committee reports as long as it is. We often have to reflect what we said the first time around, so we can continue on the second occasion. But there is one benefit to this, which

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

is that it also allows us to reflect on what has occurred in the meantime. One of the most significant things that has occurred is that two days before Christmas last year—it usually rings alarm bells when government ministerial statements are released on the eve before Christmas Eve—was the announcement of a new contract with St John Ambulance. Although we do not know a lot yet, I am sure that the budget estimates process we will embark on shortly will help us to understand better what that contract is and, more importantly, what it is not. For example, St John ambulance has been given a five-year contract, which is a welcome move. It is certainly an issue that has been ventilated in the committee's report. I think the Department of Health advocated for a five-year period. St John ambulance wanted greater certainty; it wanted a 10-year period. A five-year contract has been landed on, which is markedly better than where St John was, dealing with one to two-year contract extension after extension. From the media statement we know we will see an additional 31 paramedics in the regions and 34 in the metropolitan area. I wonder whether this is where Hon Darren West says we are moving away from the best endeavours model, which I will come to shortly.

There are still a number of issues for us to talk about. For example, in my first contribution I talked a lot about finances, particularly at country sub-centres, with the high cost of ambulance transport in Western Australia. We run the most cost-efficient ambulance service in the country, something Hon Darren West just finished on. It is not a good thing in a jurisdiction like ours where the Department of Health often uses as an excuse for why it cannot do something or that it is so expensive that we have largest health jurisdiction in the world. We should not be proud of the fact that we run the cheapest ambulance service in Australia. The funding model will have to change.

I turn to the government's response to the recommendations of the report. Recommendation 2 states —

The Government and St John Ambulance WA provide a full subsidy on emergency ambulance fees for holders of current pensioner concession cards who are under the age of 65.

This was supported in principle. The government response said —

DOH will work with SJWA to better understand the costs and benefits of a range of options to improve equity of access to emergency ambulance.

The government commitment was —

Government will consider options for improving equity of access to emergency ambulance services.

This will be a small but important improvement for many people, particularly those who are vulnerable in our communities. Bad debts at country sub-centres are twice that of metropolitan areas, so the burden of bad debts is being carried by volunteers. We have just posted our fourth consecutive billion dollar-plus surplus in the budget, but this is an easy win; it is low hanging fruit. The government could do two things. It could underwrite the bad debts of volunteer sub-centres, which would make a world of difference to volunteers who need to raise the necessary funds to buy the next ambulance, heart monitor or stretcher, and the minor supplies they need to continue to deliver their lifesaving service. It would also make a great deal of difference to the vulnerable people in our community, who Hon Darren West just touched on, saying that in the course of the inquiry the committee heard evidence that people were not calling ambulances because of they could not afford the cost, which does not necessarily result in them not needing an ambulance but often turning up to a public hospital in probably a more acute condition than they would have been in the hours or days before. These issues will not cost hundreds of millions of dollars, but I am not sure whether they have been implemented in the context of the multibillion dollar-surplus budget. A number of government members will speak after I take my seat, and it will be interesting to see whether they can confirm whether these initiatives have been taken up as per the government's response to the recommendations.

I also want to touch on something that has happened in the meantime. In this house a petition to the Standing Committee on Public Administration of more than 4 000 signatures was tabled. That petition was about the funding of ambulance services in Western Australia. It was led by the Western Australian Country Women's Association and went to these issues I have just canvassed.

There are a number of other issues in the report that went beyond funding, which was really the bulk of my first contribution. One of those was the taking of 000 calls and key performance indicators. My friend and colleague Hon Colin de Grussa just touched on the aspect of call-taking covered in the report. He obviously has a much deeper understanding of these things than I do. When we look at the text of the report and also its findings and recommendations, it is important to draw comparisons. For example, we have a situation in which St John Ambulance is not the only agency in this state that takes 000 calls. We have 000 call centres for the Western Australia Police Force and the Department of Fire and Emergency Services. I asked the Minister for Emergency Services a series of parliamentary questions. Keeping in mind that St John is held to a target time frame—this was under the old contract; I do not know what it is under the new contract but I am assume it did not get worse—of 10 seconds, I asked what the target time was for DFES to answer a 000 call. What do you reckon that would be, deputy chair? It is twice that; it is 20 seconds. We know from the answer I received that only 93 per cent of 000 calls were answered

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

in the target time frame. I then asked a more detailed question on notice for a breakdown, as we have seen in this report, and more detail on how many calls were answered in five, 10 and 20 seconds. I received the answer, “Telstra advise that this information is not available.”

It concerns me that context is sometimes missed when we consider some of these things, particularly in reference to the best endeavours model. A community that gets one of the new paramedics will definitely have an uplift in capacity. There will be more support for volunteers, probably more timely responses and paramedics will support volunteers and vice versa. But many communities are not beneficiaries of the additional 30-odd paramedics, so what is the government doing? Notwithstanding that the best endeavours model is used by police and fire and emergency services, how will communities beyond the discrete communities that have benefited from the additional paramedics be supported to move ambulance services away from that model? How will we support those local sub-centres to ensure that they have the capacity in both people and finances to be able to continue to run a lifesaving and important service for their communities, which often have vulnerable members who are at time in their life when they need that service the most? Answers to those questions are still not clear to me post the tabling this report, the state budget and the new contract announcement. We need to get to the bottom of this during the budget estimates process because it is one thing to say that the ambulance service needs to do better—this is not a criticism; it is context—when police and fire and emergency services are in exactly the same situation.

HON SANDRA CARR: I rise to talk about the Standing Committee on Public Administration’s thirty-seventh report, *Delivery of ambulance services in Western Australia: Critical condition*, tabled about a year ago now, in May last year. I had the good fortune to be on the committee with my colleagues Hon Pierre Yang, who is the chair; Hon Colin de Grussa, who is the deputy chair; Hon Darren West; and Hon Wilson Tucker. As a new member of Parliament, it was my first committee inquiry, and I am pleased to report that it was a highly engaging and valuable experience. I concur with previous speakers today that the opportunity to participate in the bipartisan committee process, inquiring into significant operations within the state, is very important and highly rewarding for those involved.

The inquiry was into ambulance services. As most members would be aware, ambulance services in WA are predominantly delivered by St John Ambulance. In the regions, St John relies quite heavily on volunteers to deliver those services. It is quite apt that we are talking about the committee report today because it is National Volunteer Week. It is a fantastic opportunity to recognise the important and invaluable work of our St John volunteers and stop and say thank you for the work that they do to help support people in their communities and keep them safe. A special thankyou this week to our St John Ambulance volunteers.

The 2023 WA Volunteer of the Year awards includes two St John WA volunteers as finalists. Members can look out for the announcement of the winners tomorrow, during volunteer week. The two St John WA volunteers nominated are both from the regions. There is Barbara Groves who is chair of the Katanning sub-centre and Amanda Draper who is a medical assistant at East Bunbury emergency service. I think their nomination for Volunteer of the Year is emblematic of the significance and importance of our volunteers in regional WA, which is an important issue the committee examined during its inquiry into how ambulance services are delivered in the regions.

I also note that St John will be holding its own health services youth and community engagement volunteer appreciation ceremony tomorrow. St John will recognise six volunteers who will receive five-year service pins. That shows us how committed our volunteers are to the services they provide in the community. A further 30 volunteers will be acknowledged for the service they have delivered, ranging from 250 hours to 1 000 hours each year. Our volunteers at St John Ambulance contribute a lot of time and effort to their communities.

Chapter 6 of the report focuses on the regional ambulance service delivery model. St John WA responds to about 50 000 ambulance emergency calls each year in country areas. As I said, it relies quite heavily on volunteers in those areas. It is in part due to WA’s unique make up, our unique geography and that population density is located where a lot of a significant industry takes place. St John has 160 locations across WA, including 140 volunteer response locations, and there are 20 sub-centres in the mix. A mix of career ambulance officers and paramedics work side by side. Some centres are wholly based on volunteers, and some are a hybrid, with some career paramedics and some volunteers all in the mix together.

Another pleasing aspect of this inquiry is that the regions were not ignored. Four of the five members of the Public Administration Committee represent regional areas, which provided an opportunity for the committee to think about what is happening in the regions.

I note that the Minister for Health, Hon Amber-Jade Sanderson, in March this year announced that 31 additional full-time paid paramedics for the regions will be funded under the new contract with St John. That is a really positive development for the regions and it is a good opportunity to recognise the committee’s work on the inquiry and its recommendations for how we might improve or develop ambulance services in the regions. Four of the additional full-time paramedics started in Geraldton at the end of March, which is fantastic. I know from visiting

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

the sub-centre in Geraldton that people were encouraged by the addition of four full-time paid paramedics and it will enhance what they can deliver across the midwest. I note that since the report was tabled, along with the four full-time paid paramedics in Geraldton, another two have been announced for Busselton, and two for Narrogin, three for Northam, one for Newman and one for East Bunbury. They will be delivered as part of the new arrangement. Additionally, Esperance and Margaret River sub-centres will be home to four full-time career paramedics for the first time. Harvey will have two full-time paid paramedics. This is an excellent addition to one of the problems identified by Hon Martin Aldridge. There are some particular challenges in delivering services to regional communities. In the past that resulted in the best endeavours model. It is good to see some of those initiatives being worked towards and explored and extra funding being provided to increase opportunity to deliver a high-quality ambulance service to the regional community.

In addition to those full-time paramedics heading out into regional sub-centres was the announcement of the flying squad—a roster of eight full-time paid paramedics to move out around the regions and deliver some of those services across regional communities. It is a great program. Members may be aware that there are flying squads in education who go out and provide relief or staffing for schools in communities that might be having issues or have teachers who are away for reasons beyond their control. That is an excellent initiative to mirror to ensure that we can provide better quality ambulance services for our regional community.

I had an opportunity recently to attend another announcement by St John Ambulance's new CEO. I congratulate Kevin Brown on his appointment to St John Ambulance. One of the things he discussed with me at the announcement was his commitment to St John Ambulance, having recently completed the volunteer training himself so he could offer some of his own time as part of that volunteer network. I thought that was an excellent commitment for the CEO of that organisation to really be on the ground and in amongst those volunteers and understand exactly the service that they are delivering to appreciate and make decisions about that. The announcement was about a partnership between Mitsui E and P Australia and Beach Energy with St John Ambulance. It is the money they injected—almost \$120 000 in fact—to improve the communication upgrades for St John Ambulance that were launched at the start of this month. That will be incredibly helpful because it will allow technology in 18 ambulances in the midwest. Mitsui has operations in Arrowsmith, east-south-east of Dongara. It has been mentioned in other contexts around emergency services that often our communications network fails. The partnership between Mitsui and Beach Energy is particularly important because it will allow the upgrade of technology in ambulances to make sure they can move between 3G and 5G communications. We know that if that network is not available, they go to satellite or radio, but they always find some way of making sure that those things are communicated.

Before I conclude, I would like to thank the two volunteers from the Irwin ambulance service, Sophie and Kathleen, who drove all the way from Dongara.

Hon LORNA HARPER: I, too, stand to comment on the Standing Committee on Public Administration's report *Delivery of ambulance services in Western Australia: Critical condition*. I thank all members of the committee for such a thorough investigation and their hard work in producing an excellent report. As my colleagues have said, it is National Volunteer Week. We cannot go away without saying thank you to all the ambulance volunteers because there are so many of them in the regions, so thank you very much.

I probably look at this report through a different lens from my colleagues. Some members may be surprised to know that in a previous life I worked at a union and I was leader of the team that oversaw paramedics, so I have sat at the table with St John Ambulance and the paramedics trying to negotiate agreements. That is a few years ago now. I am pleased at how far St John has come. A lot of it is due to this report and the light that was shone on the practices at St John.

St John Ambulance still has a way to go. We were lucky enough this morning to have a casual chat with the new CEO, Kevin Brown, another canny Scotsperson. I had a quick chat with him this morning at the Flying Doctor Day function—a quick plug to donate to the Royal Flying Doctor Service—about how far he has come since he came in early this year. Having a look at an organisation and having new blood come in is really important, but we also have to remember that the old blood is still there. It is deeply entrenched within the board of St John. We cannot think the culture will have changed that significantly in a short period; it is still entrenched and it has a long way to go. A lot of people were not aware of what the culture was like at St John. We see paramedics when they come to our rescue, and that is what we thought. We pay ambulance insurance—if members have not done so, please take out insurance—so that when the paramedics come to pick us up, we know that we do not have to pay the \$1 000 that will need to be recovered; we are fine. However, people did not see the story behind that—the story behind the years and years of training that those professionals did to become paramedics. They are not ambulance officers or ambulance drivers—they are paramedics. They did not see the stress and toll that has taken on them, not just from the job, because the job itself is inherently traumatic. Any person who works in frontline emergency services, whether as a volunteer going out fighting fires and helping the police, or firefighters, police officers or nurses et cetera, trauma is involved in their jobs. People did not realise that those professionals were not only getting trauma from

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

their jobs, but were also being treated appallingly. Through the hearings there was talk about a poor workplace culture and how people were bullied. There were incidents of sexual assault. From what I have been told, pregnant women were asked to drive contaminated ambulances with high-risk patients and clean them out afterwards. That does not happen anymore and I am very happy about that. There was a massive divide between management and the frontline workers. The surveys that were done, by not just St John, but also the association and the union, came out with some astonishing results. One of the questions asked was whether they had a good working relationship with their co-workers. Ninety-five per cent of respondents said yes. That shows that the problem was not with the paramedics and working with other paramedics. When asked whether senior management, operations managers, general managers and directors listened to staff, 84 per cent said no. If 20 per cent in any workplace said no, one would be worried, but 84 per cent of respondents did not feel that they were listened to.

When asked to respond to “Ours is a supportive and emotionally safe work environment”, over 70 per cent said no. We are talking about paid professionals who already have a stressful and traumatic job. For them not to feel safe in their own work environment is extremely worrying. When asked whether bullying and abusive behaviours were prevented and discouraged, 61 per cent said no. I am listening to this as a member of Parliament but the other part of me, as a member of a trade union, is horrified at these results. This should not have been happening. I am hopeful that if they did the same survey today, those figures would be significantly decreased. The recommendations handed down in this report are to bring the service back into modern times and to have a clearer overview of exactly what is happening; to ensure that the calls are going to where they should be going; to ensure that the calls are prioritised in a way that involves humans back into some of this process. A friend of mine called an ambulance and it took seven hours for the ambulance to arrive because St John kept reprioritising the ambulance. Unbeknownst to the paramedics when they arrived, she had actually suffered a catastrophic issue. There is a disease—it is something to do with horses and it is to do with their tailbone—I cannot pronounce it, but in her 30s, she ended up paralysed from the back of her waist all the way down the back of her legs and had to learn to walk again.

Could it have been prevented if they had got there earlier? Very probably, because she would have been in treatment a lot earlier. She had to lie on her stomach for seven hours while they kept calling and calling. This happened before this review and the hearings. To hear things like that is horrific. The paramedics themselves do a fantastic job and are well trained—apart from one little bloke. I was the mother of a child who had just been in a car accident, and he said I was being hysterical. I do not know about any other members, but if your child has just been in a car accident, yes, we do get a wee bit hysterical. But as a member of the community who has had to use ambulances on a few occasions, every paramedic has been very clear, helpful and understanding. They are patient. They deal with people with limbs missing, who have catastrophic injuries or who are high on drugs. They deal with women who are giving birth and men who do not listen to their wives. They deal with all sorts of people, but they do it in such a professional way. I would just like to say that I am really hoping—the signs are positive—that the culture of St John Ambulance has changed. This means it will retain some of these expensively trained paramedics and we can move forward and look at the next stage for St John.

Hon Martin Aldridge asked us to talk about things that have been announced. I will remind him that the Minister for Health announces these. He is more than welcome have a look at all of her previous announcements, of which Hon Sandra Carr mentioned many. He will find out exactly what is going on. If members get the opportunity, thank a volunteer or a person on the front line. I hope no one has to see an ambulance. I hope it is something that members do not have to call, but if they do, they should appreciate that the people who come to the rescue are highly paid team members who are professional and are really doing it tough already. Thank you.

Hon KYLE MCGINN: It is a pleasure to rise today to talk on this report. Being a previous member of the Standing Committee on Public Administration, I understand what its members would have gone through. I think it was a very valid inquiry. It was well publicised and I remember hearing about it many times. As someone who has lived in regional Western Australia, I understand why it is talked about a lot.

I will probably reflect on one situation that happened in Karratha that really opened my eyes to St John Ambulance and to the fact that not every regional town has full-time paramedics, which is something that I had just assumed. Something that I also want to touch on—it would be remiss of me not to—is National Volunteer Week and the State Emergency Service. I attended the event today with the Royal Flying Doctor Service and it was very humbling. There was a very active eight-month-old who, when they were six-months-old, could not get the treatment they needed in Albany and was flown to Perth. The mother and the husband and their three other kids praised the RFDS very highly. What really touched me, and it goes back to what I just said about paramedics, was that she said to me, “I knew the RFDS was there, but I never knew the scale in which it was there until we landed in Perth and there was a row of RFDS planes.”

I think that is a key point. We assume these services are available and on hand and abundant, but until we use them, we do not quite understand. I remember when I was living in Karratha in around 2015 and I was on the Baynton side of town driving past The Tambrey; I had not been to the pub that day. I went through the roundabout and a person

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

in front of me hit someone who was crossing the road. It was shocking! I have done elementary first-aid myself, so I got out and did all the appropriate things I could. I got the person into a comfortable position and we called the ambulance. We waited for about an hour and a half. The reason it was more shocking is, if members know where I am talking about—between The Tambrey and the service station—they would know that the old hospital was only about 1.5 kilometres away. When I initially got out to help and heard that the phone call had gone through, I reassured the person that it would not be long because my natural instinct was to think the ambulance would come from the hospital.

The weird thing back then—I was trying to find some things in the report about it—is that the mining companies, Woodside and the big operations, generally have paramedics on site, but they are also generally the volunteers who volunteer for the paramedic service in town. In this situation, when the lady and her colleague arrived, they had come from Woodside. They had come from work, got ready, actually had to go and pick up the truck and then came back to the site. That was very telling for me who, not-quite-naively, thought that everything just operates anywhere in Australia. Well, that is not true. Everyone who has spoken today has touched on volunteers, and so they should. Without those people who came from work, and without the employer paying into that system, as far as allowing them to go, I do not know whether someone would have arrived. That was a very scary thought for me in 2015. Seeing that the hospital itself was just up the road, it was quite hard to fathom at the time.

I know this did not quite fit in with the terms of reference of this inquiry, but it would have been interesting, and I think it still would be interesting to get an understanding of that. The Pilbara in particular is a very industrial area. There are so many workers in little blocks around the whole place. If you head towards Perth, within 50 kilometres you hit Cape Preston and there are thousands of workers there as well. There are opportunities, I think, that have been capitalised on. If something goes wrong in an emergency situation, there is an opportunity to get an ambulance from the mine site out there and do the job.

Telfer is another situation. Telfer has in the past done pretty well in responding to emergencies, particularly with the local First Nations community. I remember having a few conversations about it engaging very quickly with its paramedics to go to a situation that then got someone engaged with the RFDS and flown down to Perth. Although the report did not look at that, I feel that is something we need to consider to find out how much that operates in our regional towns. Not only does it happen, but I feel that workers in these big businesses, these higher retention mining jobs et cetera, particularly the residential workforce, are a lot more inclined to volunteer within the community. They have got a secure job. Nine times out of 10 there is a subsidy or a housing payment and comfort. There is training within their jobs that allows them to upskill themselves for the community. Paramedics are definitely one of those big needs. I absolutely wish that those companies would train general practitioners. It is something that maybe is underappreciated in respect of diving into that pool.

Enterprise bargaining agreements, particularly union-bargained EBAs, can say workers can get time off to react to emergency situations or to train themselves up in their volunteer jobs. For example, I knew a wharfie who volunteered with the SES consistently and every year would get 15 days to go and train in extra courses or, in one situation, went down to Carnarvon when there was a flood. They were moved up and down the regions. I think that is the same case in the paramedic space. If staff are able to upskill, the employer will generally assist them to do that.

I was looking through the report and another area that has always intrigued me and that I have learnt something about from this report already is Wilson Medic One, which has the contract that handles mental health patient transport. I found it quite interesting that it was only in May 2019 that there was provision of dedicated transport for mental health patients in Western Australia. My understanding is that Wilson Medic One specialises in mental health, which means that prior to May 2019 our medics responded to and dealt with people with mental health issues, probably without having the relevant experience or the tools that they required to do so. It seems that bringing in a specialist mental health contractor such as Wilson Medic One has had a positive impact on the provision of that service. Prior to that, as I said earlier, the contract came under the Emergency Ambulance Services Agreement. That obviously was not working, so the government and the contractors pivoted and created this new situation.

In health in particular there is an element of learning as you go, and I feel the committee has done a very comprehensive job with this report in ensuring that it covered its terms of reference. It has also taken on board the sheer scale of what volunteers do in this space. I do not think there is anyone in this chamber or in regional Western Australia who would not be aware of the role St John volunteers play; they would all have met someone who was a volunteer, or their kids, friends or parents would be volunteers. It absolutely fills me with pride that Western Australians put this effort into their communities.

For example, there was a situation in Kambalda, about 60 kays out of Kalgoorlie, when a GP left the town and the position could not be filled. St John Ambulance came in and worked with the shire to put together a solution in that space. Had it not done so, no-one in Kambalda would have had any access to a GP whatsoever.

Hon Colin De Grussa; Hon Darren West; Hon Martin Aldridge; Hon Sandra Carr; Hon Lorna Harper; Hon Kyle McGinn; Hon Shelley Payne

I will talk on this report again, but I want to thank the committee. I am enjoying the read so far and I know it would have been a very big inquiry to have engaged with.

Hon SHELLEY PAYNE: In the brief time we have left—less than a minute—I want to first of all thank the committee for this very comprehensive report and for its inquiry into the delivery of ambulance services in Western Australia. I echo the comments of my colleague Hon Sandra Carr about the fact that four of the five members of this committee are regional members. I think that is really important. As Hon Kyle McGinn just said, these services really are important for the regions. I particularly note how different our regions are and how all these different sub-centres around the state have a history of volunteering. I will continue my comments at a later date.

Consideration of report postponed, pursuant to standing orders.

Progress reported and leave granted to sit again, pursuant to standing orders.