

HEALTH SYSTEM

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) [2.58 pm]: I move —

That this house condemns the McGowan government for the current health crisis, including record ambulance ramping at our hospital emergency departments, blowouts in elective surgery waitlists, budget cuts and violence against our nurses.

Point of Order

Mr D.A. TEMPLEMAN: Mr Speaker, on a point of clarification, the motion moved by the shadow Minister for Health was, as I understand it, received at 11.50 am. However, a matter of public interest was also received and stamped by you at 10.22 am, from the Deputy Leader of the Opposition. Can we seek an explanation about why we have those two MPIs?

The SPEAKER: What happened is that it did not look as though the shadow Minister for Health was going to be here today. He had a health issue yesterday. However, fortunately, he came in, so I gave him permission to change it. The only reason it was done was because of a health issue, and I am sure the Leader of the House would understand that very well.

Debate Resumed

Mr S.K. L'ESTRANGE: It gives the opposition no pleasure to bring forward this matter of public interest today. However, the evidence that there is a problem has become so overwhelming that we need to bring it to the public's attention in the Parliament of Western Australia.

Let me paint a picture to give some context to the problem that we are dealing with. The state government has achieved GST reform on behalf of the Liberal federal government, which means that it can build into its budgeting a 70c floor in every dollar of GST raised. That will bring billions of extra dollars to the budget bottom line for the government.

I refer to the iron ore royalties situation. Today, iron ore is sitting at over \$US100 a tonne. During the time of the former government, it was struggling down around \$US30 to \$US40 a tonne. Again, billions of dollars of extra revenue are coming into this government's coffers. On the cost side of the ledger, public sector wages growth is almost stagnant. That is benefiting the budget bottom line. It is difficult for the people who are not achieving wages growth, but it is definitely benefiting the budget bottom line. That is in the context of the Australian economy delivering the smallest pay rises in Australia since World War II. When we are talking about the financial management of the state budget, we are dealing with the opposite of a perfect storm. The government has been gifted with the capacity to run an operating surplus. It will argue that it is due to its fine fiscal management. That is rubbish. It has been gifted with the opposite of a perfect storm for the financial management of the state books. The drover, the drover's dog and the hapless mob that follow them would be able to achieve that outcome. We have seen them do it.

We and the Western Australian people do not expect to see constant backslapping from members opposite, telling each other how wonderful they are and making up fiction about the projected debt bottom line by throwing out figures of over \$40 billion. Those forward estimates figures did not take into account any of the stuff that I just mentioned or the fact that the government was handed a budget debt of \$31.96 billion as at 30 June 2017. These are facts. The government hides behind rubbish. It is not looking after the key essential services that Western Australians rely on. The number one, the top of the list of those services, is health and the mental health portfolios.

On behalf of the hardworking doctors, nurses, allied health professionals and all Western Australians, the opposition calls on the Minister for Health and the Labor state government to properly manage and resource our health and hospital sector because it is failing to do so now. The Minister for Health might get up and say no, we have the best performing emergency departments in the nation. He is simply smokescreening the facts. I will outline those to members, as will my colleagues, today. What I am tasking the government to do, on behalf of the people of Western Australia, is to immediately set about improving resourcing, address all crisis points and implement an urgent ministerial health directive to get health back on track. The minister cannot keep hiding behind an excuse such as the flu. That will wear thin and it will not work in summer, as we saw last summer when ambulance ramping peaked during the summer months. He needed to be prepared for this flu season, because last winter he blamed ambulance ramping on the flu. It was not as though he could not have seen it coming. He should have well and truly had in place the resources to deal with any spikes. Our hospital sector is demonstrating in many

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Speaker; Mr Sean L'Estrange; Mr Peter Rundle; Mr Roger Cook; Mrs Liza Harvey

ways that it is under enormous strain and the government is failing to support it, outside the issue to do with the flu. I will step members through some examples.

The first one is to do with Geraldton Health Campus. A headline in *The Weekend West* on 5 January 2019 reads “Gran, 84, left on hospital floor”. The article states —

A shocking picture of an elderly grandmother lying next to a doorway at Geraldton Hospital, sparked outrage across WA with the State’s top doctors’ group slamming it as “Third World medicine”.

We have an example at Fiona Stanley Hospital, which is the state-of-the-art new hospital built by the former Liberal–National government. The headline is “Can you spot the patient?” There is a picture in *The Weekend West* of a whole pile of storage equipment, an exercise bike, shoved in a room and then right down the very back, somewhere down there, is a patient. The article states —

Claire Fisher, 45, was told she needed urgent surgery after being bitten or stung on the finger ...

... she was also told she would have to sleep in a fitness room-store room, full of trolleys, stools and an exercise bike — but little medical equipment.

The mother-of-one was also given a bell to ring if she needed help, which she did when she began vomiting.

But the bell could not be heard by nurses—so Ms Fisher had to search for staff to give her some pain medication.

That is at Fiona Stanley Hospital. Now we go to Kalgoorlie Health Campus. I am sorry to have to go through all these examples with members, but they help us understand that the situation is not flu-related. Flu is an issue, but it is not all flu-related. In *The Weekend West* of January 2019 an article titled “Nurses in tears over sick kid drugging” states —

Nurses at Kalgoorlie Hospital were “close to tears” as they told a probe into mental health services they were using so much of a powerful horse sedative to chemically restrain young people that the supply “nearly ran out”.

Furthermore, another article, titled “Kalgoorlie Hospital labelled unfit to treat mental health patients”, by ABC news, says —

An independent mental health advocate has asked the Western Australian Government to consider banning involuntary patients from Kalgoorlie Hospital’s mental health ward in a report that labelled it the worst in the state.

That is the Kalgoorlie Health Campus. Then we will move to the member for Peel’s passion, Peel Health Campus. In *The West Australian* of 7 June an article titled “Gran ‘left in storage’” states —

A Warnbro family are furious over the treatment of their mother, who was left in a storage area for hours at Mandurah’s Peel Health Campus—twice in 24 hours.

It continues —

The hospital has since apologised to the family and said it was experiencing extreme demand caused by the flu.

That piece fits in with the flu problem. That does not excuse the fact that this woman was put in a storage area. That is disgraceful. Let us move to Joondalup Health Campus. An article in *The Weekend West* titled “Pregnant and on floor” reads —

Alayna Cananzi said she waited for more than three hours before finally being diagnosed with the deadly flu virus.

For 3½ hours Ms Cananzi was crippled with fear that her unborn baby would die.

“She was crying, she was in a lot of distress,” Ms Cananzi’s mother, Tracy Astone, said.

“I rang maternity department —

And said she was lying on the floor —

and they still said she’d be better off staying where she is because ‘We’re full as well’.

That is not good enough. That is Joondalup Health Campus. The Mental Health Advocacy Service report was reported on in *The Sunday Times* of 13 January this year in an article titled “Mental health horror stories: Patients in fear, sedated, shackled—Report exposes shameful conditions”. It opens with —

Mental health patients fear being raped and assaulted while receiving care, have been forced to urinate in ward gardens, and are spending days chemically sedated or shackled in emergency departments while waiting for a bed.

That is not looking too good there. Then we move to the issue of hospital staff safety. Again, this is not related to flu. There was a 55 per cent increase in assaults on nurses between January and June last year compared with the same time the year before. There was a further 38 per cent increase in assaults on nurses for the second half of 2018 compared with the second half of 2017. We had a 20.64 per cent increase in code blacks, many of which were fuelled by drugs and alcohol. Code blacks are threats of violence against our nurses. These are serious matters. It was really highlighted at Royal Perth Hospital. A headline in *The West Australian* of 13 May this year was “A hospital at point of breaking.” The article says —

A nurse suffered a deep wound to her neck when she was allegedly stabbed by a patient while on duty at Royal Perth Hospital early yesterday.

Another article dated 18 May 2019 is titled “Hell on hospital frontline” —

Biting, punching, kicking and spitting. Attempted strangulation with a stethoscope. Threats.

Welcome to an average night for doctors on WA’s front line.

A doctor in WA’s public health system has revealed shocking details of the violence and abuse hospital staff are facing.

And then we move on to this next piece in the *Mandurah Mail*. The member for Dawesville will like this. It is titled “Aggression reported daily” and says —

Alarming new data has revealed medical staff at Peel Health Campus feel personally threatened by aggressive patients on a daily basis.

Statistics show that between January 1 and April 30 2019, the hospital had 210 code blacks—almost two every day.

Code blacks are incidents or threats of violence ...

That is what is happening in our hospital sector right now. Then, of course, a very alarming situation was reported earlier this year by the head of emergency medicine at Sir Charles Gairdner Hospital, Dr Allely. He said —

“As winter approaches there will be more avoidable deaths in our department in the coming months unless changes are made,” ...

He made that observation at the beginning of the year.

Mr W.R. Marmion: What month?

Mr S.K. L’ESTRANGE: That report was in March. He made that observation earlier in the year. That gave the government a clear heads-up that it needed to do something in preparation for winter. The minister today used terms such as “blind Freddy” and asked “Have you got cottonwool in your ears?” He was quite derogatory. He made out that the flu is the central cause of all of these problems and that we should not be holding the Minister for Health or the state Labor government to account, because it is the flu. It is not just the flu, as I will continue to outline today. There are a number of problems and crises, going on in the health sector right now under the minister’s watch. When the head of emergency medicine warns the minister months out from the flu season that it needs to be prepared and resource hospitals properly or there will be avoidable deaths, the minister cannot then wait for the deaths, say it is because of the flu and throw accusations and make attempts at comedy on us. All we are saying is that the people of WA deserve better. The government has gone on and on about how wonderfully fiscally brilliant it is in achieving an operating surplus, but for what? We know it was gifted to the government by circumstance.

Mr R.H. Cook: A 2.8 per cent increase in hospital funding.

Mr S.K. L’ESTRANGE: The minister’s answer is that he has presented a budget. If the minister thinks the fact that he has presented a budget and added 2.8 per cent a year is the answer, he should resign, because according to him he has done his job. If the minister thought all he had to do was just increase the budget by two or three per cent per year and that was it, he could stand on that and all these problems would go away, and if they did all go away, he could resign. He could say, “My job is done here. I have done well”. But the facts show a different story. The facts show that it is not just about whether the government increases certain parts of its budget by certain amounts, because we know parts of the government’s budget rob Peter to pay Paul. We know that. The government knows that; it is its budget. It is harder for us as an opposition to dig into the detail and find out where the government has hidden stuff and how it has reframed the budget finances. But we do see what the people of Western Australia experience, and they are experiencing a health sector in crisis and service levels that are deteriorating. They are not deteriorating because of the excellent hard work of the professionals in that sector. Those people are working as hard as they possibly can. The sector is deteriorating because at the top, at the ministerial leadership level, there is an abdication of responsibility and not enough is being done to support the sector.

Hospital culture is a key point in all this. The Australian Medical Association's 2019 "Hospital Health Check" survey identified from a sample of over 750 doctors in training that 30 per cent experienced bullying. Also, 26 per cent of interns at Fiona Stanley Hospital and Royal Perth Hospital reported high burnout levels. The level of burnout at Sir Charles Gairdner Hospital is 21 per cent and at Joondalup Health Campus it is 19 per cent. Furthermore, 67 per cent of junior doctor resident medical officers at St John of God Hospital Midland reported high burnout levels. The figure is 47 per cent at Sir Charles Gairdner Hospital and 35 per cent at Royal Perth Hospital. They are the trained junior doctors. Also, 71 per cent of registrars reported high burnout levels at Sir Charles Gairdner Hospital and 49 per cent at Fiona Stanley Hospital. The fact that they would report they were feeling that way in the survey gives an indication of the pressure that these professionals are working under. This is not about the flu. It is about the minister looking at where the pressure points are and making sure he fully understands what is needed to fix those problems. The minister's own Department of Health publishes other indicators on its website, and the minister keeps a close watch on them. One is the four-hour rule. The minister said in question time that WA is the best performing state in the country because 70 per cent of people are getting seen within four hours. That is all well and good, but the target is not 70 per cent. The commonwealth target that all governments agreed on is that 90 per cent of patients must be seen within four hours—not 70 per cent. Therefore, the minister is accepting a 20 per cent failure rate on his own target.

Mr R.H. Cook: There is actually no agreed commonwealth target. We have 90 per cent, I accept that; some states go for 80 per cent and I think one has 70 per cent.

Mr S.K. L'ESTRANGE: If the minister chooses to drop the standard, that is his choice, but right now the standard he has set for his health department, for his hospitals, is 90 per cent, as he just said.

Mr R.H. Cook: I have corrected your falsehood, member.

Mr S.K. L'ESTRANGE: That is fine. If the minister wants to correct me, he can do that, but I am going to use his correction. He said it was not a commonwealth agreement. I thought it was, but if the minister says it is not, the fact is he still accepts that there is a 90 per cent target set by him as the Minister for Health and he is achieving 70 per cent. That says the minister is failing. He is accepting that he is failing. The figure continues to go backwards and he keeps trying to say that WA hospitals are performing better than other hospitals in Australia are performing, but the people of WA are seeing a system that is getting worse. The minister can find some very, very poorly resourced hospital in some foreign Third World country if he likes, and say that compared with that we are doing brilliantly. That is not the point. The point is that under the minister's watch, the figure is going backwards and he needs do something about it.

I turn to ambulance ramping. We are having record levels of ambulance ramping, and it is not just in winter. It has been a constant. The hospitals have been telling the minister this. In fact, they were having spikes of ambulance ramping at pre-flu levels in the middle of summer. It is a bigger issue than the flu, yet the minister still has not done anything about that. I turn to off-stretcher wait times. When the ambulance turns up with the person on the stretcher, they are supposed to be off the stretcher and handed over to emergency department staff within 20 minutes. I tell members what: on 27 May, only 28.2 per cent of patients got off the stretcher within 20 minutes. On 8 October last year, only 32.8 per cent did. On 24 September last year and last Wednesday, 5 June, only 34.3 per cent did. It goes on. These are appalling statistics, because they mean that not only are ambulances often ramped up outside a hospital, but patients are not getting into the ED. That means they are not getting looked after and the ambulances are not available to respond to emergencies in the community to try to get people in a hospital because they are ramped up at a hospital. It is a double whammy of failure. Furthermore, and the minister knows this, there were times, such as on 5 and 6 May, when ambulance ramping increased by 136.8 per cent, but ED attendances coming in on the other side, at the front door, decreased by five per cent on those two days and ambulance attendances decreased by 4.2 per cent. Fewer ambulances and people were turning up at the front of the ED, yet ambulance ramping increased. The only conclusion we can draw from that is that the resourcing has been cut and the ED is not being resourced properly to look after the people turning up. This goes on and on. ED triage wait times up are blowing out. Elective surgery wait times are blowing out. There is no shortage of things. As I said, it gives me no pleasure to debate this matter of public interest, because I could stand up in this chamber and literally talk for hours of the mistakes and the problems that the government is making in not properly resourcing and looking after our health sector. I plead with the minister not to abdicate responsibility, but to take responsibility and implement an urgent ministerial directive to address the resource shortfalls in order to get the health system back on track.

MR P.J. RUNDLE (Roe) [3.20 pm]: I will follow on from the shadow Minister for Health and briefly speak about what is going on in the health system from a regional perspective. I know the minister has been questioned by me several times, but I think it is very important that we outline what is happening in our regions. Quite honestly, it is exactly the same as what is happening in the metro area. The minister needs to get more involved.

We have a health system in strife in the regions. I will give a couple of examples. Firstly, I heard with interest today the Treasurer quoting that 12 per cent of regional babies are born at King Edward Memorial Hospital for Women. The hospital in Katanning has the ability to have maternity—our WA Country Health director quoted recently that we have the ability to have low-risk babies at Katanning Hospital—however, unfortunately, we cannot get a maternity section instated in that hospital. Therefore, a woman cannot have a baby between Albany and Narrogin. We have about a 300-kilometre range in which the mothers of our regions cannot have a baby. I really look forward to the health minister getting involved in that one. We have to keep working at it. I have given some examples previously. I think it is really important that the minister has a look at properly allocating the resources.

The hospitals at Katanning and Narrogin have had \$32 million and \$30 million respectively spent on new emergency sections, and yet we have situations such as a farmer I know who recently went to Katanning, was turned away twice, ended up driving himself to Narrogin Hospital, and spent seven days in Narrogin Hospital with a perforated bowel. Luckily, he ended up being okay, but he had to drive himself to Narrogin. Last weekend, I had another phone call. A patient in Narrogin had gone to Narrogin Hospital, and the doctors there decided to transfer him to Fiona Stanley Hospital. He went by ambulance and spent two days there. They could not seem to ascertain what was happening and get communication, so he was transferred back to Narrogin. Everyone was scratching their heads in Narrogin as to what was going on. These are two examples where it is just not happening in the regions.

There are an incredible number of transfers happening from Katanning to both Albany and Narrogin, which is putting pressure on our ambulance staff. They are doing a fantastic job, but unfortunately that seems to be the fallback position—jump in the ambulance, go down to Albany, go to Narrogin, and let them worry about it. I want to make it clear: the few doctors that we have in places such as Katanning are working very hard. I know one doctor who is supposed to be only part-time, but is working a minimum of 60 hours a week and putting in a lot of extra effort in aged care and other places. I stress to the minister, I would love him to get involved a bit more.

In the last week, we had a forum in Katanning where organisations such as Rural Health West and WA Country Health finally sat down and said, “Righty-ho, what are we going to do about this problem?” This is after the community has had to put its opinions on forums such as Facebook for the best part of six to 12 months. As we know, it is not healthy when stories about our health system start appearing on Facebook. I urge the minister to get involved.

We finally have our three aged care set-ups around Katanning, Kojonup and Gnowangerup. We seem to have a breakdown whereby the commonwealth says one thing, WA Country Health says another, and we end up with fewer beds. As a person dies, the facility closes the bed down. That is not satisfactory for our aged people, who want to age in their own town and have their family around them to look after them in their last few days. I urge the minister to get involved in our regional health, and I urge him to have a think about the MPI that we have on the plate today.

MR R.H. COOK (Kwinana — Minister for Health) [3.25 pm]: I am sorry, Mr Speaker; I think they ran out of speakers. I apologise for that.

I am happy to make a contribution to the motion that has been brought today. I will comment on some of the falsehoods that have been perpetrated in this motion under the names of the member for Scarborough and the member for Churchlands, in particular, the allegation that somehow there has been a blowout in elective surgery waitlists, and that there have been budget cuts. I very much look forward to correcting the record in relation to the points that have been raised.

The member for Churchlands made the observation that we were gifted with a surplus. Of course, as the member for Churchlands knows, we were gifted with a range of things from the previous government. We were gifted with \$40 billion worth of debt. We were gifted with deficits year on year on year. Of course, the gift that welcomed me on day one in government was the Perth Children’s Hospital, which at that point had ground to a halt in a whole range of altercations, bureaucratic mess and conflict. Yes, it is true to say that we were gifted a whole range of things from the previous government, and it was called a disaster. It was called a fiscal disaster; it was called a financial management disaster; in relation to the children’s hospital, it was called an administrative disaster.

Mr M. Hughes interjected.

Mr R.H. COOK: Many people have remarked that health is a poisoned chalice, member for Kalamunda, but I consider it a great opportunity and an honour.

We went about the task of improving these things. We are now in the position whereby we are able to celebrate the first anniversary of the Perth Children’s Hospital opening, which is one of the great achievements of this government. Secondly, we are in a position to say that we are the only government that has debt reducing over time, and we are now in the position to say that we have reversed the situation in relation to the state’s finances. We now have a responsible surplus, as a result of strong fiscal management. This allows us to start to put the state’s expenditure on a trajectory whereby we can grow the budgets that we care about, and, of course, the budget

that we most care about is the hospital budget. We are not cutting the budgets of the hospitals—we are increasing them by 2.8 per cent this year and around about three per cent year on year across the forward estimates. That is a significant achievement and one that I am very proud of, because now we can go about the task of making sure that we make the corrections and improvements that the previous government was incapable of doing. In fact, one could say that by its own financial management incompetence, it caused the disastrous situation in relation to the state's finances.

It is not true to say that we were gifted the surplus; we worked for the surplus. It is a surplus that we created through the strong management of the Premier and the Treasurer, and we are now in a position whereby we can continue to fund essential services such as health.

I was keen to hear the arguments from the member for Churchlands today. This is a motion in condemnation of a government that has the best emergency departments in the country, with reducing surgery waitlists. I wanted to hear what the condemnation was. Of course, it was not an exposition of the facts; it was simply a trawl of the papers for the kind of occasional headline that impacts every state Minister for Health from time to time. We occasionally have situations when there are service failures. Occasionally, a patient will lie on the floor of an ED and not come to the attention of the staff. We will have a situation when occasionally somebody will be accommodated in an over-census room. I think the situation at Fiona Stanley Hospital in which a patient was sitting in a room with other equipment was unacceptable, but it does not represent a system in crisis. The fact of the matter is our system is performing extremely well at a time of high demand and high stress.

The member for Churchlands verbalised me in his speech earlier, when he said that I blame everything on the flu. I do not. I repeat: we have unprecedented levels of flu, the most in this state's history since records began in 2001. The flu season is impacting upon our emergency departments heavily and that is a big driver of the longer ambulance ramping times we have at the moment. That is what I blame on the flu. The flu is not the cause of other issues in the health system, because the other parts of our health system are running very well. Once we get patients inside the ED, as I said, over 70 per cent are treated within the four-hour rule. I know the member for Churchlands disparages the 90 per cent target. I disparaged it, too, when I was in opposition. I will repeat the correction I made earlier that it is not a commonwealth government goal; some jurisdictions choose 80 per cent, some choose 90 per cent and one has a 70 per cent target. The fact of the matter remains that our ED statistics are the best in the country, and that must be a difficult and bitter pill for an opposition to swallow, but it is what the facts say. That was borne out by a Productivity Commission report into our emergency departments. It is not us blowing our own trumpet; it is actually a Productivity Commission report that demonstrates that our EDs are the best performing in the country.

The member for Churchlands is prone to saying, "Let's look at the facts." Unfortunately, he underpins his facts with falsehoods. He says things like, "service levels are deteriorating". If we have the best performing EDs in the country and reducing elective surgery wait times, the fact of the matter is that service levels are not deteriorating, because by those metrics we are doing very, very well. One could say, even though we have the implications of the flu season and the demands it makes on the system, that the fact our elective surgery wait times are reducing is an indication that things are getting better. In fact, they are the best elective surgery wait times for the last two years. It is simply not true to say that service levels are deteriorating. The member for Churchlands says that ED times are blowing out. That is also not true. Our EDs are dealing with an unprecedented level of demand and performing extremely well. What we are actually seeing is enhanced performance by our EDs, given that for the year to date the number of patients presenting at our EDs has increased by over 11 per cent. The implications of that for our health system is that the number of people presenting to our EDs is putting our EDs under significant pressure, yet they are performing extremely well. The facts, which the member for Churchlands would like us to rely upon, are actually that our EDs are performing extremely well.

Of course, we say to patients who are suffering from mild flu or have a mild injury or illness that an ED is not the place for them. We want them to go to a general practitioner, so that the sickest and more acutely injured patients can be seen by our ED staff in an appropriate environment. We are ensuring that our EDs have the resources that they need to deal with that demand. We have had demands from the Leader of the Opposition to give them more resources. I assume between the falsehoods mentioned by the member for Churchlands that that is what he would like as well. Perhaps they could suggest that we could develop a particular part of an ED to deal with patients coming in with mental health conditions. Of course, we have an \$11 million commitment for Royal Perth Hospital to make that happen. We also have another \$5 million commitment to make that happen at St John of God Midland Public Hospital. We are making sure that we are dealing with patients in a more appropriate environment to care for their needs.

In addition, perhaps the member for Churchlands and the Leader of the Opposition would ask about drug-affected patients coming into EDs. We are dealing with them as well with a separate behaviour assessment area—the urgent care clinic toxicology unit—in Royal Perth Hospital to provide a better environment in which those patients can be treated. It is a benefit to not only those patients but also the other patients in the ED, who are then not exposed

to the difficult behaviours often exhibited by these patients or the resource implications that come with that antisocial or disturbing behaviour. We are proactively undertaking these sorts of actions to better equip our EDs, so it is not surprising that our EDs are responding with some incredibly good times.

As I have said, it is true that ambulance ramping is high at the moment because we have an unprecedented flu season. We are responding to that by ensuring that we have enough doses of the influenza vaccine to protect our community. In 2019 to date, WA Health has distributed over 600 000 doses of influenza vaccine for government-funded programs. This is 73 000 more doses than the total number of doses distributed in 2018. The member for Churchlands asked what we are doing about this influenza outbreak. Obviously, we are encouraging community members to get the shots that they need and ensuring that we have more vaccines than ever before to help protect people and their families. One expects a government to take these sorts of actions when dealing with these situations. We are taking these steps. We have had some supply problems with private sector vaccines. WA Health will seek an estimated 30 000 additional doses of influenza vaccine this week. We are supporting our health system to ensure that it has the vaccines on hand to protect members of our community.

The member for Churchlands also says that elective surgery waiting times are blowing out. He could have seen the post put on the website yesterday about the extraordinary, fantastic results in elective surgery we have been talking about today. The latest figures show the best performance in 24 months and the most admissions for elective surgery—this is really important, members—in over 12 years. Over 800 extra patients are being treated and almost 200 fewer patients are on the over-boundary list. On one hand, we have an extreme influenza season and, on the other hand, more patients are getting elective surgery, and they are waiting for less time than ever before. The member for Churchlands said that elective surgery is blowing out. That is simply false. It is not correct and it is not borne out by the evidence. As I said in my answer in question time, across every category and every hospital, we are getting improved elective surgery wait times. That means more Western Australians are getting the pain-relieving surgery that they need and waiting less time to receive it. I am not sure how that data can represent that elective surgery waiting times are blowing out. The proportion of cases over boundary has increased to just over five per cent. That means, essentially, that over 95 per cent of all patients receive their surgery within the clinically recommended time. That is an outstanding result, and represents an improvement on previous months, not a deterioration. My good friend Dr Omar Khorshid made much in the media the other night about the fact that our elective surgery waiting list is growing. It is growing because our population is increasing and because our population is ageing. The fact of the matter remains that it is not the size of the waitlist that counts but the length of wait, and we have reduced wait times across every single category, including the most urgent, category 1; semi-urgent, category 2; category 3, which is patients who have a painful condition that can be operated on within a year; and category 4, the lower-end category. We have improved waiting times across all those categories.

I would like to cite a few other statistics on that, to really underpin the success we are having in elective surgery. Our median waiting time for all cases on lists has decreased from 77 days to 75 days. When comparing a single day-list snapshot of category 2, that has decreased from 35 to 31 days. Category 3 is down from 112 days to 108 days. These are outstanding results, of which we should all be proud. At a time of unprecedented demand on our health system, we are actually seeing improvements in our elective surgery wait times. That is a credit to the health service providers and to the doctors and nurses who work in their hospitals, and it is a credit to the system that supports the doctors and nurses. It is also an outstanding outcome for the people of Western Australia who depend on those services.

I turn to the issues raised by the member for Roe. We have discussed the difficult issues that are confronting Katanning Hospital. It is a great hospital, member for Roe; I agree. It has great facilities and I love the way that it has a specialist aged-care facility within the precinct. I think it creates a really good environment. As we have discussed before, getting obstetrics back in Katanning is a tough ask, but I agree with the member for Roe that it is something that we should aspire to. I want to make it clear to members, though, that the Katanning obstetrics unit closed in 2012. The member gave the impression that that closure took place during our time in government; it did not. It is a long-term issue that has impacted upon that community. It was sustained for such a long time because we had a great team of GP obstetricians there, but, unfortunately, it is a fact of life that GPs grow older and ultimately seek to retire. We have been unable to recruit another team of GP obstetricians back to that hospital, but we will continue to focus on that and see if we can do it.

I also want to acknowledge the comments the member for Roe made about inter-hospital transfers and the impacts they have on the community. I am particularly and acutely sensitive to the fact that we rely on a largely voluntary ambulance service in many country areas. Typically, volunteers will be called out to an emergency patient evacuation situation, and the patient will be taken to the local district hospital. The ambo will then go home and try to get some much-needed sleep, but then the hospital will ring them and say, "About that patient you've just brought in: we need you to now do a hospital transfer to get them to a higher-acuity hospital." That puts a lot of pressure on our volunteer workforce. We recently undertook a country ambulance review and we are looking at the way that system operates to see where we can make improvements. In many areas we are seeing a reduction

in the volunteer workforce. If we are going to drive a modern health system, we simply cannot rely continuously on volunteers to do all that work on our behalf. I know that the WA Country Health Service is continuing to do some work on that, and it will be releasing a review and some solutions that it is currently working on with St John Ambulance. I acknowledge that that does create pressure for volunteers and places pressures on patients, who often choose to drive themselves between hospitals.

Mr R.S. Love: Do you think that the problem is that St John are somewhat disconnected from the pain that volunteers are going through? I get feedback from people that the organisation isn't really all that volunteer-friendly at the moment. There seems to be a bit of dissatisfaction amongst the community with them.

Mr R.H. COOK: Yes, I hear quite a bit of that as well. I have great confidence, though, in the new leadership of St John Ambulance. Michelle Fyfe will be familiar to all members. She has had a very long career in the Western Australia Police Force and is the new chief executive officer of St John Ambulance. She is changing the way the organisation is doing everything and is really reinventing its culture. I am confident that she is looking at these issues and seeking out ways to improve on them. But I have heard those things as well; sometimes volunteers feel disenfranchised from the system.

Mr R.S. Love: I know one lot have a transfer vehicle specifically for transfers rather than emergencies. They've had it for months and still haven't had a procedure from St John as to how to charge it and make it work, so it is sitting there, frustrating everyone.

Mr R.H. COOK: That must be very frustrating, yes. As I said, we are doing a lot of work with St John at the moment via the WA Country Health Service, and we are looking to make some changes on that as soon as possible.

The opposition also raised the issue of violence against nurses. One assault on a nurse is one assault too many. We all stand together in rejecting violence against any of our staff. Sadly, it is not a new part of our emergency department environment, but even more sadly, it is becoming an increasingly difficult part of our emergency departments. The member for Churchlands in his trawl of newspaper headlines rightly drew the chamber's attention to the issues associated with that dreadful attack at Royal Perth Hospital. As the member will be aware, that precipitated a range of actions from government, not only in the way in which that hospital treats security, but also in how we interact with the police. In that particular incident, the alleged attacker of the staff member had been brought in under escort of police and, I believe, had at that point been charged or was under arrest. He was un-arrested so that he could be treated at that hospital. The director general of the Department of Health and the Commissioner of Police have done a lot of work on improving the protocols relating to situations like that.

I did not think that was good enough. I think we need to continue to work more closely with staff on the frontline to make sure we can improve safety. I have convened a roundtable of all the health unions and health service providers to be held on 21 June. I have asked them to come forward with their ideas prior to that so that we can implement them straightaway after that roundtable. We will not tolerate any aggression against our staff.

It is a sad reality for any member of staff working with the public—particularly in situations in which those members of the public, as patients, might be drug-affected, suffering from a mental health episode or, indeed, are simply displaying antisocial behaviour because of their frustrations—and it is unfortunate that such incidents occur in any hospital environment, but we will not tolerate them. The roundtable on violence in our hospitals will come up with a range of proposals that are driven and informed by staff, and we will make sure that we put in place a range of measures to continue to give them confidence that we have their back. That is an important element of our response. We are demanding that the health service providers really examine the security arrangements they have in place and look at what measures need to be put in place to improve the safety of our staff. We will not step back from that process. We want to send a clear message that we want to protect our staff. They cannot provide care to their patients if those patients are physically or verbally abusive. That is simply not good enough, particularly when many people are demanding the services of those doctors and nurses. It is not good enough for any one person to think that they can take out their aggression or frustration on those nurses.

The McGowan Labor government puts patients first. We have had a focus on making sure that we improve frontline services, because we believe that health is a core responsibility of a state government. We want to make sure that we improve the services that we provide. The Productivity Commission found that we had the best operating emergency departments in the country. In the year that the Productivity Commission examined in Western Australia, 75.7 per cent of patients were seen within four hours. That is an outstanding result. We should be proud of it and thankful to the doctors and nurses, and the staff who support them, on the front line.

Emergency departments are not the only part of the work that we do. Elective surgery is about providing pain-relieving surgery for the people of Western Australia. In May 2019, we had the best results in two years. In addition, we have seen the best performance in over 12 years for admissions and waiting times for all patients. That is a great outcome, about which we are very proud. It is true to say that ambulance ramping is high at the moment. It is because we have an unprecedented level of flu. I want members to understand the magnitude of this. In May, we

had the highest number of flu notifications since records began. We normally expect to have about 250 to 260 notifications of flu in May, but we had over 3 000. That should give members an idea of the magnitude of the problem which is impacting our hospital system. During May, when we had over 3 000 notifications of influenza, we still met the four-hour rule in over 70 per cent of cases. We saw an improvement in elective surgery admissions and waiting times for those surgeries. That means 95 per cent of all patients were being seen within the clinically recommended period. It is an outstanding result, and one of which we should be very proud. We can do it because the government continues to grow its hospital budgets while making sure that it manages its finances responsibly.

The member for Churchlands has made a number of assertions. He said that service levels are deteriorating, but they are not, despite the flu epidemic. He said that waiting times are growing, but they are not; they are shrinking. The fact of the matter is that our hospital system is functioning extremely well. There are always challenges and we can always make service improvements. We are committed to putting patients first and improving patient services. We will continue to back our hospital staff and provide the resources they need for a world-class health system.

MRS L.M. HARVEY (Scarborough — Deputy Leader of the Opposition) [3.54 pm]: I will use the remaining five minutes to comment on the minister for denial's response to what is happening to our health system at the moment. The Minister for Health claimed that elective surgery waitlists are fine and there is nothing to see there. We know that between March and April there were 46 fewer cases on the waitlist of category 1 presentations, yet in March, 11.6 per cent of category 1 patients were over boundary. In April, that increased to 16.1 per cent—and there were 46 fewer people on the list. Fewer people were on the list, but the number of people who were over boundary increased. How can the minister explain that? We have heard excuse after excuse. In summer it was the heat that caused the problem with hospital ramping. Heat comes every year in summer. I have been on this earth for 53 years and it gets hot every summer in Perth. Hospitals need to prepare for that. The flu also comes every winter in Perth. The people of Western Australia expect the government to be prepared for it. Was it prepared for it? No, it was not. The "Virus WAtch" bulletin from 20 January 2019 stated —

Influenza activity remains higher than levels reported at this time of year.

- Influenza notifications remain above the inter-seasonal threshold level ...
- Two influenza outbreaks were reported in residential care facilities this week.

That was in January. If members look at the website, they will see that every week there has been a tracking of influenza notifications and a warning to government to get its act together and get its hospitals resourced because we had an early flu season, and the seasonal activity was higher than in any other year. The government should have made sure it had its ducks in a row and that it had the resources in the hospitals to cope with it. The government knew in January, February, and March, but it delivered a budget in March that had the health budget going backwards in real terms, with less money going into hospitals to cope with what was already an unprecedented level of influenza presentations.

The minister's rhetoric that the flu is causing all these problems does not stack up. In some of the weeks that have had the highest level of ambulance ramping—588 hours in the week ending 17 February—the number of influenza notifications decreased. Activity was going down, but hospital ramping was going up. It is not the flu! There were 608 hours of ambulance ramping in the week of 10 March, but influenza activity decreased that week. What the minister is saying does not correlate with the Department of Health's data. In the week of 24 March, there were 682.5 hours of ambulance ramping, but influenza activity decreased that week. Why do we raise that in this place? When a patient is sitting on a gurney, ramped outside a hospital, very sick with flu or pneumonia or whatever it might be, they need to get off that stretcher and into the hospital within 20 minutes. We are not meeting our key performance indicators; we are nowhere near them because the resourcing is not right. The minister needs to employ some nurses and get them into the hospitals to care for these patients. It should open the beds and wards so that Dr Khorshid of the Australian Medical Association is not foreshadowing unnecessary deaths as a result of the underfunding of the health system in an unprecedented flu season. The minister needs to go to the Treasurer and get the funding.

Division

Question put and a division taken with the following result —

Ayes (17)

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

Mr P.A. Katsambanis
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 K. O'Donnell
Mr D.T. Redman

Mr P.J. Rundle
Ms L. Mettam (*Teller*)

Extract from *Hansard*
[ASSEMBLY — Wednesday, 12 June 2019]
p4085b-4094a

Speaker; Mr Sean L'Estrange; Mr Peter Rundle; Mr Roger Cook; Mrs Liza Harvey

Noes (36)

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

Pairs

| | |
|------------------|----------------|
| Mr V.A. Catania | Mr M.P. Murray |
| Mr Z.R.F. Kirkup | Ms J. Farrer |

Question thus negatived.