

HEALTH STAFF — ASSAULTS AGAINST

Matter of Public Interest

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

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

MR Z.R.F. KIRKUP (Dawesville) [3.08 pm]: I move —

That this house condemns the McGowan Labor government for failing to properly protect nurses and other healthcare workers from violence.

The reason the opposition has taken the opportunity today to move the motion, is that we have a record rate of violence affecting our healthcare workers in Western Australia. It is simply not good enough that when we ask the Premier and the minister questions, we are told that by shining a light on this issue that it is becoming a political matter and we are somehow in the wrong when we raise these matters in Parliament. I cannot think of a more appropriate place to raise the concerns of those frontline workers in our hospitals and other healthcare facilities and our paramedics. These workers are being attacked on a daily basis by a range of individuals, who seem hell-bent on undertaking physical violence against those who serve us in our hospitals and our paramedics in particular. That is something we will discuss today.

We reject any assertion from the government that in moving this motion and asking these questions, we are somehow making this a political issue. This is not a political issue at all; this is a relevant issue, and the opposition is absolutely right in bringing it up with the government and expecting some solution or a path through this awful situation of record rates of violence against our healthcare workers. However, every time we ask a question, specifically in relation to any sense of mandatory sentencing, or when we try to understand exactly how much expenditure there will be to protect our healthcare workers from continued acts of violence, the government throws it back at us and has no answers. It continues to distract from the issue by suggesting that somehow the opposition is getting some political capital from raising this issue. This is not about politics at all; this is about the essence of humanity and trying to make sure that we work to protect those who deserve it most—our frontline healthcare workers in our hospitals and other facilities and our paramedics who work in the community to make sure that the health needs of the people of Western Australia are seen to.

If the government were at all concerned about the welfare of Western Australian patients and health workers, it would not only answer our questions but also provide us with a roadmap or plan on what needs to be done to protect our healthcare workers. Quite simply, the government has been found wanting in that respect. It has not happened. We would expect any prudent Minister for Health to have a fulsome plan on what will be spent and where it will be spent—even just the magnitude of investment that will be applied by this government. What we have seen, though, is the minister saying, “Here’s \$5 million”, after questions were asked in Parliament and it got into the media. The government responded to a media article. It is not doing this because it is genuinely concerned; the government made this decision to try to escape adverse media publicity. That is all it does. This is not considered policy by the government. This is not a considered action by the government because it genuinely cares about the violence that is being orchestrated against healthcare workers. The government comes out with policy on the run in response to adverse media articles. It is not good enough that this government does not actually govern or actively try to respond to issues as they arise.

As part of my contribution today, I will show that this has been occurring throughout the term of this government. There has been an increasing incidence of acts of violence against healthcare workers since this government came to office. One would have thought that if the Minister for Health were across his brief and if the government cared or had any concern whatsoever for our healthcare workers, they would have seen the trend developing and spent money to invest in protecting our healthcare workers. That has not been the case. I cannot report to this place that we have a minister who has taken any active measures. In fact, what has happened is that the government has been reactive to questions on notice in Parliament and adverse media reports. That is it. This government is on the run with healthcare planning. More than that, this government is on the run when it comes to the violence that is being orchestrated against our healthcare workers.

A number of opposition members will contribute to this debate today, including the member for Hillarys, the Leader of the Nationals WA and the Leader of the Opposition. I absolutely reject any notion from the Premier that we cannot ask these questions because to do so would be political. That is a very unusual response from the Premier—to suggest that for the opposition to expect a plan from this government to protect our healthcare workers, we are somehow making it a political issue. That response is not good enough for any of those men and women on the front line in our healthcare services. They expect better from this Premier, as should we. That is why I hope members will join us in condemning the government for its failure to protect healthcare workers from acts of violence.

I will talk about the acts of violence that have occurred over the last number of years. They have been increasing over this term of government. I refer members to Legislative Council question on notice 2174, in which questions were asked about the number of assaults, the kinds of assaults and the hotspots for where violence was being committed in our state's hospitals in particular. The trend we saw from the answer was that the number of assaults continues to grow. The response from the Child and Adolescent Health Service was that there were 67 assaults in 2017, but that number jumped up to 81 in 2018. We are talking about physical assaults, sometimes with injury, around the emergency department, in some wards and at the reception desks of clinics. The data provided to us on the East Metropolitan Health Service showed that for just half of 2017, there were 105 assaults, and in 2018, there were 263 assaults. Physical injuries from assaults was the main concern there. Again, up until just May 2019, there had been 146 assaults. That is a significant and growing trend that is occurring across the East Metropolitan Health Service. We see that not just in wards, but also spread across the hospital—in emergency departments, intensive care units, sometimes the youth units, and car parks. The Premier suggested that we cannot raise this issue because of the nature of what is occurring. We are talking about assaults occurring in car parks, at reception desks, in the backs of ambulances or when paramedics attend a concerning situation to which they have been called out as a priority. The trend continues for the North Metropolitan Health Service. In 2017, there were 798 assaults; in 2018, there were 1 268.

We would expect the minister to be on top of his brief. We would expect this to be part of the conversation he would have with those health services to understand the level and rate of assaults and violence occurring across the front line of our state's hospitals. We would expect that to be a routine conversation the minister would have with his executives and we would expect the government to respond to that. I suspect that this minister has been found wanting when it comes to asking any types of questions like that or in trying to ascertain the situation—the temperature of what is occurring in our state's hospitals—or the underlying reasons for these orchestrated acts of violence against healthcare workers, which are continuing to climb in number. We would expect the minister to do something about it. Certainly, with the figure going from 798 assaults in 2017 up to 1 268 in 2018, we would expect the government to do something about it. What happens is that the government expects it to go away. It continues to ignore the issue. Only when this issue came out publicly and there was adverse media did we see \$5 million committed, which we expect is a down payment for future investment. We have not had any idea from this government about where that money is being spent. It is certainly not good enough for our healthcare workers that this government continues to fail in its leadership on this issue.

This is happening not just in the North Metropolitan Health Service, although Sir Charles Gairdner Hospital in particular has been a very real hotspot. We also see it occurring in the South Metropolitan Health Service. In 2017, there were 335 assaults, and in 2018, there were 402. Threats with a weapon and physical assaults with injury have occurred in aged-care and general rehabilitation services, mental health units and EDs—they are particular hotspots. In 2019, there have been incidents of biological assault. That is not good enough. All of us believe that no-one should go to work and be faced with any threats of violence or intimidation and we absolutely agree that they should not be assaulted, but that is occurring at record rates and this government is not doing anything about it. That is not good enough.

The trend continues with the WA Country Health Service—the number of assaults is up. Across all the health services, violence against our healthcare workers continues to increase. We are not just talking about intimidation or physical threats, which is through the roof; we are talking about very real acts of physical violence. We are talking about people getting stabbed in the neck with needles. We are talking about people getting lacerations across their necks. We are talking about paramedics who have been knocked unconscious in a car park. This is absolutely not good enough for those men and woman who do their very best to serve the patients of Western Australia by making sure that they provide the very best, world-class healthcare to each and every one of us. They go to work with the very real fear and prospect of violence being orchestrated against them. It is occurring at an alarming and increasing rate because of the inaction of this minister and this government. It is simply not good enough. Personally, I hope that we hear some answers from the minister as part of his contribution today. I hope that we get an understanding from the government about where its investment will be to try to stem the flow of violence against healthcare workers. They deserve better than they are getting from this government. The people of Western Australia would expect any minister across his brief to invest in, and have a plan to protect our healthcare workers, because they certainly deserve it. The opposition hopes that members will join us in condemning this government, because this minister in particular has been found wanting. He needs to lift his game and do better to protect those vital men and women of our frontline healthcare services.

MR P.A. KATSAMBANIS (Hillarys) [3.19 pm]: I join in supporting this motion. The horrific circumstances in our hospitals that were outlined by the member for Dawesville are only too real for the staff who have to live them every single day. We are seeing attacks right across our health system on nurses, doctors, paramedics and support staff in hospitals. These people are there to provide primary health care to sick and injured Western Australians. They are nobody's punching bags, but unfortunately they are being turned into punching bags by very, very violent people who simply do not understand that it is not good enough, and it is never good enough, to raise their fists or

raise a weapon in anger at anybody, let alone somebody who is there to deliver them with primary health care—to them, a member of their family or a friend. We expect that the government of Western Australia would heed the concerns of the nurses, doctors, hospital staff, paramedics and everyone else involved in our medical field. We would expect the government to elevate their concerns to an absolute primary concern, because what those people do is absolutely gold for our whole community. Let me tell members that knowing that one of the great hotspots of attacks on hospital staff is Sir Charles Gairdner Hospital does not fill me with any pleasure at all. I have got to know a lot of the staff at Sir Charles Gairdner Hospital only too well over the last couple of years, and like every other person involved in our healthcare service right across Western Australia, they are totally dedicated to helping people recover from illness and injury. They are not there to be assaulted, they are not there to be attacked, they are not there to be punched out in a car park, they are not there to be stabbed in the neck with blunt instruments —

Ms M.M. Quirk interjected.

The SPEAKER: Member for Girrawheen!

Mr P.A. KATSAMBANIS: — they are there to protect us —

Ms M.M. Quirk interjected.

The SPEAKER: Member for Girrawheen!

Mr P.A. KATSAMBANIS: — and we —

Ms M.M. Quirk interjected.

The SPEAKER: Member for Girrawheen—three times. Shoosh! Three times I called your name.

Mr P.A. KATSAMBANIS: — should be there to protect them.

The statistics are stark. In the past year there were almost 10 000 code blacks in our health system. That is a code implemented when there is a threat of serious violence—10 000 incidents! That is so many each day across the health system. This is an hourly incurrence, almost a minutely occurrence, in our hospitals at the moment. I refer to assaults on nurses. We saw from figures the minister released earlier this year that in the second half of 2018 there had been a 38 per cent increase in assaults on nurses compared with the assaults that had happened in the second half of 2017. In the last six months of 2017 there were 703 assaults. In the last six months of 2018 there were 971 assaults. That is almost 270 more nurses injured in the course of duty. That just should not be happening. We should be thanking these people, not sitting back and watching them be hurt, injured and disfigured. Obviously, the mental health issues that come with that physical assault on these people are horrific. Those who represent these people in our hospitals have been crying out for help. It has not just been the Australian Medical Association and the Australian Nursing Federation that have been calling out for help; there have been other unions as well. Carolyn Smith, the secretary of United Voice, usually gets listened to very, very well by this government, but not in this critical area concerning the United Voice members she represents in hospitals. The secretary of the Health Services Union of WA, Dan Hill, has called for action. All these people are calling for action because things have reached a stage at which our nurses, our doctors and our hospital staff simply cannot guarantee their own safety when they leave home in the morning to go to work. That should be absolutely guaranteed. They are there looking after the health of other people. Their health should never, ever be at risk, but under this government all those calls for help are going unheeded and unnoticed. There have been good ideas put forward. Mark Olson put forward the idea of perhaps looking at the powers that security officers have and enhancing them.

The SPEAKER: Members!

Mr P.A. KATSAMBANIS: There are examples across our state of transport officers and the like who do have some enhanced powers, so that is worthwhile considering. Mark Olson, Carolyn Smith, Dan Hill and Dave Mountain, who is from the AMA, have all said we need more security; security is simply not enough. We are facing incidents of violence at hospitals that we have never seen before—unprecedented levels of violence. What was good enough in the past is not good enough today, and I will get back to that in a minute in relation to some of the comments that the Premier made in question time today. All these people are offering good suggestions. What does the government do? It does not respond to the suggestions, it does not respond to the crisis in our hospitals and it does not respond to make things safer for nurses, doctors, paramedics and other health workers in our hospitals. The government responds to the spin cycle. When there is an issue, the government quickly spins a half-baked solution. The government's solution for this issue was to say, "Here is \$5 million. Not sure where we are going to spend it, but here is \$5 million—now go away. Perhaps later there might be some more." I do not know when the "later" is; it seems to be on the never-never. There are people with some really good, serious ideas to help solve this problem—to help solve the impact, to save a few people from getting physically and mentally harmed in the provision of health services to Western Australians—and this government is not listening.

When another issue that has been canvassed, mandatory sentencing for people who assault hospital staff, is raised with the Premier, he does not take it seriously. He turns it into a political issue and says that in 2009 when the

Liberal government introduced mandatory minimum sentences for assaults on police officers, it did not include nurses and hospital workers. Yes, that is right, Premier, because back then the issue was not about nurses, doctors and hospital staff. They were not being attacked in record numbers; police were being attacked. We have debated it before, and I am sure in the coming weeks we will debate it again. We saw that immediately that mandatory minimum sentencing legislation came in assaults dropped against police officers by almost 40 per cent, and they have basically stabilised at that figure for the past 10 years. It is still not good enough, still too many police are being assaulted, but a 40 per cent drop magnified over 10 years at 400 or more people every year is 4 000 assaults that have been prevented over those 10 years. As I said, in 2009 this was not an issue in our hospitals. Thankfully, back then life was a bit simpler; it has got worse. We can argue until the cows come home what has caused the deterioration, what has caused this increased level of anger and violence towards our primary health care staff, but that issue should not be debated when we are talking about protecting our nurses, our doctors and our health workers. The issue is a real one today. Mandatory minimum sentencing on its own may not solve it. Changing the powers of hospital security officers and the training they receive and the like may not, on its own, solve it. Adding more security officers also may not, on its own, solve it. But considering a suite of proposals that have been put forward by the people who represent those being assaulted every day should be the primary concern of this minister, this Premier and this government, and it is not. The fact that it is not a primary concern, the fact that it is simply an exercise in kicking a can down the road for this minister, this Premier and this government, is an absolute disgrace. It demeans the value of these people. It sends absolutely the wrong message to those people and their families. Every day, when a doctor, nurse or a hospital worker leaves home in the morning, they and their families have a fear of ever-present danger and whether that person will come home at night physically and mentally intact because of the violence that is being perpetrated in our hospitals right now by a small minority of hardcore offenders. This government is simply ignoring it. It is not good enough. It is sending the message to doctors, nurses and hospital workers that this government does not care about them. Let me tell the government that the opposition cares about them and the public of Western Australia cares about them. We urge the government to do something about this issue rather than simply sitting there and mouthing platitudes.

MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA) [3.29 pm]: I rise to contribute to this debate on behalf of the Nationals WA and to lend our support to this very important motion. It is such an important debate that I think we had one along the same lines three weeks ago. The minister made a number of commitments and statements during the last debate around his commitment to and support for frontline workers. In particular, towards the end of the minister's contribution three weeks ago he noted —

When I was in opposition, I made a big issue around protecting our frontline workers. That is why we are investing now to improve the resources and systems to make sure that we protect our frontline doctors and nurses.

The problem is we do not think the minister or this government is doing a good enough job. The \$5 million that has been referred to today is nothing more than a bandaid. I think the Australian Medical Association referred to it as a down payment in lieu of a more comprehensive plan, and we are still waiting for that plan.

When we raised questions about the \$5 million that was announced just prior to this debate on 13 August, what concerned us was that there was no detail about how that funding was going to be spread out. The shadow Minister for Health and the shadow Minister for Police have placed some statistics on the record about the number of code blacks and violence in our tertiary hospitals in the metropolitan area. They are significant numbers. Of course, from a regional perspective, we do not have nearly as many people going through our regional hospitals, but any incident of violence is one too many. We brought to the government's attention some statistics on code blacks that have been activated within regional hospitals, and the alarming jump in the number of code blacks over the last couple of years—since this government has been in power. In particular, in Kalgoorlie, there has been a rise from two code blacks activated in 2015, to 70 in 2018 and 72 in 2017. We have had “code black” explained to us: it means there is a risk that a person or patient is in direct danger. They are not activated lightly. This alarming risk has risen in not only Kalgoorlie, but also Geraldton, where there was a jump from three code-black activations in 2015 to 28 in 2018; Karratha, where there were four in 2015, which jumped to 10 in 2017 and 14 in 2018; and Bunbury, which jumped from one code-black activation in 2015 to 10 in 2017 and 18 in 2018. Again, these are not enormous numbers when compared with our tertiary hospitals in the metropolitan area—we would not imagine that we would get anywhere near as many—but these are still staff who are operating under the Department of Health. These people are going to work every day and looking after some of the most vulnerable people in our community, and they deserve our protection.

We can only imagine that out of that \$5 million, it is very likely that only a pittance will be allocated to our regional hospitals. That is why we do not believe that enough is being done. We very much look forward to the minister coming good on his commitment to provide us with the detail on how that money will be distributed, what priority will be given to regional communities, and how he is going to deal with some of the challenges that we face.

In addition to those code blacks, we have repeatedly raised our concerns about single-nurse posts, particularly in the Murchison. The member for North West Central has again highlighted the fact that we still have single-nurse

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posts in Yalgoo, Cue and Mt Magnet, where nurses are operating by themselves in very remote and isolated communities. When we have visited these communities, we have seen firsthand the stress under which this places these staff. We again wait for an answer on these issues and how the health system, the Minister for Health and the government will resource this appropriately. We do not think the minister is doing enough. More needs to be done from a regional perspective, and we join the opposition in calling the minister's urgent attention to this matter.

MRS L.M. HARVEY (Scarborough — Leader of the Opposition) [3.33 pm]: I, too, rise to contribute to this debate. The reason the opposition has again raised and will continue to raise this issue is its importance to the people of Western Australia. This minister has been found napping. In the media in November 2018, Dr Robyn Lawrence, who is the chief executive of the North Metropolitan Health Service, was quoted as saying —

... the “severity of workplace violence and aggression incidents at SCGH” had recently increased.

She was alarmed at the severity and number of assaults against hospital staff back in November 2018. There are more articles in the media on this issue. On 14 February 2019, an article titled “The true extent of assaults on nurses in the WA health system” stated that there had been —

... a big spike—more than 50 per cent—in assault cases on nurses across the entire WA health system in the first six months of 2018 compared to 2017 ...

Nearly 800 nurses were assaulted in Western Australian hospitals in the first six months of that year. That was made known to the minister in February 2019. In May 2019, there was an article titled “Nurse ‘stabbed in the neck by patient’ at Royal Perth Hospital”. Members will remember that case. The patient was violent when he was brought in. Police had been called to manage the patient, and then he stabbed the nurse in the neck. She was lucky she did not lose her life. That was in May 2019. On 14 May, two days later, there was more bad press about assaults against nurses. What do we get from this minister? An absolutely feeble response. Knowing that this was a problem in November 2018, it takes him until June 2019 to call a summit: “Let’s have a summit and try to work out what to do!” He called a summit and got 110 people from the health sector to tell him what to do. Guess what they told him to do, members? It is not rocket science! They said, “Get more security staff.” We finally had the minister being told by 110 people in August what blind Freddy could have told him: when there are assaults against nurses and hospital staff, put more security on. It is pretty simple.

When we were preparing for this debate, I looked up information on where the assaults were occurring. I have a particular interest in Sir Charles Gairdner Hospital, because I have two sisters who are nurses there. Some of these assaults occurred on ward G72, which is a 36-bed acute assessment unit that admits patients with a wide range of medical conditions from the emergency department, including patients requiring cardiac telemetry monitoring. People with heart issues are on wards in which nurses are getting assaulted. I am sure that that is really great for their patient care—not! Ward G74 is a 32-bed acute general medical ward. It admits patients from the medical assessment unit, the emergency department and the intensive care unit for ongoing monitoring. I am sure nurses being assaulted in that ward is not going to help the patients who have just come from ICU. Ward G52 is a neurosurgery ward with 27 beds. Assaults have occurred in that ward, too. That is where my sister works, and that is what makes me furious when I read these statistics and see them going up and up and up. In 2015, there were 600 assaults against staff; in 2018, there were 1 268. It is not acceptable, and the minister needs to do more.

When we raised this issue, the Premier sat there and told us that we had a chance to introduce mandatory penalties for assaults against nurses and we did not do it. Guess who did support that? It was Mr J.A. McGinty, who moved an amendment to the Attorney General’s amendment to insert a new paragraph to introduce mandatory penalties for assaults against nurses. This is what he said about it —

The import of this amendment to the Attorney General’s amendment is to extend the protection of the laws to nurses and others delivering hospital and health care services ... We all know that after police, hospital staff, particularly those working in emergency departments, are the most assaulted group of public sector workers.

Do members know who voted for that amendment to introduce mandatory penalties? Twelve members of this government’s cabinet voted in favour of mandatory penalties for people who assault nurses in our hospital system, and now the government has the front to come in here and say that we did not do it when we were in government. Those members were committed to it, and nurses voted for them because they were committed to it. Members are not backing up their words with actions now that they are in government and have the ability to come good with the commitments that they made to nurses.

MR R.H. COOK (Kwinana — Minister for Health) [3.38 pm]: I thank members for the opportunity to speak on this motion. It seems like only yesterday that we were debating the very same topic!

Mrs L.M. Harvey: That’s because you haven’t fixed it!

The SPEAKER: Leader of the Opposition!

Mr R.H. COOK: No, member; I think it is because members opposite have no clue and no idea.

Mr Z.R.F. Kirkup: It is not an issue, then; is that right?

The SPEAKER: Members, you were heard in silence. I expect the same for the minister.

Mr R.H. COOK: No, member. I was calling members opposite clueless. This comes as the second question of the day. The first question was on Roe 8. The second question is on this issue. The same issues come up week after week, like a broken record. The issue of mandatory sentencing is coming up once again as part of the opposition's so-called law-and-order perspective. We know that, because that is what the Liberal Party does in opposition. Every time, it comes up —

Mrs L.M. Harvey interjected.

Mr R.H. COOK: I will provide the member for Scarborough with some more quotes. The reason Hon Jim McGinty moved an amendment was basically to hold the then government to its promises. I quote Hon Jim McGinty speaking in March 2009 —

The Premier, —

Premier Barnett —

during the course of the election campaign, —

The campaign of 2008 —

was crystal clear that he would extend this legislation —

That is, the legislation for changes to the Criminal Code for mandatory sentencing for assaults on police officers. He continued —

... he would extend this legislation to cover every public officer in Western Australia. We all know what that means. It is well defined in the Criminal Code. It means each and every public officer, plus more. I am thinking particularly of assaults on taxi drivers, who are regarded as public officers for the purposes of the Criminal Code. It also includes people who work in a variety of private settings, including a number of private contractors who provide a public service.

...

Indeed, and nurses, and for that matter anyone who is providing a service to the community. It therefore includes people working in private hospitals as well as public hospitals; however, most importantly, and where this issue is brought into sharpest focus in the health setting, it includes people working in the emergency departments of hospitals where hundreds of assaults occur every year.

...

the Liberal Party promise was contained in a press release entitled “Liberals will protect police and public officers with legislative backup”. That was the heading. There is no doubt that the promise was to protect all public officers. It promised mandatory prison terms for people convicted of assaulting police or any other public officer and causing grievous bodily harm or bodily harm. Undoubtedly—it is very clear—it is a broken promise by the Barnett government.

Mr McGinty's motives were very clear. He was simply trying to hold the government to account for the promises it had made to the people of Western Australia.

Mr Z.R.F. Kirkup: So he didn't believe that then.

Mr R.H. COOK: In mandatory sentencing—no, I do not, member.

Mr McGinty was trying to make the point that people cannot trust the Liberals. They will say one thing in opposition and completely walk away from their commitments when they come into government. In this case, it was about nurses. It was a straightforward Liberal Party lie.

Mr Z.R.F. Kirkup interjected.

The SPEAKER: Member for Dawesville, you were heard in silence. You have two members who are on three and may go home early.

Mr R.H. COOK: It is not surprising that Mr McGinty moved that amendment. He was simply trying to help out, to assist, a government that was having integrity problems. It was prepared to say one thing to the people of Western Australia to get elected then walk away from it. If it comes down to a question of reputation about which party is tough on assaults on nurses, the opposition should not go to itself for a reference because, quite frankly, it was found wanting in government. I remember that at the time I asked Mr Porter, the then Attorney General, why he refused to meet with the Australian Nursing Federation to explain why he had crab-walked away from that commitment. Of course, Mr Porter refused to meet with the ANF because he knew that he had duded nurses. He

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knew that the Liberal Party, prior to the 2008 election, had made a commitment to nurses about mandatory sentencing, but when it got into government, it was not concerned about nurses anymore and walked away from them. Do not come into this place pretending that you guys are the custodians of policies to protect nurses; you are not!

In fact, the Liberal Party lied to all the nurses of Western Australia when it said, prior to the 2008 election, that it would bring in mandatory sentencing for assaults on nurses, but did not do it. Members opposite are the last people who should come to this place to criticise anyone for inaction on assaults on nurses.

I also wish to draw members' attention to the responses from a range of Ministers of Health in the Liberal government. In February 2013, Hon Kim Hames explicitly ruled out any mandatory sentencing being considered for assaults on nurses. He stated —

“This is a reflection of the growing demand on emergency departments and the type of issues that are now presenting, such as drug and alcohol use,” ... “We have ... appropriate security staff and systems in our hospitals to manage the situations which require it.”

That is another way of saying that he will do nothing.

Mr J.E. McGrath interjected.

Mr R.H. COOK: Member, I heard that, but in the current context, I will not repeat it. We all remember what Hon Kim Hames' nickname was.

We saw the attitude of the Liberals in government. In opposition, they say one thing and in government they do another. When they were presented with the issue around security for nurses, they explicitly ruled out doing anything.

We roll forward, Mr Speaker. The issue of assaults on staff continued for some time. In August 2016, the issue of assaults on nurses was raised again. I note the observation of the member for Hillarys; that is, this is not like the good old days when people were just drunk or stoned, because people are now impacted by more violence-inducing drugs. Ice was being blamed for a big rise in assaults on doctors and nurses in August 2016; an article then states —

WA Health Minister John Day says he is “fairly confident” security is adequate.

He was essentially saying that he, like Hon Kim Hames, was going to do nothing about assaults on nurses. On the one hand, the Liberals in opposition talked up a big game, going hard and hairy-chested on the issue of law and order. When they got into government, they crab-walked away from any commitment they had made to nurses prior to the election. Hon Christian Porter refused to explain to the nurses face-to-face why he refused to protect them in the way the Liberal Party had said it would prior to the election. When the Liberals were in government, Hon Kim Hames simply said that security was adequate. In 2016, Hon John Day said he was fairly confident that security was okay. They did nothing! Right across the eight and a half years, there was absolutely nothing from the Liberals in government. It is extraordinary that they have made these claims today.

In question time today, I asked, and have since had no public clarification, what the Liberal Party's election commitment for security for nurses was in 2017. Can any members opposite answer by way of interjection? Can they come up with any policy from the time? No, they cannot. They had no policies at all.

Mrs L.M. Harvey: We're waiting to hear what you're going to do. You're the minister!

Mr R.H. COOK: I still have another 21 minutes. Don't you worry about that, member for Scarborough!

The Liberal Party had no policies and gave no consideration to this issue. The then Leader of the Opposition and I brought out policies. We wanted to make sure that security for our frontline nurses and doctors and those working in remote settings was taken care of by way of a rollout of duress alarms and stab-proof vests if people felt they needed that assurance. It was a signal to the community and to the nurses working in our hospitals that we were forthright in our determination to provide them with a safe working space. One act of aggression against any member of our hospital team is one act too many. We cannot expect the doctors and nurses in our hospitals to provide great care unless we care for them, and that is why we have done the important work to ensure our doctors and nurses get the protection they need. Prior to the Stop the Violence Summit on 21 June some particularly scary issues took place at Royal Perth Hospital, which brought the issue into sharp focus. I accept that we can always do more. In that instance, I was particularly appalled by the assault on that staff member at Royal Perth Hospital. I thought that we needed to do more, and we have. The summit held on 21 June brought together staff and hospital leaders from across the system to get their feedback. The member for Scarborough speaks so disparagingly of the summit, but it was an important way in which we could ensure that people working on the front line had the opportunity to give their input. Despite the fact the member for Scarborough made such ignorant comments about the summit, I acknowledge the member for Hillarys' comments that it is a complex issue and we need multilayered responses to ensure that we improve the safety of hospital workers across the system. As the member for Hillarys said, it may be that increasing the powers of security staff is just one measure. I have to confess that I sat next to a member of security all that day and he was very firm in his view that they did not need increased powers; they

may need extra resources and potentially more security staff in particular circumstances, but they did not need more powers. However, that is something we will still look at.

The summit was an important opportunity to hear from nurses and doctors working on the front line, hospital administrators and hospital leaders about what we can do as a team to ensure that the system works better to protect our staff. The director general and the chief executive of the East Metropolitan Health Service personally took carriage of the outcomes of that summit to ensure that we put in work to improve the situation for our frontline workers. It includes a \$5 million spend to ensure that we have more security staff and to look at other measures, such as upgrading CCTVs; better protocols with police, including the potential for outreach to police lock-ups when someone in custody requires medical attention and looking at the protocols involved in that; and having more facilities. Since then, it has been suggested to me that we could use scanners. I know some members of the media speculated that that would be scanners that people walk through to ensure that they do not have weapons, but it has been explained to me that that would be very difficult, given that EDs have a number of entrances. It has been suggested to me that perhaps we could use wands to frisk people quickly to ensure that they are not carrying any objects that might be used in an assault.

We are continuing to work on a range of measures to ensure that these things are in place. We are taking a multitudinous approach with a \$5 million investment. As the member for Central Wheatbelt observed, that is a down payment. It is the start of a process that we are undertaking to ensure we look at putting in place these measures, plus more. A number of opposition members asked what we are doing, so I want to provide the chamber with full details of what we are doing. I refer to what is referred to as a “global”, which went out from the director general and the chief executive of the East Metropolitan Health Service and addresses the issues in relation to the \$5 million investment. Initiatives include —

- reviewing security procedures at hospital sites, to allow greater “flex up” of actual security capacity ...
- establishing additional Alcohol and Other Drug ... specialist positions at five hospitals; Royal Perth Hospital, Fiona Stanley Hospital, Sir Charles Gairdner Hospital, Joondalup Health Campus and Armadale Health Service ...
- development of a public awareness campaign to encourage patients and visitors to consider the impact of their actions on others.

The health service will also continue to partner with the WA Police Force, review security equipment requirements such as CCTV, develop a system-wide training package for hospital staff, enhance support options for staff following violent incidents, and develop tools and protocols for monitoring patients at high risk of violence and aggression. As members would be aware, we have already installed an urgent care clinic toxicology unit at Royal Perth Hospital ED, which provides us with a better and more secure way to deal with some of our more difficult patients, and we are starting to look at an investment to put a similar facility at Sir Charles Gairdner Hospital in partnership with our friends in the commonwealth government. We are taking action everywhere. In addition to those measures I have just mentioned, the director general and the chief executive of east metro have provided an extensive chart of activities under this plan. I table this global and the plan that goes with it for members’ information.

[See paper 2687.]

Mr R.H. COOK: Plenty is going on, but we understand that more can be done. We understand that and we have a plan to ensure that we do that. The \$5 million is a down payment on security for staff. We will continue to look at other measures that we need to put in to ensure that we secure the safety and security of our staff.

We are the only ones who went to the last election saying that we had a policy around security for nurses on the front line. The other mob had eight and a half years to improve security for staff working in our EDs. We have two quotes from former Ministers for Health during the former government saying that they were not interested and they thought things were adequate, despite an escalating number of assaults. We also had the duplicity of the Liberal Party, which prior to 2008 said that it would introduce mandatory sentencing for nurses —

Mr Z.R.F. Kirkup interjected.

The SPEAKER: Member for Dawesville, you were heard in silence.

Mr R.H. COOK: The hairy-chested members of the Liberal Party are back! They are talking up another big game, but the people of Western Australia need to remember that the Liberals lie in opposition and break promises in government. That is what they do! That is what they did for nurses and that is what they will do again if they are ever allowed to get back in government.

Division

Question put and a division taken with the following result —

Extract from *Hansard*

[ASSEMBLY — Tuesday, 3 September 2019]

p6268f-6276a

Mr Zak Kirkup; Mr Peter Katsambanis; Ms Mia Davies; Mrs Liza Harvey; Mr Roger Cook

Ayes (18)

Mr V.A. Catania
Ms M.J. Davies
Mrs L.M. Harvey
Dr D.J. Honey
Mr P.A. Katsambanis

Mr Z.R.F. Kirkup
Mr A. Krsticevic
Mr S.K. L'Estrange
Mr R.S. Love
Mr W.R. Marmion

Mr J.E. McGrath
Ms L. Mettam
Dr M.D. Nahan
Mr D.C. Nalder
Mr K. O'Donnell

Mr D.T. Redman
Mr P.J. Rundle
Mrs A.K. Hayden (*Teller*)

Noes (39)

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

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

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

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

Question thus negatived.