

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

Resumed from 13 March on the following motion moved by Hon Pierre Yang (Parliamentary Secretary) —

That the report be noted.

Hon MARTIN ALDRIDGE: I have been waiting for two hours for this moment, and it has finally arrived! I look forward to the remainder of my seven minutes, and then I am sure Hon Pierre Yang will get the opportunity to provide us with a status report on the government’s progress on the important recommendations of this committee report. This is one benefit of quite prolonged consideration of committee reports: we can revisit the same committee report every year and ask the government for an update.

I understand that the Minister for Health now has two parliamentary secretaries—one in this place and one in the other place. As I complimented the parliamentary secretary last week on his promotion to Parliamentary Secretary to the Minister for Health, I observed that we still have a long way to go to address the critical condition of our ambulance service. I said last week that addressing the funding model for ambulances, country ambulances in particular, is key.

I note the government members’ contributions that referred to 31 additional paramedics. They are welcomed and supported. They work in rather discrete communities and are of enormous importance to those communities, but we also have to provide an ambulance service to all Western Australians. We often talk in this place about the geographic challenges we have as one of the largest and most remote health jurisdictions in the world. One thing we touched on last week was the intersection between this committee report and *The Chief Health Officer’s inquiry into aeromedical services in Western Australia*. It is interesting that that report, handed to government in June 2022, referred to not just aeromedical capacity and service but also road retrieval. I draw members’ attention to recommendation 8 of the report, which states —

The Office of Aeromedical Services, Retrieval and Outreach establish a WA road retrieval service (aligned to the aeromedical services model and distinct from an ambulance interhospital transport service), providing governance, coordination, tasking and support.

This is an interesting recommendation. Two years on, I would be particularly interested to know where the government is at in implementing or at least considering this recommendation because the government supported it in principle.

Of course, inter-hospital transfers are a double-edged sword for country ambulances. On one hand, country ambulances are effectively providing a service for the Department of Health or the health service provider, and they always pay their bills, which is not always the case when providing ambulance responses and services. Patients do not always pay their bills, and the burden of bad debt often falls on volunteer country ambulance sub-centres. The Department of Health, however, always pays its bills, so it is a good way for country sub-centres to raise the literally hundreds of thousands of dollars of funds needed to buy the next ambulance, latest equipment, newest monitor or best stretcher, or to improve volunteer facilities. At the same time, inter-hospital transfers take an emergency ambulance out of a regional or remote community and place a significant burden on, for the most part, volunteers. On one hand, it is good if volunteers can do it, but at the same time it becomes quite taxing over time if they do not have the volunteer resources and capabilities. Recommendation 8 refers to a road retrieval service, and it would be interesting to see whether that has been progressed by the government.

One other key recommendation of the aeromedical services inquiry that was supported by the government was recommendation 1, which was to “develop a 10-year strategic plan for aeromedical services”. The report recommended —

- 1.1 Commission an independently-chaired, Implementation Group to manage the project of works arising from the Inquiry including development of the draft strategic plan (to incorporate retrieval and outreach functions including emergency telehealth) and initial business plan.
- 1.2 The Implementation Group has a 2-year tenure.

As I said, it has been almost two years since the government received this report, *The Chief Health Officer’s inquiry into aeromedical services in Western Australia*. With the opportunity provided to me by the Standing Committee on Estimates and Financial Operations just two weeks ago, I asked what the government or the Department of Health has done in two years. Keep in mind that the implementation group was to develop a strategy within two years. At the hearing of that standing committee, we learned that the first recommendation of the Chief Health Officer’s inquiry has not progressed at all. There is no implementation group. There is no draft strategy. There is no strategy whatsoever. The response I got from the minister and the agencies at the hearing was that they had other priorities.

They were focused on other priorities and not this priority—recommendation 1 of *The Chief Health Officer's inquiry into aeromedical services in Western Australia*.

As I did last week, I remind members that academic research has shown that Western Australians are twice as likely to die from trauma in regions of Western Australia that do not have access to an emergency helicopter service—twice as likely—compared with those areas that do. The answer we got at the Standing Committee on Estimates and Financial Operations a fortnight ago was that it has not been a priority of government. The government has had other priorities.

The government has one budget before the next election. I suspect that the decisions relating to that budget have already been made, and I will be watching on budget day to see whether this is addressed. I hope in the 20 minutes or so we have remaining that the government will be able to update the house on the progress of these recommendations.

Hon LORNA HARPER: I rise today to comment on this report from the Standing Committee on Public Administration, *Delivery of ambulance services in Western Australia: Critical condition*. I might take a different tactic from Hon Martin Aldridge, because I want to speak about workplace and organisational culture, which is at chapter 7. I do so as a member of Parliament, but also, to be clear, in a previous life I was health team leader at the United Workers Union, and for a short time ambulance, paramedics and transport came under my remit, so I actually had a bit to do with that and I sat at the table while negotiating with St John Ambulance. I also make the observation that since the report came out, St John Ambulance now has a different CEO, and things have improved to a point. But it is very important to not just say, “That happened in the past; let’s ignore all this.” It is important that we continue to shine a light on poor company culture to ensure that these things do not happen again, because we cannot be complacent with what is happening within the workforce.

If we go to the beginning, the main issue identified was a cultural divide between management and frontline employees. The majority of frontline employees are degree-qualified paramedics. They are the kind of people we want to see if we are ever in trouble. We are not talking about somebody—how can I put this—who has walked out of school five minutes ago and does not understand what professionalism or workplace culture might be because they have not yet had the opportunity to experience it. We are talking about a highly qualified section of our community who work as paramedics.

The divider within St John involved a breakdown of communication and a lack of trust between management and employees. Issues between frontline staff and senior management have consistently been raised in previous inquiries into St John Ambulance. They were raised in 2016 in the Phoenix report, there was an independent oversight panel in 2016, and then, way back in 2009, there was the Joyce report. Back in 2009, paramedics portrayed their work environment as “negative and unnecessarily stressful in parts”. As I have said before, my husband is a former emergency services firefighter from Scotland. I believe that Hon Martin Aldridge is also a former firefighter. It is an inherently stressful job to be on the front line as part of the emergency services, but it is highly concerning to also have a work environment that is negative and unnecessarily stressful.

Finding 57 states —

There is a lack of trust from frontline staff in senior management at St John Ambulance WA.

St John Ambulance had recently created new frontline management roles, which were largely filled by paramedics. I am not sure whether that was a smart move for St John to make at the time, because why take highly qualified and experienced paramedics out of the field and give them administrative roles? Yes—the people leading should have knowledge in the field, but one of St John’s core business objectives is to save lives, and it has removed the people who can actually respond to calls.

Finding 22 notes —

The emergency ambulance service in Western Australia has the highest proportion of non-operational personnel in Australia. The proportion of non-operational personnel in Western Australia is almost three times higher than the national average.

We do not have three times the population of the other states; in fact, we are down at the bottom of the list when it comes to population, so it beggars belief why we would have so many people in middle management.

Culture surveys were conducted by St John between 2016 and 2021. Unfortunately, St John did not get back the answers that it wanted, because I remember very well, during that time, there were a lot of dissatisfied employees. Other surveys had been run during that time. If we go to 7.19, we see table 20, which shows the results of a culture survey conducted in 2021. Some of the responses to questions are quite scary. In response to the question, “I have good working relationships with my co-workers”, 95.26 per cent of respondents answered “yes”. That is awesome. That is brilliant. That means there is a cohort of people who work well, trust each other and are happy. There are a few people who do not quite get along, but that is not unusual.

Question 15 was whether senior management such as operations managers, general managers and directors listen to staff. In response to this question, 4.32 per cent of respondents answered “yes”, 11.11 per cent answered “unsure” and 84.57 per cent answered “no”. It is highly unusual to see that in any field. The next question was “Ours is a supportive and emotionally safe work environment”, to which 71.9 per cent of respondents answered “no”. In response to the question “Bullying and abusive behaviours are prevented and discouraged”, 61.03 per cent of respondents said “no”. Those figures are quite astounding to people from the outside looking in. As someone who was kind of in amongst part of it, I can say that I remember in the years before I took over the health team the number of suicides of St John paramedics in country as well as metro regions. It seemed that suicides were occurring weekly. It was highly disturbing for all the paramedics. I do not know for sure, because I am not a psychologist, but I think that PTSD played some part in that; we know that there were issues.

Paragraph 7.20 states —

St John Ambulance WA claim to have one of the best ambulance wellbeing programs in the country.

I would say that from the results of the survey, the staff at the time quite clearly disagreed with that.

Recommendation 34 states —

The Department of Health develop workplace culture key performance indicators for ambulance service providers that involve undertaking regular audits of programs designed to improve workplace and organisational culture. The Department of Health table the results of audits in Parliament annually.

We should all be responsible for keeping an eye on and holding people to account. We should not have a service that is there to treat the vulnerable in society without actually going back and making sure that the people in that service are doing the right thing. It is very scary to think that this was going on. As I said at the beginning, there is a new CEO whom quite a few of us have met, so hopefully there have been cultural changes within the organisation, because we do not want to hear that there is no designated workplace harassment officer or someone who is assigned that specific role to provide a safe space. We do not want to hear that none of the operations managers have any training in how to manage reports of sexual assault.

Hon PIERRE YANG: Thank you, Deputy Chair (Hon Dr Sally Talbot), for the opportunity to add my remarks to the first signature report of the, according to *The West Australian*, powerful Standing Committee on Public Administration. Hon Darren West is nodding in agreement with me. From the outset, I want to say the following things. This is the third time the Parliament is considering the report, *Delivery of ambulance services in Western Australia: Critical condition*. We have a limited number of sitting weeks available for the rest of the year. In fact, Parliament may or may not be able to consider this report in the remainder of the 2024 sitting year. If there is an opportunity when this report comes back up from the very long list—the Parliament and committees have been hard at work, producing important reports—I will definitely seek another call to make a contribution. But in the event that we may not be able to come back to this report before the prorogation of this Parliament, when members go back to their communities seeking to renew our contract with our constituents, I want to thank everyone involved in the inquiry process, including the staff of the parliamentary committee. Dedication and professionalism was demonstrated by them during the initial stage.

Let us face it, this committee and this inquiry attracted quite a bit of media attention, and there may or may not be some articles written about the motive of this inquiry. There was a very sound response from one of my friends when the allegation was made that the union was trying to get more members. In fact, I was told, quite credibly, that the industry that we are inquiring into had an almost unanimous coverage by the union. Therefore, there is no-one else to go to and invite to join as a member of the union. In any event, I want to come back to my appreciation of the committee staff who helped us. I want to thank my deputy chair, Hon Colin de Grussa, and my very good friends, Hon Darren West, Hon Sandra Carr and Hon Wilson Tucker. It was a truly collegial exercise. We went to different places in Western Australia. We had countless hearings. I have lost count; I know that!

St John Ambulance WA, under the leadership of the previous CEO, Ms Michelle Fyfe, came to the committee and helped us with our inquiry on at least three occasions. I want to thank her for leading St John during that period. It was a challenging role, and she did as best as she could. She was helpful to the committee. I want to add my thanks for her and her team’s assistance to the committee and our inquiry.

Our committee launched this inquiry in 2021, and we delivered our report in 2022. We had a relatively large number, by the standard of other committees I have been involved in, of recommendations and findings. There are 48 recommendations and 74 findings. Hon Martin Aldridge asked, in his contribution, for an update on the progress of the implementation of the government’s response. I will endeavour to provide some of the updates because, as I mentioned, there are 74 findings and 48 recommendations. In fact, the government accepted 46 of the 48 recommendations and accepted and supported in principle the remaining two recommendations. The government has been working diligently through the report and the recommendations that we have made to implement the changes.

Hon Martin Aldridge touched on the different reports that have been produced throughout the years in our history. This report was not the first report to look into ambulance services in Western Australia, and I do not think it will be the last. I certainly hope that the service will continue to improve. The work of our committee, the powerful public administration committee, has made a positive impact in the lives of the people of Western Australia.

If I may, one of the recommendations we made was about what is colloquially known as the ramping fees but is more formally known as the extended transfer of care payments. This payment was subject to quite a bit of public scrutiny and attention, and rightly so. We are a transparent government and we want to do the right thing by the people of Western Australia and continue to strive to improve the public service in this state. I think members on this side can take pride in knowing that our government has been doing that from day one, dot one.

I wish to come back to recommendation 14 of our report. It reads —

The Department of Health conduct a complete review of the Extended Transfer of Care payment provision in the Emergency Ambulance Services Agreement.

I am sure that members who have been paying attention in this place will be very pleased to learn that this reform actually took place in the new contract that the government entered into with St John Ambulance WA. At this point, I think it would be negligent of me to not add my thanks to the hardworking paramedics who are running around trying to save lives, attend accidents and help their fellow Western Australians. It would be remiss of me to not mention that and add my heartfelt thanks to them.

Prior to this inquiry, I have called ambulances a number of times when my children needed urgent medical attention. The paramedics were very helpful, and I thank them. But coming out of this inquiry, I had a renewed respect for our hardworking paramedics because we have heard stories when they put their lives, welfare and interests behind ours. They put our interests ahead of their personal interests. We heard that they need more support, and I think that is reflected in our chapter about the culture issues of the organisation.

Hon MARTIN ALDRIDGE: It is great that we get such prolonged consideration of committee reports these days, because there is such appetite to talk about this important issue.

The DEPUTY CHAIR (Hon Dr Sally Talbot): Do not get too excited, member.

Hon MARTIN ALDRIDGE: I hope we get another opportunity before the election because, as I said, the government has one budget left to make good on the recommendations it supported from the Standing Committee on Public Administration's inquiry and, indeed, the Chief Health Officer's inquiry into aeromedical services in Western Australia. There is one more budget for the government to come good for the people of Western Australia.

Consideration of report postponed, pursuant to standing orders.