



# State Wages Policy Review Submission



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Authorised by Naomi McCrae, Secretary HSUWA.

**22 October 2021**

*Please note this version of the Submission is slightly different to what was submitted to Government. We have shortened the case study sections and removed photos to maintain the privacy of members who related personal stories.*

## Table of Contents

<b>Summary.....</b>	<b>2</b>
Recommendation 1:.....	2
Recommendation 2:.....	2
Recommendation 3:.....	3
Recommendation 4:.....	3
<b>Introduction .....</b>	<b>3</b>
HSUWA Members .....	4
Public Sector Alliance .....	5
HSUWA approach .....	5
<b>Context .....</b>	<b>6</b>
State Governments and Public Sector Wages .....	6
Australian States - Public Sector Wages Comparison .....	6
Consequences of Public Sector Caps .....	6
Western Australia .....	7
<b>Applying Fairness .....</b>	<b>8</b>
The effect on the bottom-line pay of HSUWA members .....	9
Revenue .....	11
<b>Equity.....</b>	<b>11</b>
<b>Recognition .....</b>	<b>12</b>
<b>Attraction and Retention .....</b>	<b>14</b>
Victorian Pay Comparison - Medical Scientists, Pharmacists and Psychologists .....	15
Medical Imaging Technologists.....	16
Clinical Perfusionists .....	17
<b>The Bigger Picture in Health .....</b>	<b>17</b>
<b>Recommendations.....</b>	<b>18</b>
Recommendation 2:.....	18
Recommendation 3:.....	19
Recommendation 4:.....	19
<b>Process and Conclusion.....</b>	<b>19</b>

## Summary

The Health Services Union of Western Australia (**HSUWA**) welcomes the State Government's (**Government**) Review of its State Wages Policy. Our dedicated members appreciate the opportunity to inform the development of a new approach to wages, which should aim to return to fairness and allow for the strengthening of our public sector health workforce.

A new approach that invests in a highly trained and committed health workforce will go a long way towards restoring the morale of a workforce that is operating under increasing demands and pressures, with no relief in sight. Without reform to the conservative economic prism within which wage increases are currently assessed, the high-quality delivery of publicly funded health services in Western Australia cannot be sustained.

HSUWA seeks a policy framework that provides for meaningful wages growth and genuine bargaining. The importance of considering fairness, equity and recognition when determining wages cannot be overstated in the current circumstances, nor the need to attract and retain valuable and skilled health workers.

### Recommendation 1:

The Government should establish a framework to determine public sector wages policy that:

- has clear aims that the policy seeks to deliver;
- identifies a range of factors for consideration (beyond bottom-line wages cost in the State Budget); and
- is revisited every two years in a process that embeds consultation with workers and their unions.

### Recommendation 2:

The framework must allow for genuine bargaining by:

- not setting a wages cap (because that doesn't allow for discussion about important changes between workers and their employer);
- allowing for pay related entitlements (including classifications) to be considered and improved, independent of a headline wages figure;
- allowing for the term of an agreement to be more than two years; and
- allowing for a response to situations that are unique to members' workplaces and sectors.

### **Recommendation 3:**

The initial framework should aim to strengthen the WA public sector workforce. It should take into consideration factors including:

- The value of public sector workers and their role in providing essential services.
- Recognition of working conditions and safety risks, including the possibility of conditions changing - as they have in the health system since COVID-19 emerged.
- Workforce strategy and the labour market - especially attraction and retention in the current climate and the hidden costs of turnover.
- The long standing and extensive contribution of the public sector workforce to budget repair and the cut to real wages experienced by most workers.
- The broad stimulus effect of wages on the local economy and supports to other parts of the economy, and the flow on effect to private sector wages and investment.
- Relevant economic indicators and forecasts, which allows consideration of budget forecasts and the wages bottom-line cost, but not to the exclusion of other factors.
- The impact to the Government's commitments in relation to social justice.

### **Recommendation 4:**

Given Recommendations 1 to 3, we consider there must be a wage increase of at least 4% (or \$2,500 whichever results in the higher floor), each year for the next two years and a commitment to genuine bargaining.

## **Introduction**

HSUWA welcomes the Review as an important signal that the Government understands that public sector workers expect change. We are hopeful that the Government's willingness to consult unions will lead to the development of a fairer wages policy framework that considers the entire working environment and what is best for Western Australians beyond the annual State Budget bottom-line wages cost.

## HSUWA Members

HSUWA is a specialised union of health workers in Western Australia. HSUWA members perform the many jobs and carry the varied expertise needed to care for the community and run a complex, modern health system.

Members work in Hospitals and Health Services, Aged Care, Disability, Imaging, Pathology, Private Practices and Allied Health. Their jobs make up a significant part of the health workforce, for example Pharmacists, Clinical Psychologists, Physiotherapists, Medical Scientists and Researchers, Medical Imaging Technologists, Laboratory Technicians and Administrative roles ranging from frontline clerical services in Emergency Departments and Wards to senior management.

There are more than 18,000 public health workers covered by the HSUWA industrial agreement, the *WA Health System-HSUWA-PACTS Industrial Agreement 2020 (HSUWA Agreement)*.

This submission has been informed by the experiences of HSUWA members. The cascade of negative effects on their lives and workplaces under years of restrictive wages policy is significant. HSUWA's submission has been guided by the key principles of:

**Fairness:** Our members have borne the brunt of budget repair, which has limited their earning capacity, savings and their superannuation and reduced real wages.

**Equity:** The restrictive policy has stymied any opportunity to improve equity across different health worker entitlements.

**Recognition:** Valuing the workforce providing essential public health services in tough and unrelenting conditions.

**Attraction and Retention:** There are significant and growing problems with attraction and retention of staff amidst a growing shortage of skilled workers, the challenging working conditions in the public sector and low wage growth.

Now more than ever, the people of Western Australia need a quality public health system and a skilled workforce to run it.

## Public Sector Alliance

We have been working closely with our union partners to change and improve the Government's approach to wages. Since 2019, HSUWA has been an active participant in the Public Sector Alliance with other public sector unions affiliated to Unions WA (particularly the SSTUWA, UWU, CSA and RTBU) advocating for change. In early 2020, the Government was presented with a detailed research paper, relating to the stimulus effects of public sector state wage increases on the Western Australian economy by Ernst & Young (EY). Our members have been jointly campaigning to "scrap the cap" and calling for a return to genuine collective bargaining. We continue to work closely with our union partners in this important Review process.

## HSUWA approach

At a series of large member meetings in September, HSUWA members overwhelmingly endorsed the following Resolutions to guide our approach to the Review process:

*We call on the State Government to confirm that:*

- 1. The economic review is not designed to lead to a pre-determined outcome.*
- 2. Any new wages policy allows for genuine bargaining on pay and pay related entitlements.*
- 3. Investment in the workforce is distinguished from investment in WA Health services or infrastructure improvements.*
- 4. Any outcome factors in the four years of under investment in WA health workers.*
- 5. Union members need to be involved in the review process.*

We are pleased that the Minister for Industrial Relations, Hon Stephen Dawson has confirmed that the Review is not designed to lead to a pre-determined outcome and that union members would be involved in the Review process. HSUWA members welcomed the opportunity to speak directly to Minister Dawson's and the Premier's advisors during the consultation meeting held on 5 October 2021 at HSUWA, where they shared powerful messages of how low wages outcomes impacted on the public health workforce. This submission supplements our members' verbal testimony.

## Context

### State Governments and Public Sector Wages

Each State Government has a stated position on public sector wages, though the reasons and mechanisms differ considerably. While historically State Governments may have operated within policy parameters on wages (whether public or not), in recent years caps have been consistently applied.

### Australian States – Public Sector Wages Comparison

State	Current	Amount	Comment
NSW	2021	2.5%	2.5% has been consistent for many years A proposed reduction in 2020 was short-lived
QLD	2021	2.5%	There was a short-lived freeze in 2020 Previously 2.6%
SA	2019 on	2% (approx.)	Based on "Affordable and Reasonable Salary Increases"
TAS	2020	2% +	The previous 2% cap was overcome following state-wide industrial action
VIC	2021	2%	Previously 2.5% (as a floor) From 2022, 1.5% with capacity for further 0.5%
WA	2017 on	\$1,000	Previously 1.5%

### Consequences of Public Sector Caps

Wage growth across the country is at an all-time low. Many Economists, as well as the Reserve Bank Governor, are calling out the damaging and dampening effect on economic activity arising from continued public sector wage suppression affecting millions of workers because of political sensitivities.

Austerity measures solely focused on wage suppression are not a prudent budget measure, because they undermine confidence, growth and the resilience of the overall economy.

## Western Australia

What is particularly concerning in Western Australia is how long and low the wages caps have been applied, and their sole focus on the State Budget bottom-line. WA has had the most restrictive caps and the lowest public sector wages growth in Australia in 2020-2021 at 0.94%.

In 2015, the Liberal Government introduced a wages cap of 1.5%. This was also in a context of rounds of redundancies, hiring freezes and privatisation. The new Midland Hospital was privatised while the new flagship Fiona Stanley Hospital, included thousands of privatised jobs by contracting Serco and other lesser-known companies like GenesisCare. Following this historic attack on the public health system, HSUWA members supported the new Labor Government and our members were prepared to continue to play their role in budget repair.

In 2017, the incoming Labor Government announced a range of measures to deal with budget repair in response to the growing State deficit and debt levels. The only measure not implemented was the increase to gold royalties expected to raise nearly \$400 million in revenue. The most significant measure was the introduction of a public sector wages cap of \$1,000, with the reasoning:

*“The new public sector wages policy reflects the reality of WA’s economic circumstances, with real wages actually going backwards in the private sector. The new policy provides fairness across the whole public sector.” (Treasury 2017)*

In 2019 it was slightly updated, continuing the cap but allowing for some capacity to bargain in relation to conditions. Overall, this meant the pay increases for the 18,000 HSUWA covered public health employees over the past six years have been:

- 1 July 2016 - 1.5%
- 1 July 2017 - 1.5%
- 1 July 2018 - \$1,000
- 1 July 2019 - \$1,000
- 1 July 2020 - \$1,000
- 1 July 2021 - \$1,000

HSUWA was able to bargain some better conditions over that period (noting some applied across the whole public sector), however the wages policy setting meant that important matters dealing with fairness, equity, recognition and attraction and retention have not been dealt with.

The lack of flexibility within the wages policy to genuinely bargain to address important issues for staff has significantly contributed to the current low morale and serious concerns about ability to speak up and advocate for a quality public health system.

A policy aimed solely at one measure may only be considered successful against that one measure. However, there is a long tail in the hidden costs arising from an unanticipated cascade of negative effects on the public health workforce, their work environment and capacity to deliver services. The Government's fiscal achievement risks being undermined without this being recognised and addressed.

With a budget surplus now achieved, the Government has announced the focus on fiscal discipline remains Government priority. In the 2021/22 State Budget, we note:

- the stated financial target to *"maintain a net operating surplus for the general government sector on average over the forward estimates period"*;
- the operating surpluses forecast across the remainder of the forward estimates are well over \$1 billion each year (over \$2.5 billion in 2023/24); and
- the Government is likely to have had a greater headline surplus this financial year beyond \$5.8 billion.

Now that policy aim has been achieved, it is timely to consider what principles should apply to future policy.

## Applying Fairness

While the Government achieved its goal, public sector workers are financially worse off. A new approach under a more considered policy framework must recognise their contribution.

**"What are health workers actually worth to you?"**

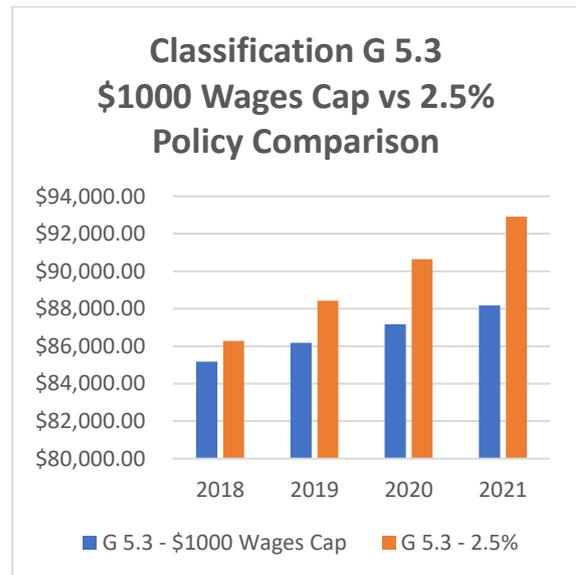
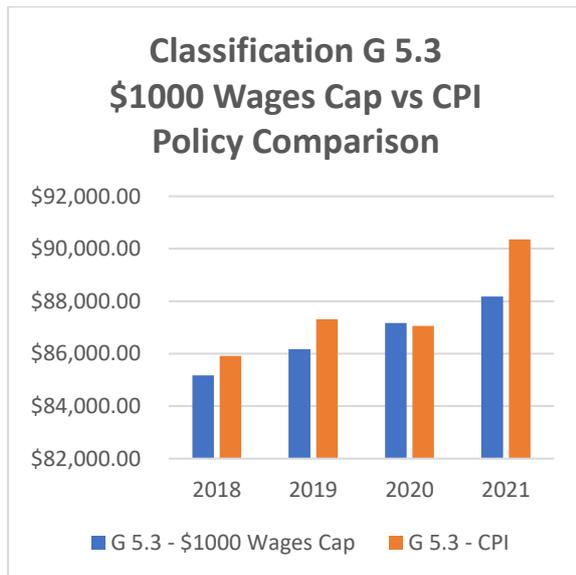
HSUWA Member Question

## The effect on the bottom-line pay of HSUWA members

To illustrate the real-world effect of the \$1,000 wages cap on HSUWA members, we present two scenarios:

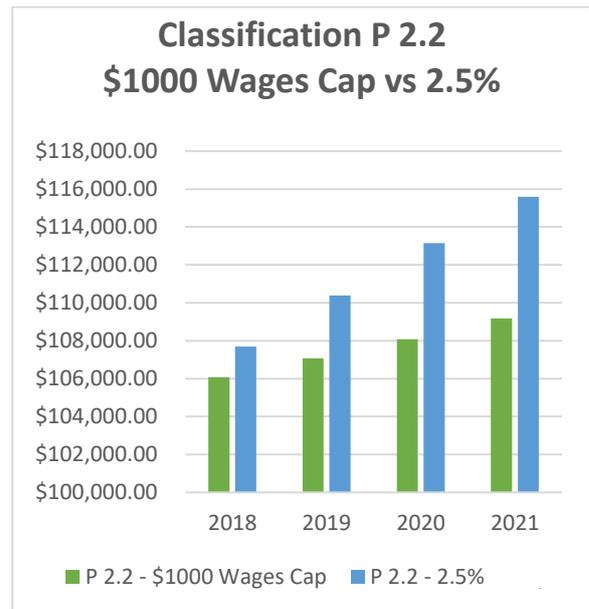
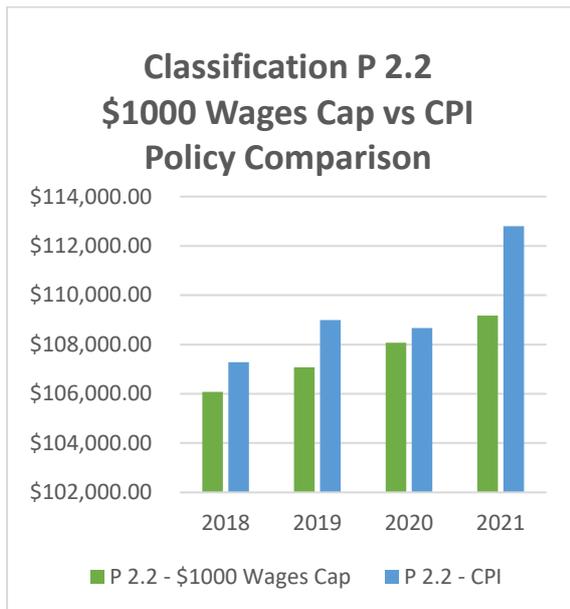
- Under the HSUWA Agreement, there are 14 General Division Classifications, G1 to G14. We show analysis below of the effect of the wages cap on a G5.3. This is a member employed at G5, who has had three or more years of service at that level. The roles of members employed at G5.3 include Clerical Coordinators, Senior Finance Officers, Anaesthetic Technicians and Bio Engineering Technicians.

If paid at Perth CPI instead of the \$1,000 wages cap over the past four years, a member at G5.3 today would be paid an additional **\$2,189 or 2.48% more**. If paid a 2.5% increase, as other States have done, the annual salary would be an additional **\$4,738 or 5.37% more**. We estimate at least \$450 less superannuation contributions were paid over that period (under a 2.5% increase) which will reduce retirement savings due to the compounding effect.



- Under the Professional Division (and Specified Callings) section of the HSUWA Agreement, there are 9 classifications, P1 to P9. We show below the effect of the wages cap on a HSUWA member employed at P2 with two years of experience at that level – a P2.2. The roles of members employed at P2.2 include Senior Physiotherapists, Occupational Therapists and Social Workers, Ultrasonographers, early career Clinical Psychologists, Senior Medical Scientists and Senior Radiation Therapists and Medical Imaging Technologists (Radiographers).

If paid at Perth CPI instead of the \$1,000 wages cap over the past four years, a member at P2.2 today would be paid an additional **\$3,726 or 3.42% more**. If paid a 2.5% increase, as other States have done, the annual salary would be an additional **\$6,908 or 6.33% more**. We estimate at least \$656 less superannuation contributions were paid over that period (under a 2.5% increase) which will reduce retirement savings due to the compounding effect.



With the proportion of women in the public sector at 72.7% (March 2020), wages policy has, albeit unintentionally, targeted a largely female workforce, compounding a very well documented and serious problem in the superannuation balances of women, particularly older women. WA has the largest gender pay gap in the country, and the Government should be proactively taking steps to eradicate it. Regrettably the effect of the wages policy has been to undermine the Government’s social and economic objectives of reducing gender inequality. The HSUWA agrees with the detailed submissions on the role of wages policy in the gender pay gap by both Unions WA and the CPSU/CSA.

**“How seriously do you take older women working in health?”**

HSUWA Member Question

## Revenue

While there has been an understandable focus on expenditure in the State Budget, we note the reaction from the WA gold industry in 2017 meant they never participated in budget repair, while the years since has seen the price of gold soar and big profits for mining companies. Similarly, the price of iron ore, while unpredictable, has delivered huge windfalls not only to the Government but to a handful of individuals and mostly foreign-owned companies.

There is a question of social equity where obscene wealth is acquired by a few, from the sale of our State's resources. The benefits of our resources should flow more equitably to the Western Australian community. In accordance with Labor's enduring value of fairness and to govern "in the broader interests of all, not in the sectional interests of a few" and its stated principle of "providing a fair distribution of the benefits of the state's economy" we think a reassessment of the distribution of the State's mining wealth is needed if the Government wants to continue to prioritise an operational surplus in the annual budget.

## Equity

The current wages policy has effectively shut down the opportunity to improve equity amongst different parts of the health workforce. This has some practical and troubling consequences for both individual HSUWA members, as well as the morale of entire cohorts of critical health workers.

For example, in a hospital there are HSUWA members, such as Medical Imaging Technologists and Anaesthetic Technicians working side by side with doctors and nurses, providing critical comprehensive care for patients. The HSUWA member is paid a lower shift penalty despite working alongside the same teams at 2am in the morning. HSUWA members performing extensive shift work or required to remain 'on call' also receive less leave. When a member Pharmacist is 'on call', they will receive an 'on call' allowance but are not paid for performing work unless they physically return to the hospital. This often results in hours of unpaid overtime.

Patients understand the critical work of our members when they provide care. But the wages policy hasn't allowed for changes needed to make sure the work of our members is as valued as other staff caring for the same patients. It has also impeded a proper response to changed conditions, risks and increased responsibilities.

### CASE STUDY Anaesthetic Technicians

- Anaesthetic Technicians at Sir Charles Gairdner Hospital staff the 14 theatres and 7 outside areas at the facility.
- 2 new theatres were built at Sir Charles Gairdner Hospital, taking the total number from 12 to 14, with no increase in FTE. 10 additional people are required to staff these 2 theatres every shift, but these have been stretched from the existing staff pool.

*“A doctor or a nurse is just as tired as us in two in the morning.”*

### Recognition

The first two years of the Government’s wages policy in 2018 and 2019 were a challenge. Not only were essential costs of living rising, but workloads were getting ever heavier and the health system was coming under significant stress. Then in early 2020, the pandemic arrived. A system that was already stretched was asked to be ready to respond to a generational challenge. And when asked, workers stood up and rose to the challenge. HSUWA members were heavily involved in the COVID response, from clinical planning, to contact tracing to data analysis to testing.

Those who weren’t directly involved in the COVID response experienced an initial decrease in demand while people put off accessing health care, quickly followed by an unceasing and even greater demand.

### CASE STUDY Laboratory Assistant

- In a team that is responsible for receiving and transporting specimens from across public services.
- The team suffered 50% staff attrition during the COVID-19 pandemic.
- Attrition resulted in such low numbers the employees could not break into two teams to staff the unit should a COVID-19 outbreak occur.

*“The jobs that are performed by our department are vital.”*

## CASE STUDY

### Ward Clerk – Intensive Care Unit

- Unit growth from 23 beds to 30 beds, with no additional staff support.
- No additional pay for extra workloads or risk.
- Other Clerical staff are expected to cover 3 to 4 Wards on the one shift.

“The work carries over from the day shift and I am just expected to do it. There’s no extra time or money, I just do it.”

“Being in ICU it’s vital that the paperwork is in the right spot so its quickly and easily accessible. In an emergency in ICU it happens fast and it’s serious. It’s the difference between someone living and dying.”

HSUWA members go to work when everyone else is asked to stay home. They kept going to work when there wasn’t enough, or the right, PPE for them to be sure they were safe. They kept going to work despite the personal toll it took on them to be a health worker in a pandemic. They will keep going to work when we have community transmission of COVID-19 after we open up. This is because, overwhelmingly, HSUWA members are committed and proud to work in public health.

This commitment needs to be recognised and rewarded. It is essential that any new wages approach factors in the value of this dedicated public health workforce, that are critical now and into the future.

**“We have been told how essential we are. If we are so essential, why are we being paid as if we are so easily replaced?”**

HSUWA Member Question

## **Attraction and Retention**

There are widespread attraction and retention issues due to the public sector health jobs not holding the value they once did. All around, the essential costs of living are rising faster than their pay. Other factors contributing include increasing workload and service demand issues, safety concerns and the high prevalence of insecure jobs.

It is well known that regional WA struggles to provide a full complement of health services. Genuine bargaining would allow our regions to compete for permanent employees rather than be dependent on FIFO.

Many of the highly skilled and qualified professionals working in HSUWA covered roles are able to practice overseas and the global competition for talent in the current pandemic will only increase. Health Service Providers (**HSPs**) are advising the union of significant difficulties in attraction and retention of key occupations. This is particularly evident in occupations providing mental health services and support (for example Clinical Psychologists and Social Workers), in Data Analysis and Health Informatics and in Medical Imaging.

Competition between States and internationally for an increasingly skilled health work force is growing. There is a belief that opening borders will help address workforce concerns, however there is also a significant concern that the opening of interstate and international borders will result in an exodus of skilled and qualified staff, in part because of wages.

Services like the Cancer Centre based at Sir Charles Gairdner Hospital are estimating that approximately one third of the Radiation Therapists currently employed by them are likely to travel overseas or interstate to work as soon as border changes and quarantine requirements allow.

## Victorian Pay Comparison – Medical Scientists, Pharmacists and Psychologists

In Victoria, highly qualified and specialised occupations including Clinical Psychologists, Clinical Perfusionists, Genetic Counsellors and Medical Physicists have had a base line annual salary increase of 3.25% each year from 2017 to 2020.

They can receive total remuneration packages that significantly exceed those offered in WA. These occupations usually require significant post-graduate study (in some cases it is required to become registered) and accessing this study in WA is not possible for some of these professions. This is the case for Genetic Counsellors and will soon be the case for Clinical Perfusionists. These facts combine to mean that WA Health will generally need to recruit staff from interstate and overseas. Non-competitive wages present a barrier to staffing these highly qualified occupations.

**"When will the Government realise that they need to invest in WA staff and in retaining WA staff through a solid wage offer to ensure we are fully equipped to treat WA cancer patients now and in the future?"**

HSUWA Member Question

HSPs are currently advertising for occupations working in mental health services interstate and overseas with limited success. The explosion in referral rates to mental health services and the inability to staff services is combining to create substantial increases in wait times to receive treatment and has the knock-on effect of patients presenting at Emergency Departments.

Health Professionals are in high demand both in private hospitals and in their own private practice. Private health care providers are paying sign on bonuses (recently \$2,000 at St John of God) and increasing base rates of pay, and other companies are promising much higher rates of pay to those who leave the public service.

### CASE STUDY Radiation Therapy

- Sir Charles Gairdner Hospital offers the only public oncology service in Western Australia.
- Radiation Therapists use highly technical and expensive equipment.
- The team treat 2,000 – 2,500 cancer patients per year with radiation therapy.

“It takes about six months of post-graduate training to get someone up to speed in using the Cyber-knife accurately and safely.

A couple of years ago a private Cyber-knife clinic opened up and we lost five staff in about eighteen months. If you do the maths, five staff and six months of training is three years of hard work and Government money invested to boost a private clinic.”

The public system must remain competitive for the Government to deliver the quality services it promises for the people of WA. The State risks no longer be competitive as ‘an employer of choice’ for the young and mobile, highly educated health professionals of the future.

### Medical Imaging Technologists

There are significant staff shortages in tertiary hospitals, which have contributed to delays in discharge of inpatients and extended waitlists for outpatient services. We are advised that WA-based Universities will graduate just 30 Medical Imaging Technologists in the current student cohort and that private sector employers are actively recruiting these students. Private sector employers are offering packages to MITs that currently cannot be matched by the public sector.

#### CASE STUDY

#### Medical Imaging Technologists

- Both have completed 4 years of study and been in the profession for 8 years.

“The public system used to be attractive to new graduates but they can make the same money in private without the shift demand.”

## Clinical Perfusionists

Clinical Perfusionists are highly specialised Health Professionals. They operate the heart-lung bypass machine (cardiopulmonary bypass) during heart surgery to maintain safe and stable conditions for the patient on the operating table.

There are small number of Clinical Perfusionists employed in WA public health which makes them a valuable part of the surgical team, and one of the many vital health care workers who in most surgeries, remain unseen by patients. Perfusionists also work with patients in the ICU, so these are just some of the vital health care professionals who would be impacted by an outbreak of COVID-19.

Yet Western Australia is not competitive with any other State public health system on pay. Our calculations estimate that they are paid between 15% - 50% less annually depending on the State. HSUWA also understands that training for Perfusionists in WA will soon cease and instead will need to be undertaken in the US at significant cost (approx \$55,000 per attendee).

## The Bigger Picture in Health

While low wages growth is directly affecting the attraction and retention of staff amidst a growing shortage of skilled workers across health services, it also relates to the strong perception that public health workers are increasingly unheard and unsupported.

The crisis in public health today is years in the making, but the collision of the slow progress of longer-term planning and investment identified in the Sustainable Health Review with the pandemic and increasing service demands (before community transmission of COVID-19), has now stretched the system to capacity. Adding no meaningful wage increases to those growing pressures and safety risks (and too often poor workspaces), has unsurprisingly led to seriously low morale.

We also see an emerging pattern underlying the crisis in the sector – the missing voice of health workers. In the recent “Your Voice in Health” Ministerial Survey, 55% of staff couldn’t agree with the statement:

*“I think it is safe to speak up and challenge the way things are done in my organisation”.*

We believe that low wages growth, irrespective of changing and challenging conditions, is a contributing factor to inhibiting worker engagement. The total focus on costs has a basis - but

it limits health workers from challenging and improving existing systems, those who know what needs to improve in the health system more than anyone.

We believe an important way to achieve long term systematic change is by putting the concerns of the workforce at the forefront. This includes the effective organising of workers in a democratic union that allows decisions to be shared between health leaders – at both the worker and senior management level. If workers do not believe they can make change to their pay and conditions and improve their working life, it is understandable if they pull back.

## **Recommendations**

HSUWA seeks a new policy framework that moves away from entrenched low wage growth and limited capacity to bargain, that has devalued and demoralised health workers.

In response to the Review opportunity about a new approach to wages policy, our members have emphasised fairness, equity and recognition and the need to attract and retain valuable and skilled health workers to run the WA public health system. This means we recommend establishing a regular process and a broader framework, that keeps the workforce that is needed to deliver critical services, front and centre.

### **Recommendation 1:**

The Government should establish a framework to determine public sector wages policy that:

- has clear aims that the policy seeks to deliver;
- identifies a range of factors for consideration (beyond bottom-line wages cost in the State Budget); and
- is revisited every two years in a process that embeds consultation with workers and their unions.

### **Recommendation 2:**

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- allowing for a response to situations that are unique to members' workplaces and sectors.

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- The value of public sector workers and their role in providing essential services.
- Recognition of working conditions and safety risks, including the possibility of conditions changing – as they have in the health system since COVID-19 emerged.
- Workforce strategy and the labour market - especially attraction and retention in the current climate and the hidden costs of turnover.
- The long standing and extensive contribution of the public sector workforce to budget repair and the cut to real wages experienced by most workers.
- The broad stimulus effect of wages on the local economy and supports to other parts of the economy, and the flow on effect to private sector wages and investment.
- Relevant economic indicators and forecasts, which allows consideration of budget forecasts and the wages bottom-line cost, but not to the exclusion of other factors.
- The impact to the Government's commitments in relation to social justice.

### **Recommendation 4:**

Given Recommendations 1 to 3, we consider there must be a wage increase of at least 4% (or \$2,500 whichever results in the higher floor), each year for the next two years and a commitment to genuine bargaining.

## **Process and Conclusion**

This Review, introduced by the Government, is a positive and important step. Ensuring union members are at the centre of the Review process will ensure better information is provided to Government and will allow for a greater diversity of voices and ideas to reach decision makers. We believe that the four Recommendations of our submission will contribute to a better health system.

A culture has developed in WA Health, which the restrictive wages policy has contributed to, that limits the ability of workers to influence decisions at every level. This Review process has opened an opportunity for the Government to shift the dynamic of how decisions are made in WA health and embrace a much healthier workplace culture. Allowing genuine bargaining will drive significant improvements in the morale of the workforce, contributing to rebuilding a robust workforce that can advocate and win change to improve the provision of public health services. This would be a significant legacy for this Government.

HSUWA members are eager to be a part of change, and will play a leading role in improving morale, health outcomes and addressing challenges if they are given the capacity and backing to do so. For the Government, making policy decisions informed by the expertise of workers at the local level is the quickest (and best) way to address the challenges in WA health.

This Review has been met with support and endorsement from our members, and we believe it should become an important part of the cyclical decision making into the future. If you keep workers at the heart of your decision making, the Government, the Health System and the State will be the stronger for it.

Thank you for the initiative of this Review, we are excited to see the outcome.