



State Budget Submission

2022-2023

A. About the Health Services Union of WA

HSUWA is a specialised union of health workers in Western Australia with thousands of members. We cover many of the jobs needed to fully care for the community and run a health system. These jobs make up a significant part of the health workforce, for example Pharmacists, Physiotherapists, Medical Scientists and Researchers, Medical Imaging Technicians, Laboratory Technicians and Administrators. We are dedicated to our purpose - to empower our members to advance their collective interests through organising, support, advocacy and influence.

In the public sector, the HSUWA collective agreement covers more than 18,000 employees across WA Health (**Union Agreement**).

B. The Impact of the Pandemic

HSUWA members continue to be on the front lines of the COVID-19 response – from testing to treatment. Over the past two years, our members have demonstrated their immense dedication to the health system, as well as the community of Western Australia.

HSUWA members continue to perform their roles professionally in the face of genuine concerns for their own welfare. There is a health workforce crisis in WA. It may appear to have happened quickly, but it has been decades in the making and it will worsen without focus and planning. The most important thing the State Government (**Government**) can do is retain the existing health workforce. Our campaign **Protect us. Respect us. Pay us** encapsulates what our members need from the Government.

C. Pay

State Wages Policy

HSUWA welcomed the Government's response to the Public Sector Union Alliance campaign to end the state wages policy of \$1,000 p/a, announced in last year's State Budget.

In late 2021, during the Government's Economic Review to consider a new wages policy, HSUWA advocated for the development of a new approach, on the basis that any policy setting should aim to return to fairness and allow for the strengthening of our public sector health workforce.

We advocated for a wages policy that allowed for genuine bargaining and for real investment in our highly trained and committed health workforce. This approach was put forward to assist in restoring the morale of a workforce that was and still is operating under significant demands and pressures, with no relief in sight. We submitted that without reform to the limited economic prism within which wage increases are currently assessed, the delivery of high-quality public health services in Western Australia were under threat. Members explained, in verbal and written submissions, why there should not be a cap on wages, but instead, a wage increase of at least 4% each year for two years and a commitment to genuine bargaining.

Since then, the signs of a potential inflation shock have turned into reality. This means that the Government's new wages policy, announced on 15 December 2021, of a 2.5% per year increase with either a one off \$1000 sign on bonus or an additional 0.25% (to 2.75% per year) is now well below inflation, as well as the expectations of the health workforce.

Our members are currently experiencing a loss in real wages, and this would continue if the new policy cap applied. The knock-on effect from the public sector wage suppression continues have consequences for health workers in the private sector, with private health employers significantly undervaluing their workforce with pay offers at an average of 2% - slightly higher than the 1% or 1.5% pay increases offered since 2017. WA had the lowest wage growth of any state in the December quarter 2020-2021.

The Government needs to act in response to these new inflationary pressures so that our members do not fall further behind. **A huge budget surplus that further exposes WA to a GST distribution debate with other States, while Western Australians continue to fall behind, is an outcome that can and should be averted.**

Recommendation One:

Revise state wages policy so that it allows for genuine bargaining and sets a floor, and not a cap, of a least 4% (and no less than Perth CPI) to ensure the real wages of Western Australians do not go further backwards.

Covid Allowance

HSUWA members on the front line of the pandemic response are suffering a real wages decline. The Government has opportunity for this to be remedied, in part, outside of bargaining for new collective agreements. A form of COVID Allowance - to reward and incentivise workforce retention and participation during periods of widespread community transmission should be paid now. HSUWA has been advocating for employers to pay a broad-based universal allowance of up to \$60 per shift or day.

In a sustained period of high demand, as we are currently experiencing, our members are under even more pressure to maintain quality public health services. There are huge efforts underway to manage testing and infection control across all health services, so the community can still safely receive health care in addition to the patients hospitalised with COVID-19. The WA community needs health workers to continue to go to work and support patients despite these demands and workloads and higher risks. They are also performing their jobs, many of which are very physical, while wearing PPE for hours and hours on end with few opportunities to rest or recover from prolonged use. Wearing fit tested masks which sit tight over the face is important protection, but it can cause heat strain, health effects and genuine discomfort. The value of this sustained effort should be recognised and respected. No other public sector employees are working under the current extreme demands as the health workforce.

Recommendation Two:

Recognise the efforts and working conditions of health workers by paying a Covid Allowance to health workers while they respond to the cascade of pressures across the health system during widespread community transmission of COVID-19.

D. Public Sector Workforce Priorities

HSUWA welcomes the Government's public sector workforce priorities set out in the bargaining framework, released in February 2022, and looks forward to the Department of Health acting on them, particularly direct and permanent employment. Our current negotiations for a new Union Agreement effective from 1 July 2022 provides a unique opportunity for the Department of Health to do so.

We think this should include considering how to best utilise the important commitment by the Government to fund the implementation of a new Human Resource Management Information System (HRMIS) - to contemporise and clarify entitlements as well as improve rostering safety and fatigue management.

For these reasons and for genuine good faith bargaining to occur, we believe decision makers need to be at the bargaining table and that this aligns with the priority of effective, efficient and responsive public sector services. Without a change to the current government bargaining practices where decision makers are not present, we see no clear path to the Government's priorities being met.

Recommendation Three:

Decision makers, well briefed on the Government's public sector workforce priorities and the HRMIS process, are at the bargaining table during HSUWA collective agreement negotiations.

Direct and Permanent Employment

Despite the Government's best efforts over more than five years, more than a third of HSUWA covered positions in public health remain insecure jobs - either fixed term or casual. The many avenues explored over this time and the current staffing crisis has not changed hiring practices. For this reason, HSUWA has consistently advocated that there will be little change in WA Health's use of insecurely employed workers until clear targets are set and met because of the deeply ingrained preference of offering insecure jobs. Proposals by the Department of Health of targets with ambiguous carve outs are an ineffective solution. While different strategies need to be worked through and align to make change overall, without an unambiguous target in the Union Agreement, there is simply no imperative for the public health employers to change their practices and no consequences for resistance to implementing the Government's strong stance on secure employment.

Similarly, despite the stated Government priorities of direct employment and the achievement of bringing back services into public hands at Fiona Stanley Hospital and Peel Health Campus, there is no transparency of the extent of outsourcing across WA Health. There is an extensive patchwork of outsourcing arrangements across the Health Service Providers, from individual jobs to whole services. The risks of this opaqueness given the safety responsibilities for Officers and PCBUs for work performed by contractors under the new improved Work Health Safety legislation is just one of the many reasons this needs to be addressed. We consider improved reporting and better checks and balances before outsourcing occurs are needed and have proposed wording to achieve this in our negotiations with the Department of Health - in alignment with the Government's priorities.

The outsourcing of mental health services is fragmented around the State, with the funding role of the Mental Health Commission adding an additional and unnecessary complexity to the funding and provision of 'public' mental health services. We further submit that there is an increasing trend towards 'privatising' public health in the home services – which should cease. While there may have been an initial pressing need for these services, especially with COVID-19, there should be a commitment and plan to establish capacity in the public health system for these services.

Recommendation Four

- a) Set targets of 90% permanent employment in each public health employer by the end of 2022.
- b) Ensure permanent employment targets and progress towards them are binding on the public health employers by including targets in their Service Agreements.
- c) Seek to minimise the creeping privatisation of health services and support union measures to improve the oversight of contracts for service arrangements in WA public health.

E. Workforce

There is a health workforce crisis unfolding in WA. Under the strain of the demand for services and the pandemic over the past two years, this lack of workforce planning means our members are dealing with difficult and sometimes dangerous working conditions. The answer does not lie with advertising programs and immigration, although HSUWA recognises in the short term we may need to turn to trained staff from other countries. The path out of crippling staff shortages is to look after the existing workforce and ensure rigorous mid-long term workforce planning. Training local workers and providing secure, quality public sector jobs is essential to delivering care to Western Australians.

Building capability in workforce planning was identified as a priority under the Sustainable Health Review Final Report 2019 Recommendation 26. It is the experience of the HSUWA that the Department of Health lacks the capacity to co-ordinate workforce planning matters proactively and identify future workforce concerns. It is extremely disappointing that the Department of Health has now outsourced the development of a workforce strategy (under Recommendation 26 to have been completed by July 2021) to a private consulting firm. This is a decision that makes no sense, especially in the longer term. This is not a one-off capability need and signals that the lack of understanding of the depth and breadth of the WA health workforce supply issues ahead.

The important commitment of the Government to additional positions at CAMHS in last year's budget has been noticeably stalled by more than half of the positions not being filled more than 6 months later. The reality is that the public sector is no longer necessarily the employer of choice for health professionals, and, in a highly competitive market, needs to be significantly more responsive.

HSUWA considers further important strategies to improve attraction and retention across our membership are to:

- modernise the pay structure of senior health professionals;
- ensure equity of entitlements for shift and on call work undertaken by our members compared to other health professionals; and
- ensure safe rostering – with proper breaks and fatigue management considerations.

Recommendation Five:

- a) Invest in building a centralised capability to properly coordinate proper health workforce planning.
- b) Fast track the initiatives under Recommendation 26 of the Sustainable Health Review Final Report 2019.
- c) Commit to modernising the pay structure of the senior Health Professions.
- d) Commit to equity in entitlements and safer conditions for all health workers undertaking shift and on call work.

F. Workplace Safety

The implementation of the 20 days special COVID Leave was an extremely important step and we applaud the Government for taking this action to support the public sector workforce. We are pleased that there has been an intense focus on PPE procurement and training that has protected WA health staff in the public system, as well as on the provision of RATs.

Workplace safety is critical for HSUWA members. We seek a range of existing initiatives to be re-invigorated or actioned, especially in the context of the exciting commencement of the Work Health Safety legislation. These laws are a significant achievement of the Government. We look forward to working with employers to ensure safer workplaces across our health system by utilising the structures and standards under the legislation and focusing on a transition to a culture of safety. It has been pleasing to see the improved understanding across the health sector of staff safety being as important as, and intrinsically linked to, patient safety.

HSUWA is seeking the commitments from public health employers that they take every opportunity provided under the Work Health Safety legislation to develop a safety culture. We think there are key initial steps employers can take to achieve this by truly supporting the functions of the Health and Safety Representatives and their critical role as the foundation of a safe workplace. When risk identification and solutions rest with empowered workforce, a safety culture is established. For this to occur in WA Health there will need to be a sustained effort and genuine commitment to change, as well as support for the legitimate and necessary role of the union.

Recommendation Six:

- a) Commit to maximising the powers and functions of Health and Safety Representatives in public health by supporting:
 - training in the new legislation now and investing in extra paid time for training each year for three years after the transition year; and
 - allocated paid time to exercise their powers and functions in the workplace.
- b) Invest in the co-ordinated infrastructure needed to ensure staff safety is as well supported and prioritised as patient safety in our public health system.
- c) Recognise and support the role of the union in advancing a safety culture in public health.

Ensuring safe and sustainable workloads is vital to attract and retain staff across the health system. Related to workforce planning, there is an absence of information about what this looks like for key occupations in health, especially those under sustained and increasing workload pressure. HSUWA again specifically requests the Government urgently commission and fund research to establish safe and sustainable caseloads for Clinical Psychologists, Occupational Therapists and Social Workers employed in state public sector mental health services. The research would need to consider factors including hospital versus non-hospital settings, case mix and acuity levels.

Recommendation Seven:

Commission and fund research to establish safe and sustainable caseloads for Clinical Psychologists, Occupational Therapists and Social Workers employed in public sector mental health services.

G. Mental Health

The status of the *State Mental Health and Alcohol and Other Drug Services Plan 2015-2025 (Plan)* is unclear, given the last review was in 2018, but it is generally understood the targets outlined to achieve long term system reform have not been met. We consider the current crisis in our mental health services to be directly related to not meeting the targets in the Plan.

We welcomed and participated in the ICA Taskforce process, which has released a report recently setting out a plan to reshape state-wide services for vulnerable and at-risk infants, children, adolescents and their families. We are very pleased that the Government will support all of the recommendations. However, without funding for the recommendations, they, like the targets in the Plan, will not be achieved. The timely implementation of the ICA Taskforce recommendations, as well as the provision of comprehensive mental health services, is a priority of HSUWA.

We consider there will be increasing calls for a Royal Commission into mental health services in Western Australia if significant strides are not made to improve the delivery of mental health services and the conditions of the workforce. There is simply no more capacity for the existing workforce to absorb the increased demand. We remain seriously concerned about the significant continued risks the current system presents to staff and patients.

Recommendation Eight:

- a) Commit to providing the mental health services needed for young Western Australians, including by:
 - Agreeing to fully fund the timely implementation of the recommendations of the ICA Taskforce as an urgent government priority
 - Ensuring the funding levels are at least proportionate to adult services.
- b) Review the progress made of the key priorities under the *State Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025* and commit to the funding injection needed to then catch up to meet the optimal levels of service set out in the Plan by 2025.

H. Infrastructure

In relation to health infrastructure, HSUWA participated in the State Infrastructure Strategy process by Infrastructure WA. We welcome this important initiative of the Government and fully support the critical long-term thinking and planning that the Government is working towards. We hope there will be a final strategy document released soon. The lack of basic digital infrastructure (including medical records) in WA health restricts progress and efficiencies. Addressing the significant amount of ageing (in some cases decrepit), physical infrastructure presents a huge challenge to be overcome. Too many of our members work in physical spaces that are too small or poorly designed or unsafe.

Proper and ongoing consultation with the workers who need to work in these buildings, is critical before the building process gets started and throughout the whole build process. This also applies to leasing or purchasing spaces, especially where clinical care is to be provided. This consultation should be standard operating procedure for all projects – upscaled according to the size of the project. We hope this Government will avoid the costly health infrastructure mistakes of past Governments.

While it is pleasing that the Sustainable Development Unit is up and running, it is staffed by only a handful of dedicated professionals. This is simply not enough investment for what is needed and the significant contribution to emissions and pollution by the health sector. It is also deeply disappointing following the Government's own inquiry in 2020 and the recommendations of the draft State Infrastructure Strategy.

Recommendation Nine:

Commit to:

- a) Properly resourcing the Sustainable Development Unit so it has the capacity to action the recommendations of the WA Climate Health Inquiry Final Report.
- b) Ensuring all health infrastructure projects are part of an overall long term infrastructure plan and involve a comprehensive worker consultation process as standard operating procedure and fully consider workforce needs and climate change.

I. Trust and Governance

WA Health has a highly qualified, dedicated and invested workforce who are passionate about the role that public healthcare plays in the State. That breadth of knowledge is showcased on a daily basis and is the key reason that WA has continued to function well during the wide community spread of COVID-19. However, there is regrettably low morale and high levels of disengagement by employees across WA Health. We believe the devolved governance structure brought in under the *Health Services Act 2016*, has contributed to this.

While it would be clear to the Government that the devolved structure has frustrated key Government priorities, such as job security, what would be harder for the Government to see is the disconnection experienced at ground level by employees. In the simplest of terms there is there are multiple layers between employees and decision makers, and this is replicated across numerous employer Health Service Providers that are not connected in any clear way by the Department of Health as the system's steward.

Our experience is that the varied ideas for improvements at the ground level have a hard time finding a way to be heard in this system and are often stifled through delay or a lack of willingness to consider solutions that don't emerge from the executive level. Conversely, policy decisions from the executive level are often pushed through without any proper engagement and consultation. It has effectively disenfranchised some of the best, most qualified voices in the health system.

We think this is one of the consequences of a long term, consistent absence of a 'workforce lens' to decision making and planning across WA Health that has carried through to the design of the devolved system. In order to retain qualified and experienced health staff, in addition to addressing pay, the Government should continue to challenge WA Health to engage and consult properly with its workforce and support improved mechanisms to permanently facilitate this. Some positive steps, such as extending trust and better information to the workforce and their representatives, taken in respond to the demands of the pandemic, could lay the foundations of this work.

Recommendation Ten:

Begin to rebuild trust with the workforce by:

- a) Continuing to challenge WA Health to meaningfully consult and share information with worker representatives on key decisions before decisions are made.
- b) Use the current Governance Review to look for ways to reconnect the WA Health workforce and ensure workforce matters are at the heart of any changes.
- c) Commit to recommencing the Your Voice in Health Survey as a measure to gauge the changes in the way WAH is addressing the concerns of its workforce with a new emphasis on reporting steps then taken in response to employee feedback.

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