

WOMEN'S AND BABIES' HOSPITAL — RELOCATION

Standing Orders Suspension — Motion

MS L. METTAM (Vasse — Leader of the Liberal Party) [3.10 pm] — without notice: I move —

That so much of standing orders be suspended as is necessary to enable the following motion to be debated forthwith —

That this house calls on the Premier to reverse his government's decision to locate the new women's and babies' hospital at Murdoch, noting the advice from his own Child and Adolescent Health Service clinicians that it will lead to increased risk of death and disability to babies.

Standing Orders Suspension — Amendment to Motion

On motion by **Mr D.R. Michael (Minister for Ports)**, resolved —

To insert after “forthwith” —

, subject to the debate being limited to 10 minutes for government members and 10 minutes for non-government members

Standing Orders Suspension — Motion, as Amended

The SPEAKER: As this is a motion without notice to suspend standing orders, it will need the support of an absolute majority for it to proceed. If I hear a dissentient voice, I will be required to divide the Assembly.

Question put and passed with an absolute majority.

Motion

MS L. METTAM (Vasse — Leader of the Liberal Party) [3.12 pm]: I move the motion. I thank the government for supporting the suspension of standing orders. This is a very important suspension. It is quite incredulous that the government continues on this approach of forging ahead. We bring this motion to suspend standing orders to the house because of the government's dogged approach to forge ahead with a project that was a captain's call on the women's and babies' hospital against some strong clinical advice. We have heard today more evidence from top clinicians in this state about the captain's call and what it will mean for some of our most vulnerable patients.

Point of Order

Dr D.J. HONEY: I am really struggling to hear the Leader of the Liberal Party sitting next to me because of the noise of members in this chamber.

The ACTING SPEAKER (Mr D.A.E. Scaife): I ask members to keep it down, but there is no point of order.

Debate Resumed

Ms L. METTAM: The Child and Adolescent Health Service is sounding the alarm. It is raising a red flag of extreme risk. I quote from the position paper that states —

The only mitigation of this risk is tri-location.

Throughout this position paper is real alarm about the decision that has been made. It was a captain's call decision made behind closed doors. Consulting after the fact is not consulting, Premier. If patient safety is the priority, how can this government ignore the advice of the top clinicians? Dr Elizabeth Croston, the chair of CAHS clinical staff association, talked in her submission in this document about the increased risk of morbidity and mortality for neonates, and said that the only option to avoid these risks is tri-location, which is considered gold standard precisely because of the risks surrounding separating obstetric and paediatric tertiary facilities. That is well understood internationally. To compare a trip with a distance of 2.8 kilometres between King Edward Memorial Hospital and Perth Children's Hospital with the 20-kilometre trip to Fiona Stanley Hospital illustrates that this government certainly does not understand the severity of this situation or the importance of ensuring that women's and babies' health in this state requires a world-class facility. That will not be achieved, according to the Australian Medical Association and others, if we do not have a tri-located facility. We will be the only state in the country to not have that. We are talking about a project that will serve Western Australian mothers and babies for the next five decades.

It is not just a group of doctors who are raising concerns; it is the government's own agency. The concerns are informed by extensive consultation with senior clinicians, consumer representatives and the evidence of best practice reviews. The report asked the question: who will own the critical risk of increased death and disability to neonates that the decision to locate the new women's and babies' hospital to the Murdoch site will bring? That was the question asked by CAHS. It raised the real concern about the risk of mortality and morbidity. It also points to a failure to consult with not only the clinicians, but also consumers. Page 31 of the report states —

Those best-placed to understand what they need, what is working and what could be improved are the people using the services. Their lived experience is a powerful tool to improve existing services and identify new and better ways to meet people's needs.

There was no consultation with consumers or those with lived experience prior to the change to the new women's and babies' hospital. The report also points to the challenge of replicating services at the Murdoch site. The CAHS PCH surgical division has advised that neonatal surgery cannot be replicated at the Murdoch precinct whether it is integrated with the new women's and babies' hospital or located within Fiona Stanley Hospital. It points to the complexity of neonatal surgery requiring a full team of sometimes up to 10 specialist staff, medical staff, nursing staff, allied health practitioners, technicians and anaesthesiologists, and that there is not the critical mass of procedures in WA to maintain competencies in undertaking these high-risk surgical procedures at more than one site. I wonder whether that was considered when the minister made this decision behind closed doors. Clearly it was not, because we have heard that this decision has blindsided clinicians in this state. The government has turned its back on the best health advice from a range of experts in these fields, including neonatologists and paediatricians, and also those within the government's own agency.

It is extraordinary that this document has been leaked. That points to the concern that is felt. I have heard from many who are very concerned about this reckless decision. Tri-location, as we know, has significant benefits, and they have been identified since at least 2004.

I know the Leader of the Opposition would also like to speak, but I will leave with this comment from the Premier, the former Minister for Health, in 2019. He said, from an infrastructure perspective, "It will be a difficult project, but it is one that we need to do." What has changed, Premier? We urge the government to take heed of the advice from clinicians, who have raised very real concerns about what this will mean for paediatric expertise and, importantly, what it will mean for the mortality and morbidity of some of our most vulnerable patients, including mothers and babies.

MR R.S. LOVE (Moore — Leader of the Opposition) [3.20 pm]: I rise very briefly to talk to this motion moved by the member for Vasse. I call upon the Premier to reverse his government's decision about the location of the new women's and babies' hospital. The leaked report perhaps should have been made public earlier, or at least some of the implications of the relocation. We can only imagine that the leak has taken place because the government is not listening. In desperation someone has decided to be a whistleblower, if you like, and release this information to the public so we know the gravity of the situation.

We know that tri-location is by far and away the preferred option of clinicians involved. These are the experts that the government should actually be listening to. This government has no expertise and no background in the delivery of major health projects. In fact, the major upgrades to and investments in hospitals in this state during the time I have been in Parliament were done under the former Liberal-National government. It built Fiona Stanley Hospital and Perth Children's Hospital. It is the government with a track record of building hospitals. This Labor government has no track record in delivering major health projects. If the government took the advice of medical experts into account instead of people who are more worried about traffic management, it may be able to make decisions that are in the best interests of the state. This is extremely important.

Last Sunday, the member for Vasse, I and other members, including member for Nedlands, attended a memorial service for pregnancy and infant loss at the King Edward Memorial Hospital gardens, commemorating children who have been lost over the years, a total of 42 000. It showed the gravity of the situation and brought home to me just how important these decisions are to so many families and people across Western Australia. The minister and the Premier must listen to the health experts speaking out against this decision they have made.

MS A. SANDERSON (Morley — Minister for Health) [3.22 pm]: Firstly, I will address the claim that somehow the government had not released the report. Unfortunately, the government had not seen it, the executive had not seen it and the board had not seen it. It is not an endorsed report from the chief executive of Child and Adolescent Health Service. I had not seen it until a media outlet gave it to my office. Although I respect the point of view in the report, I am very disappointed that it was leaked before anyone in government was given the opportunity to consider it. That aside, I respect the views in the report, and they are all being thoroughly aired and considered throughout the consultation process we are going through. I have already been in great detail through why the women's and babies' hospital cannot be built at the Queen Elizabeth II Medical Centre site.

I will outline a letter. I have been reluctant to do this up until now, but the Leader of the Liberal Party is entirely captured by a point of view that is valid, but not the only point of view of clinicians. She is haplessly fumbling into this area and deeply offending many of the senior clinicians who work in this space. I have received a number of letters from clinicians who are engaging proactively and constructively in sensible solutions and who are very concerned about the rhetoric being used and ramped up around this decision. First of all, we absolutely want to consider sensible solutions to the challenges that have been thrown up. The two solutions that have been proposed so far by the group are, one, relocate Perth Children's Hospital to Murdoch; and, two, demolish all the residential

housing on the other side of Monash Avenue and build the women's and babies' hospital there. They are the solutions that have been proposed. We need to work through what those clinical risks are, but we need to agree on what they are. I quote from a letter signed by a group of staff who work at the neonatal intensive care unit at Fiona Stanley Hospital —

We are writing to you as senior neonatal leadership ... at Fiona Stanley ... Hospital ... regarding the recent announcement ... We, as tertiary neonatal intensive care clinicians (both medical, nursing and allied health), welcome this important decision ...

Fiona Stanley Hospital ... is currently the only quaternary level hospital in WA with onsite co-location of tertiary obstetric and neonatal services, adult intensive care unit ... coronary care unit ... adult sub-specialities (including cardiothoracic; renal ... state rehab; perinatal mental health; State Burns centre); paediatric multi-disciplinary specialties including paediatric neurology, developmental paediatrics, to highlight but a few.

They go on to outline the proximity to Jandakot Airport and how important that is for regional women. The letter also states —

Since FSH opened in 2014, the ICU has been admitting and managing women in the ...

Postpartum period —

... our intensivists have unrivalled expertise in caring for sick, pregnant women.

This is particularly important for the Leader of Liberal Party —

... there have been numerous and frequent inflammatory and hurtful comments published in the media—from past senior King Edward colleagues. We are deeply concerned about the potential for unsubstantiated reputational damage to Fiona Stanley ... Hospital group these will cause, as well as the unnecessary and frankly, irresponsible level of public anxiety they will cause the Western Australian public, in particular those families attending FSH for perinatal care.

This is a very extensive letter from the experts who work in this field. It is heartfelt.

Tabling of Paper

Ms L. METTAM: I have a point of order. Can I ask the minister to table the letter?

The ACTING SPEAKER (Mr D.A.E. Scaife): That is not a point of order, member for Vasse. Give me one minute, and I will seek some advice.

I have reviewed the standing order in question. This requires a determination of what the phrase “official document” means. I am reluctant to make that determination as an Acting Speaker, so I propose that the ruling will be deferred to be made by the Speaker at a later stage of the sitting. I ask the minister at the end of her speech to provide a copy of the letter to me and I will provide it to the Speaker for her to make a ruling.

Ms A. SANDERSON: If it assists, I am happy to table the document after I have redacted the names from it. There are concerns about that.

The ACTING SPEAKER: I will proceed as I have proposed if that is acceptable. I will take a copy of the letter and provide it to the Speaker and she will make a determination on how to proceed.

[See page 5667.]

Debate Resumed

Ms A. SANDERSON: This goes to the fact that the Leader of the Liberal Party, as usual, does not do her homework or the work needed. She froths at the mouth for the opportunity to criticise the government but does not do the work and consult widely. That is what has to be done when developing public policy.

There has been a point of view given by the Australian Medical Association that it is site agnostic. Good for it. I cannot afford to be site agnostic because, guess what, I need a site to build a hospital on. We do not have co-location now; there is zero co-location now. There will be tri-location of a multitude of services when the hospital goes to the Murdoch site. I am led to believe that much the same strategy, tactics and language were used when the neonatal intensive care unit was commissioned and opened at Fiona Stanley Hospital. We need to provide services in the suburbs where people live. But more fundamentally, it cannot be built responsibly and safely on that site. My question is: Would the Leader of the Liberal Party continue to build it on that site? With all the expert infrastructure information that is provided, all the delay and all the ongoing risk from continuing to keep open King Eddy's, would she continue to barrel down that road and build it on the QEII site? At some point soon there will be a reckoning for the Leader of the Liberal Party when she will have to put on the record exactly what she would do with this project.

This is an important project. I appreciate and accept the concerns raised by this group of clinicians and we are taking them seriously. I do not agree with the language and I do not think that is an acceptable way to conduct a public debate. We must engage constructively on realistic solutions around this, and moving Perth Children's Hospital, which is also promoted by the Australian Medical Association, is not a realistic solution. I will always engage with clinicians. I have met with the staff associations and clinical associations at Fiona Stanley Hospital, King Edward, the Child and Adolescent Health Service and PCH and I will continue to do so. This is a critically important project for Western Australian women and I will continue to support it in a sensible way that will deliver the best infrastructure for Western Australian women.

MR R.H. COOK (Kwinana — Premier) [3.31 pm]: I thank you, Acting Speaker, for the opportunity to speak on this motion. In the course of this debate, I was pondering a different form of words that this motion could have read. It could have been that this house notes that the Liberal and National Parties want to further delay the women's and babies' hospital by 20 years. That is essentially the proposition those parties have put to us today. They are saying that because they want to continue down this pathway, they are making an election commitment not to develop the women's and babies' hospital for potentially another 20 years. That is the reality of what they are talking about. We all know that the Reid review originally made a recommendation on the development of the women's and babies' hospital at the site that currently houses Sir Charles Gairdner Hospital and QEII. Just as an aside, the Reid review also said that we should shut down Royal Perth Hospital, and we all understand how that has been reinterpreted over the years.

I show members an image of QEII in 2004 when Mick Reid made those recommendations and also a picture of the same site with new buildings circled on it. The world has changed since the Reid review was put in place. Since that time, we have seen the Perron Institute commence at the Ralph and Patricia Sarich Neuroscience Research Institute, the Harry Perkins Institute of Medical Research developed, the significant upgrade of the power infrastructure, a new multipurpose car park and, of course, Perth Children's Hospital and Ronald McDonald House Charities—so it has become a significantly more constrained site than it was in 2004. I know Mick Reid; he was one of my early mentors and he firmly believed in the recommendations he made. They were the right recommendations, but they were the recommendations for the time. The fact of the matter is that we now have to deal with the reality of today, and the reality is that that site is so constrained and so complex that to develop the women's and babies' hospital on that site would require significant risk and disruption to the patients already there—that is, our sickest kids and people at Sir Charles Gairdner Hospital. We have to take that risk into account. There is also significant operational risk associated with developing there; we would have to pull a wall off Sir Charles Gairdner Hospital and cancel a range of beds that are already there. In addition to that is the construction risk. We all saw the troubles the previous government had in developing Perth Children's Hospital as we discovered old embedded infrastructure and the complexities that come with that.

We would love to turn back the clock. We would love to be in the position of having an unconstrained QEII site and not having seen the privatisation by the previous government of the parking arrangements at that site; and in which we had not seen the development of the Perth Children's Hospital before the redevelopment of the women's and babies' hospital as Mick Reid suggested. Unfortunately, we do not have that luxury and we have the cards that we were dealt and they are the ones we have to manage.

Division

Question put and a division taken, the Acting Speaker (Mr D.A.E. Scaife) casting his vote with the noes, with the following result —

Ayes (6)

Ms M.J. Davies	Mr R.S. Love	Mr P.J. Rundle
Dr D.J. Honey	Ms L. Mettam	Ms M. Beard (<i>Teller</i>)

Noes (42)

Mr S.N. Aubrey	Ms M.J. Hammat	Mr D.R. Michael	Ms J.J. Shaw
Mr G. Baker	Mr T.J. Healy	Mr S.A. Millman	Mrs J.M.C. Stojkovski
Ms L.L. Baker	Mr W.J. Johnston	Mr Y. Mubarakai	Dr K. Stratton
Ms H.M. Beazley	Mr H.T. Jones	Ms L.A. Munday	Mr C.J. Tallentire
Mr J.N. Carey	Mr D.J. Kelly	Mrs L.M. O'Malley	Mr P.C. Tinley
Ms C.M. Collins	Ms E.J. Kelsbie	Mr P. Papalia	Ms C.M. Tonkin
Mr R.H. Cook	Ms A.E. Kent	Mr D.T. Punch	Mr R.R. Whitby
Ms L. Dalton	Dr J. Krishnan	Mr J.R. Quigley	Ms S.E. Winton
Ms D.G. D'Anna	Mr P. Lilburne	Ms M.M. Quirk	Mr S.J. Price (<i>Teller</i>)
Mr M.J. Folkard	Mrs M.R. Marshall	Ms A. Sanderson	
Ms K.E. Giddens	Ms S.F. McGurk	Mr D.A.E. Scaife	

Question thus negated.