

WOMEN'S AND BABIES' HOSPITAL — RELOCATION

Matter of Public Interest

THE SPEAKER (Mrs M.H. Roberts) informed the Assembly that she was in receipt within the prescribed time of a letter from the Leader of the Liberal Party seeking to debate a matter of public interest.

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

MS L. METTAM (Vasse — Leader of the Liberal Party) [2.55 pm]: Thank you, Madam Speaker. To clarify, the reason the opposition is moving this motion today is in response to the government's request to allow for the inaugural speech of the new member for Rockingham.

The SPEAKER: Can we pause for a moment, please? There is too much noise in the house. Those who are leaving, please leave. Thank you.

Ms L. METTAM: Thank you, Madam Speaker. I have spoken about this issue at length in this place. We on this side of the house will continue to do so to ensure the best outcomes are delivered for our most vulnerable, who do not have a voice. It is undeniable that when the Labor government made its captain's call to shift the women's and babies' hospital to the Murdoch centre —

The SPEAKER: Member, I am loath to interrupt you, but could you just move the motion standing in your name?

Ms L. METTAM: Sorry. I thought I had. As a matter of public interest, I move —

That this house condemns the WA Labor government for ignoring its own business case into the new women's and babies' hospital, which recommends Queen Elizabeth II Medical Centre as the preferred site, and joins health experts, clinicians and advocacy groups in urging the government to reverse this dangerous decision.

The SPEAKER: You could just move the motion standing in your name. That is just a formality that is required under the standing orders, but please go ahead.

Ms L. METTAM: Thank you. I will try again. As I have stated, I have spoken in this house and in public at length.

Ms A. Sanderson: But she hasn't moved it.

The SPEAKER: She has. It has been moved.

Ms L. METTAM: I did. It is all moved. It is undeniable that when the decision was made in April this year, it was met with absolute shock by clinicians, doctors and advocacy groups. The AMA was astounded, stating —

No consultation with clinical or consumer groups occurred before the announcement abandoning the QEII plan.

That is my understanding as well. I continue to receive emails from medical and health staff saying that very senior health staff were extremely embarrassed because they did not know that the government and the Premier at the time were going to make the announcement of the abrupt shift to the new hospital site. The minister was less than apologetic for not consulting with health workers about the decision. She said —

“When you're faced with irrefutable evidence and fact, there's no amount of consultation that will change those facts,” ...

“And the fact is, these risks cannot be reasonably mitigated.

“I realise that this came as a surprise to people. I think the vast majority of the community want us to get on with building our women's and newborns' hospital.”

The feedback that I have heard from clinicians and from the broader community is —

Mr M.J. Folkard interjected.

Point of Order

Mr R.S. LOVE: Interruptions are not being invited. They are distracting, and they are unhelpful to the debate. I ask that you ask the member for Burns Beach to desist.

The DEPUTY SPEAKER: Thank you, member. I shall not uphold that point of order, but if the member could cease those interjections, it would be appreciated. Carry on, Leader of the Opposition.

Debate Resumed

Ms L. METTAM: Clinical outcomes are the reason there has been so much concern. The reason this is underpinned by location is quite simply that babies who have to be transferred to a specialist neonatal intensive care unit have

poorer neurological outcomes that are lifelong, with transport itself being a contributing factor. In the house today, the minister talked about a 15-minute trip between Perth Children's Hospital and Fiona Stanley Hospital. I would say it would be significantly longer than that. The additional 20 kilometres that the government is now proposing along a busy freeway will be a significant challenge to those babies who need immediate care. Helicopters are not an option due to the vibrations. We are talking about the most fragile babies. Karen Simmer, the ex-ICU lead at King Edward Memorial Hospital for Women spoke on behalf of clinicians who could not speak up at the time. I quote —

“Transporting critically sick infants does increase the risks of things going wrong and unfortunately for this very vulnerable population, that includes death or damage to their brain,” Professor Simmer said.

“It's totally amazing that with all the wealth of expertise we have at King Edward and the children's hospital that none of these people were involved in this radical change of decision.”

...

“These aren't just babies in a little cot next to their mother having tube feeding, these are intensive care patients on life support, often needing surgery, even open-heart surgery.

She talks about there being 100 babies at King Edward or 2 000 patients over the last 10 years who have needed to be transferred.

The tri-located facility supporting adults, women and newborns, and paediatrics has had bipartisan support for two decades. This was considered gold standard for best practice care. It was supported by the Reid review and Jim McGinty under the former government.

Ms A. Sanderson: You junked it!

Ms L. METTAM: The proposed new facility at Sir Charles Gairdner Hospital —

Ms A. Sanderson: You threw it in the bin when you came to government!

Ms L. METTAM: The minister is throwing this in the bin.

The proposed new facility at Sir Charles Gairdner Hospital with Perth Children's Hospital was recommended in the Reid review, commissioned under former health minister McGinty, and had received bipartisan support since. The logic was that seriously ill newborns could quickly transfer to Perth Children's Hospital ICU. The proposed design was to have these facilities adjacent with an overpass linking all three to provide a world-class range of specialities, also adding to the research capacity at the site. When the government decided not to pursue this preferred option, there was much appetite to see what the evidence was and the business case that underpinned this decision.

Ms J.L. Hanns interjected.

Ms L. METTAM: The member did not listen to my earlier comments and reference to Karen Simmer. We are talking about critically ill babies who have already been born at King Edward hospital. I have already touched on the risk associated with helicopters as well.

To be clear, the project vision for the women and newborn service relocation project was developed in consultation with a diverse range of stakeholders. I quote the business case —

To enable the Women and Newborn Health Service to deliver world-class, innovative and comprehensive health care services to women, newborns, families and the community of Western Australia.

This would enable the state to build capacity at Queen Elizabeth II Medical Centre, but also to ensure Western Australia was not the only state in Australia to have a tri-located facility. The business case states —

WNSRP will support contemporary models of care for women and newborns, strengthen integration of services with specialist adult and paediatric services at QEIMC, enhance safety and quality of care, and further embed education and research into clinical practice.

Incredibly, the business case that was released last week does not actually support the government's decision to abandon these plans. As I have stated in this place, Fiona Stanley Hospital is not even mentioned. I quote the business case again —

The Preferred Option is a defined scope of the site and Reference Design for the relocation of the services, including the Enabling Works necessary for services that are required to move to facilitate the construction of the nWNH, and SCGH refurbishment works required to support the project.

...

The north option, on the site of the existing SCGH E Block, was determined to be the preferred site due to its clear alignment with a future proofing strategy for QEIMC.

I will keep going. The project's objective is about —

... improving safety and quality of care for women and newborns by removing the need for critical care transfers and reducing the distance and complexity of remaining transfers.

According to the business case, this site was considered along with a number of recommendations. It was about enabling the separation of construction related activities and daily campus traffic operations. It also considered major elements and minimal disruption. That is why this site was decided as the preferred location. The current Premier, the Minister for Health at the time, stated that just because this project was challenging did not mean it was not the right thing to pursue.

Faced with a business case that favours the QEII site, the government elected to get Infrastructure WA to assess the issues after the decision was made. What I find even more extraordinary about members of the government's response, which they certainly lent on in their media response last week as opposed to the business case provided, was that they ignored their own assessment guidelines and the business case provided, which had this clear recommendation of the QEII site and instead focused on a letter provided by the director general from the Department of Health, which was dated 25 July, some months after the decision had already been made.

This letter and its attachments were provided to Infrastructure Western Australia three months after the decision was already made to move the hospital. What choice did IWA possibly have but to endorse the decision? Furthermore, the IWA report—a thin document in comparison; a desktop report that this government likes to lean on—did not take into account the clinical considerations of this decision. The business case highlights that risks can be managed and mitigated. I quote again —

Lessons learned from recent projects completed on the QEII site such as the Harry Perkins Institute of Medical Research, PathWest, the Ralph and Patricia Sarich Neurosciences Research Institute ...

It goes on, illustrating that appropriate planning can minimise disruption and avoid adverse events. For the time line, the business case also highlights that the preferred option would be completed by 2034. The minister was quite correct when she stated the construction will not commence until 2028; she had read at least that much of the business case. However, to claim it would take decades is simply astounding. In terms of the cost, it is \$228 million. When we are talking about a world-class facility, which will support women and newborns for decades to come, every Western Australian has every right to question why that should be used as an excuse at all.

I pointed to the announcement that was made last week and some very real concerns that were raised by Helping Little Hands, which has followed this project as a key advocacy team. Joanne Beedie stated about 200 babies per year required time-critical transport to Perth Children's Hospital where the state's most specialised paediatric services are based. She also raised the issue about Perth Children's Hospital being the only hospital in the state with a concentration of subspecialty medical staff that are required by sick babies and how it is unlikely these services could be duplicated or extended to Fiona Stanley Hospital. The Australian Medical Association Western Australia was also quite astounded by the comments made by government. Its president, Michael Page, accused the government of being naive in its defence of the Murdoch plan and said —

“The premier and the health minister have both stated that neonatal surgery can be performed at Fiona Stanley Hospital if and when required. That is news to the pediatric surgeons of Perth,” ...

“It also shows a naivety as to how pediatric surgery is performed.

I could go on. We heard from Perth parents Sarah and Brad Girvan about the importance of co-location or the close proximity of King Edward Memorial Hospital for Women to Perth Children's Hospital when it came to the treatment of their son Noah who was born prematurely. I have heard from staff at King Edward and Perth Children's Hospital who are completely distressed. Many are considering resigning if this move goes ahead. Their passion is excellent care for mothers and babies and they feel that they cannot participate in anything that does them more harm than good. That is the feedback that I have received in an email in just the last couple of weeks. Those staff feel that babies were not considered when the government made this decision. The government is now proposing a “patchwork” of obstetric and paediatric services and there is also a shortage of obstetricians, midwives and specialist neonatal intensive care nurses across those current services.

I know that others want to speak, but this raises the question about how this decision was actually made and the evidence underpinning it. We heard about how government is leaning heavily on the desktop report that did not consider clinical or operational considerations. The real concern is that this government is turning its back on a gold standard of care, which has had the support of clinicians, advocacy groups, doctors and medical experts for some time. With the promise of a business case last week we were expecting to get some answers, but it has raised more questions, which is why we are supporting and moving this motion today.

DR D.J. HONEY (Cottesloe) [3.12 pm]: I rise to support this excellent motion from the Leader of the Liberal Party, our shadow Minister for Health, on something that is literally about life and death. I was fascinated to hear the minister use the same Labor tactic again in question time: when a minister cannot answer a question, attack the member who asked it instead. It implied some impropriety on the part of the Leader of the Liberal Party that she should have the temerity to ask a question about a decision that will have massive clinical implications. The Leader of the Liberal Party talked about the lived experience of parents whose child was at risk and the concern that the decision the minister is making will put more children at risk. The minister said that she was concerned about the tone of the question. The critical question here is: is the minister concerned about the patients or is this a thought bubble of the government that was made on the spur of the moment that the government is desperately trying to subsequently justify? As I said, attacking the Leader of the Liberal Party for her very reasonable question highlights the minister's sensitivity for something that she cannot actually justify.

If the minister is relying on this tawdry analysis provided by Infrastructure Western Australia to justify her decision, what an absolute disgrace. The minister has said that we on this side have concerns about Infrastructure WA—yes, we do. I remember vividly the first report that Infrastructure WA delivered apparently on the infrastructure of this state. It spent millions of dollars on, and goodness knows how many hours, going through that process and came out with a report that said, “You know what? These are the sorts of things we have to look at and someone should look into it.” That was in its first report that cost millions of dollars. This is a superficial analysis that does not withstand scrutiny.

I will go to the very start of the report. Infrastructure WA was told what to find at the start. The letter it was sent told it what to find, and that is summarised under point 1, “Purpose”. Infrastructure WA was not asked to consider an open analysis of two options, no, but to —

consider the risks outlined in the Business Case/Project Definition Plan ... for the new WBH option at the QEIIIMC ...

It was told to look at that and then evaluate the decision to select the Fiona Stanley Hospital precinct. It was told to find all the problems. Guess what? It delivered on what it was told to do.

I get groans from the other side when I come in here and say that I have actually experienced a few things in my life before I came into Parliament. A number of members of Parliament have not had much experience outside the world of politics, but in my previous roles I have had a lot of experience with major capital projects and their delivery. I will not go on at length about that, but I do have the capacity to recognise what is a superficial effort when I see it. This review is a superficial effort. I will go back to the start of this process.

Just imagine a government that is making a decision that will have massive clinical implications—in fact, it is a life and death decision, given the time that it will take to get this new site up and running and the existing expertise at Sir Charles Gairdner Hospital. The government has promised that somehow it will magically procure all the required services at Fiona Stanley Hospital, as has already been pointed out by the Leader of the Liberal Party. The experts, the people who actually know what they are talking about—not a minister sitting in here and not the Premier when he made that thought bubble announcement back in April—are saying that that will not be achieved. This is a life and death decision. Imagine a government saying that it is going to look at this option but not consider the clinical implications. For goodness sake! That should be at the top of the list. I would have thought that the health of those women and, in particular, those young babies would be the number one priority. Apparently not! If it were not so serious, it would be a joke. I know that some members are students of *Yes Minister*. This is like the episode in which a hospital was awarded the best hospital of the year, but it had no patients. That is the calibre of this situation. It is the best place, but do not worry about the patients. Imagine that! If it were not so serious, it would be a joke.

I will go into a little bit of detail on this, but it will take far more time than we have. For a start, I was absolutely dumbfounded to hear the minister quoting capital estimates for this. We have an early definition of the work at the QEII Medical Centre site. There is no way on this God's earth, outside of doing detailed engineering, that the government could have a cost estimate better than plus or minus 30 per cent. In fact, the cost estimate it has done to date is probably plus or minus 50 per cent. What work has it done for Fiona Stanley Hospital? None! The infrastructure folk walked over there, had a bit of a look around, stuck their thumbs up and said, “We reckon” and then the minister has said in this place that one of the reasons this government is going to transfer services from the QEII site to the Fiona Stanley site is because the Fiona Stanley Hospital is a couple of hundred million dollars over. What a farce! Based on the government's record on Metronet and its mismanagement of other capital projects, if this hospital is built for even a fraction of the cost overrun stated, it will be a miracle, but to use a \$200 million difference as justification is farcical. Infrastructure WA could not possibly have done any significant work on the issues involved in the hospital going to the Fiona Stanley Hospital site. I do not think it is comparing apples with oranges; I think it is comparing apples with a tennis ball in Mukinbudin. It is a completely farcical comparison! To say that it gives any credibility to the assessment of this document is a joke. No credible business that compares

estimates would publish a paper with their name on it that did that. What has Infrastructure WA gone and done? It found what it was told to find. It was told to go and find problems, so it has made up problems. Who knows? There might be unforeseen ground conditions. There we go! Perhaps there might be an old bomb there. We can think of lots of things that might be there. This has no credibility whatsoever as any sort of analysis; it is superficial at best. Infrastructure WA found the result that the government wanted.

I will touch on something else. Funnily enough, Infrastructure WA said that it could not look at the clinical aspects, but, suddenly, it could look at the transport aspects. There is no doubt that there are constraints on the Queen Elizabeth II Medical Centre site, as there are on the Fiona Stanley Hospital site. What was not mentioned is that Fiona Stanley Hospital is located on the major route for heavy vehicles off Roe Highway. That is what that site intersects with. Imagine all the construction activity and all the vehicles going in there. The report did not mention that, because it was instructed to find problems only with the QEII site.

I will just eat into a moment of the Leader of the Opposition's time to talk about the ridiculous time lines that have been published. What a conflation to say that this will take 20 years. When we look at everything else that will be done on the QEII site, it will take 20 years. That means that this would take 20 years, or even 10 years. When the coalition was in government, we built in substantially less time two major hospitals that transformed our health system in this state. If engineers are saying that they cannot do that work in under 10 years, the government should get new engineers. As I said, I have lived this life. If the minister sits there and accepts that situation, that is ridiculous and a farce. The minister needs to do her job. I will go right to the top: to ignore clinical outcomes is a disgrace!

MR R.S. LOVE (Moore — Leader of the Opposition) [3.22 pm]: I rise to support this motion by the Leader of the Liberal Party and shadow Minister for Health about the relocation of the proposed women's and babies' hospital to the Fiona Stanley Hospital site—a captain's call from a government. We are becoming accustomed to captain's calls. I remember when this minister was in charge of the environment portfolio and did the survey that led to the captain's call to shut down the forestry industry. This is another unjustified decision by this government. The decision is not backed by science.

I will look very quickly at the background of what happened. We know that a business case was finalised in March. A desktop study was then hastily called by this government to try to make a case to go not to the Queen Elizabeth II Medical Centre site, but to the Fiona Stanley Hospital site. After a hasty analysis of that desktop study, the captain's call to relocate the hospital was made on 11 April. Engagement with clinicians commenced only in May—a month after the discussion had already been had in cabinet and the announcement made. If we look at what happened in estimates in May, the former Premier was quizzed by the member for Central Wheatbelt on what role Infrastructure WA might have. The then Premier went on to say —

Once we publish the business case and it is there for all to see, we can consider that.

He was referring to the referral to Infrastructure WA. He continued —

We will publish the business case before such time as we consider it.

We know that did not happen. We saw the business case at the same time as this very slender recommendation from Infrastructure WA. As the member for Cottesloe has pointed out—a man with considerable experience in this type of engineering situation—this is a very slim analysis. By its own admission, Infrastructure WA said —

Clinical services and operational planning are not within IWA's remit or expertise and related risks have therefore been excluded from this review.

Infrastructure WA said at the very outset of the review that it did not look at the clinical risks and operational planning matters around the running of the hospital. I go back to the point the member for Cottesloe made: this is truly a *Yes Minister* decision. This decision has been made without patients being at the centre of it. I thought the health system was supposed to be a patient-centred system that put patients at the forefront. What we are seeing here is the government putting traffic flow, convenience and cost at the forefront. As the member for Cottesloe quite rightly pointed out, there has not been any quantification of that cost; it is just a wild estimate at this point. To say definitively that there will be \$228 million in extra costs to build at the Fiona Stanley Hospital site rather than the QEII site cannot be sustained by any real analysis. It is another captain's call by this government, which is becoming dangerously used to captain's calls. Now that we have that man in charge, goodness knows what is going to happen!

MS A. SANDERSON (Morley — Minister for Health) [3.26 pm]: In the last 30 minutes, the opposition has personally insulted the director general of Health; personally insulted and called into question the integrity of the experts at Infrastructure WA, an independent statutory authority; personally insulted the competency of the Newborn Emergency Transport Service; and insulted the competence of neonatal specialists who work outside the Child and Adolescent Health Service and Perth Children's Hospital. Great work! It is not a universal position of clinicians. One would think, from listening to the opposition, that this was the only work that went on in this area. This is not a universally held position by clinicians. I know that the Leader of the Liberal Party visited the maternity

and neonatal wards at Fiona Stanley Hospital on my encouragement. We facilitated that. When she was there, she did not ask clinicians one single question about the relocation of the hospital.

Ms L. Mettam: That's not true.

Ms A. SANDERSON: That is certainly not the report that I had.

Ms L. Mettam interjected.

Ms A. SANDERSON: That is certainly not the report that I had. I do not want to miss this: let me just remind —

Ms M.J. Davies: Do you think any of your department staff were going to step outside the line when you were listening to everything they said?

Ms A. SANDERSON: The Nationals are on very thin ice when it comes to responsible decisions of government, particularly fiscal decisions and business cases.

Let me just remind the chamber of what the member for Cottesloe said in November 2022—just last year. He said —

The hospital is being located in Nedlands—not on any public transport route—where it will be extremely difficult to access, and where there are already major issues with traffic and parking that affect residents all through the area. Murdoch University would have been a good location for that hospital ...

That was the member for Cottesloe! He also said —

That is where the Liberal government located its hospital.

He said that area would be more accessible to the people of metropolitan Perth. He said of Nedlands —

It is an area that people find extremely difficult to access. We have been through that issue and raised questions in this place ...

That was the member for Cottesloe. The opposition actually stated that Murdoch would be a better site for the women's hospital. I should have tabled with the business case an explanation for the opposition of what a business case is, because we know the opposition did not believe in them and did not do them in government. When members opposite did do them and did not get the answer they wanted, they ignored them completely. A business case is a tool for planning and implementing projects. It is not an options assessment. The Leader of the Liberal Party keeps asking why Fiona Stanley Hospital was not in the business case. It is because it was a business case for the QEII site. It is done by infrastructure and delivery experts on delivering infrastructure on that site. That is what the business case is for. We tabled the business case, which is a new level of transparency in government, because the member's government certainly did not table business cases. In fact, when we came to government and the Minister for Transport requested the business case for the Forrestfield–Airport Link, the former government refused to hand it over. It is not an options assessment. They looked at the options on one site. It is clear that the business case is lost on members opposite. It is 180 pages—the opposition has cherry-picked a few quotes—because we wanted to deliver the project there. The government's full intention was to deliver the project on the QEII site, which is why we did the business case and the project definition plan.

The risks outlined in the business case were insurmountable. When we asked the department to do the business case, it did not tell us what we wanted to hear; it told us the truth. That is the integrity of the public sector. It gives the honest truth, with eyes wide open, of a project the government is embarking on. Importantly, it also informs the tender and the contract so that the government does not inadvertently sign up the state to a multitude of variations, which we saw at Perth Children's Hospital. The former government did not do a proper business case before that project. It changed the bed numbers, the scope and the variations constantly, and it informed the overall cost. That is an important part of the process. Treasuries around the world rely on business cases to make informed decisions about appropriate investment of taxpayer funds. That is the rigours of government. That is the appropriate mechanism of government.

Do members think the government ever wanted to receive a business case that had a multitude of risks and said, "You can't build it here"? What a ridiculous proposition—that somehow the government invited a business case, having made two years of announcements and decisions, that would say, "You can't do it here." That is what we invited. It is an absolutely and utterly absurd proposition. It outlines the risks, the time frames and, of course, the schedule of works. Let us run through the business case.

Three areas are important to note—namely, a significant and unmanageable disruption to services at hospitals already on the site, unacceptable time frame escalation and unacceptable cost escalation. If we go with the first, the unmanageable disruption, it states that at least 32 patient services would be impacted. I quote —

There is a risk that ongoing services and operations at SCGH will be materially and adversely disrupted by construction activities.

The opposition clearly is happy to accept that risk. We would need to decant services from Charlies—there is no room to do this—and the business case looked at the best and safest way to do this. That is the job of the business case. It states —

... there are limited available areas of the required sizes and functional adjacencies within existing SCGH buildings.

We cannot decant the current services, as there is nowhere for them to go. That is what the business case says. We cannot decant current outpatient services. Is the opposition suggesting that we just shut down the outpatient services and say, “No, you can’t have your outpatient services leading up to your elective surgery”? That is the risk the opposition is suggesting we accept. The business case states also that progressive development on the QEII site has resulted in an inefficient allocation of land use. The opposition has a newfound commitment to the Reid report, yet the first thing Kim Hames and Colin Barnett did when they were in government was junk it and put it in the bin. The former government maintained all the services at the tertiary site of Royal Perth Hospital, and Perth Children’s Hospital frog-leaped a women’s and newborns’ facility. Members opposite had no commitment to women and newborns previously. They chose Perth Children’s Hospital over that even though King Eddy’s was decades past its use-by date. We do not have time on our side because of that decision. It is decades past its use-by date. Members opposite made that call and then made it harder to deliver another tertiary facility there.

There is a long list of issues to consider. I refer members opposite to pages 38, 39 and 81. For the information of the opposition, the plan states that the existing central energy plant chilled water and high-temperature heating hot-water plants are not capable of fully supporting the women’s and newborn’s development from a capacity, redundancy and operational resilience perspective. It states there are insufficient parking bays to support staff, patients and visitors.

We all know about the contract the former government entered into, so I will not go over that again. The plan identified challenges in overall accessibility and wayfinding for both pedestrians and ambulances—ambulances, member. There were challenges for ambulances accessing two tertiary hospitals. That is apparently a very acceptable risk for the opposition, never mind how urgently those ambulances need to access the hospital. It states further that maintaining essential and safe access to two emergency departments is challenging and may not be reasonably mitigated. It refers to maintaining existing building emergency evacuation egress routes and enabling the safe positioning of tower cranes, hoists, platforms and other scaffolding structures in a way to minimise impact on operations and key access routes and helicopter flight paths; enabling construction-related deliveries, site access, laydown and construction compounds with careful and safe considerations for the rest of the QEII site. The business case refers to —

Maintaining a safe and secure construction site with non-scalable fencing, particularly due to the proximity with ED and the presence of agitated and aroused patients

This is in the business case, members. I put a question to members opposite. It may be hypothetical; I will let them sit on it. Does the opposition support the comprehensive cancer centre being built on the QEII site?

Ms L. Mettam: What’s your position on it?

Ms A. SANDERSON: We support it; we are doing a business case. Does the opposition support it?

Ms L. Mettam: We haven’t been opposed.

Ms A. SANDERSON: The opposition is not opposed. It cannot support building this hospital at the same time; it cannot possibly do it. If the opposition supports the comprehensive cancer centre, it cannot possibly support building another tertiary hospital on the site at the same time.

Another point in the business case is the unacceptable time frames. The main works go live in 2034. The member for Cottesloe says, “Fire the engineers! Fire the people who will deliver the project. Don’t like the advice. Just fire them.” What an atrocious and appalling way to treat both public and private sector experts who build the state’s infrastructure. King Edward Memorial Hospital for Women is over 100 years old. It has 18 buildings in varying states of condition, most of which are aged and deteriorating and no longer fit for purpose. The people who work at King Edward want a new women’s and newborn’s hospital. They are decades behind having a new facility because of the decision the opposition made when in government. It criticised the government for investing in King Edward and is now suggesting that we should somehow extend its life even further.

The government is absolutely committed to providing world-class healthcare and we cannot provide it at King Edward forever. We cannot continue to provide it for another decade or two, which is essentially what Infrastructure Western Australia has outlined, not to mention the personal insults of the people involved in developing this infrastructure and claiming that somehow the director general has provided political advice. This is the director general appointed by the former government with a deep commitment to the public health system and a strong

sense of integrity. He has commissioned and opened two hospitals and he knows the risks associated with not only building, commissioning and opening two hospitals, but with this particular site, because he has also run Sir Charles Gairdner Hospital. I can tell members that when I received the business case, it was not welcome news. As a minister, I received this business case for a project that we had been fully committed to for two years. I lost many, many nights' sleep over this hospital.

The thing I go back to when we make important decisions as a government is the inquiry into the Perth Children's Hospital and the absolute debacle the Liberal-National government made of planning and building. It could not even commission the hospital; the Labor government had to do it. I go back to that. I am determined not to make the same mistakes that members opposite made and sign the WA taxpayer up to unnecessary delays and hundreds of millions of dollars of compensation because of that government's bad contract management and inability to plan. Let us look at that project and some of the similarities that may occur with what happened on that side that we are determined to avoid.

At least there was a business case in 2010. On the back of that, the Liberal government announced that the project would commence in 2013 with practical completion on 30 June 2015. We all know that that was not met. They said that the project would take two years; it did not take two years. They said that the project would cost \$1.17 billion; it certainly did not cost \$1.17 billion. The project had asbestos in the ceiling and lead in the water, and it took a building commission report for the former government to admit that it had failed to assess those risks throughout the build. It is clear that the Liberal-National government did exactly what members opposite are accusing us of—in government, they only wanted to receive the advice that they wanted to hear.

According to the committee report, the state—the former government—accepted an extremely competitive bid with little margin for error from an entity that it had not previously used to manage construction projects of this scale and this complexity. It accepted the bid at that cost, and the project was not at that cost. We are listening to the experts, we are taking the advice seriously, and we are making an incredibly difficult decision based on that advice.

The report states that the former Liberal coalition government's project was —

... remarkable for the number of ultimately inaccurate public statements ... concerning the construction program and opening date.

Let us not forget that Dean Nalder, a former senior minister in that government, the Minister for Finance, who was involved in this project, was part of that committee. Again, we will not do that. We will not take on unacceptable risk. No government wants to hear that its project is not going to work, but when it continues down the road of unacceptable risk, it supports a range of things. It is trying to have a bet both ways on the comprehensive cancer centre and the women's and newborns' hospital and not actually understanding the landscape that will be created by spreading services out further into the communities.

When the Leader of the Liberal Party says that she does not support the new women's and newborns' hospital relocation to the Murdoch Fiona Stanley Hospital precinct, she is also saying that she does not support women and families south of the river, because nearly half the women who use King Edward Memorial Hospital for Women live south and east of the river. She does not support them having services closer to them. Of the women who use King Edward, 65 per cent are there for medical reasons and are not from the local catchment. We are putting those services closer to where they live—north, south, and easier to access from the east. She does not support the expansion of Osborne Park Hospital. She does not care about the northern suburbs. "We do not want more maternity for the northern suburbs", says the Leader of the Liberal Party!

Mrs J.M.C. Stojkovski: She doesn't know where it is!

Ms A. SANDERSON: She does not even know where the northern suburbs are.

The leader of the Liberal Party said that Osborne Park Hospital is a community hospital that will require urgent and significant upgrades. If she spent any time out there, she would understand that that is why people like Osborne Park Hospital and that is why they want to have more babies there. It is a community-based hospital with more parking and more access, and that is exactly why people like it. There will be a brand new family birthing centre, we will expand neonate capacity, and we will double the number of maternity beds in that hospital. That is an incredible outcome for the northern suburbs that the Leader of the Liberal Party does not support. She does not support regional women having easier access to a tertiary women's hospital. She wants to make it harder for them when they come from the Royal Flying Doctor Service airport, and she supports absolute chaos on the Queen Elizabeth II Medical Centre site for the next two decades.

That is what she is supporting. She is supporting limited access to ambulances and to Sir Charles Gairdner and Perth Children's Hospitals. She is making it harder for people with sick children to get to the children's hospital. I have to say, it is already badly designed. Whoever designed that hospital did not have to get to the emergency

department on their own with a sick toddler at two o'clock in the morning. I have done it, and it is diabolical. When you are on your own, in the dark, with a sick child, running to the emergency department, it is already difficult, and there are limited options to resolve that. I will not make the mistakes members on the other side made because we are putting women and babies at the centre of this, and they live in the suburbs. That is where they live and that is where they want the services.

We will resolve the concerns of those clinicians, because there are other clinicians who are also very disturbed by the tone of the Liberal Party.

Ms L. Mettam: Oh, really?

Ms A. SANDERSON: Yes.

Ms L. Mettam: Who? Bring them forward!

Ms A. SANDERSON: You do not ask them!

Ms L. Mettam: On the tour, minister, you failed to include the fact that they raised very serious concerns with me about the decision of the government. If you want to bring up that tour, the consultants at King Edward raised very real concerns about that decision.

Ms A. SANDERSON: I am talking about Fiona Stanley Hospital and the excellent clinicians who work there.

Ms L. Mettam interjected.

The DEPUTY SPEAKER: Member!

Ms A. SANDERSON: I know that the Australian Medical Association is in a very difficult position here, because there are three groups of clinicians.

I think it is an interesting position that the Leader of the Liberal Party is taking because she has never had to make a really difficult decision, but we put women and babies at the centre of this, and they live in the suburbs. I stand by this decision. It was a difficult decision. We will absolutely work with those clinicians to resolve the concerns that they have, and we will deliver a world-class maternity hospital and maternity services closer to where women live.

MRS J.M.C. STOJKOVSKI (Kingsley — Parliamentary Secretary) [3.46 pm]: The member for Cottesloe got to his feet to make a contribution to this debate and beat his chest about what an absolute disgrace this government is for the hard decisions that we have made, but I can tell members honestly that the only disgrace in this chamber is the member for Cottesloe. He wilfully ignores irrefutable facts that are displayed in business cases and reports.

Withdrawal of Remark

Ms L. METTAM: Deputy Speaker, that is unparliamentary language.

Ms A. Sanderson: Which part? I think what you have accused me of is a lot worse, quite frankly.

The DEPUTY SPEAKER: Thank you, members! There is no point of order. Carry on.

Debate Resumed

Mrs J.M.C. STOJKOVSKI: Thank you, Deputy Speaker. He wilfully ignores irrefutable facts and talks about perceived attacks on the Leader of the Opposition; he then turns around in the very next breath and takes a cheap shot at the newest member of Parliament, saying that she has no real-life experience. Just very quickly, for anybody who has worked —

Point of Order

Dr D.J. HONEY: I did not say that! The member is misleading the house. I made no such comment about the newest member of Parliament at all.

The DEPUTY SPEAKER: Thank you, member. There is no point of order. Carry on, member.

Debate Resumed

Mrs J.M.C. STOJKOVSKI: Thank you. It was the inference that because she had only ever worked in political offices, she had no real-world experience. Let me tell the member: any good member worth their salt or any electoral officer will tell the member that working in an electorate and actually servicing that electorate, which I know is a foreign concept for the member, actually exposes one to a wide gamut of issues and problems that we deal with in our community.

Let us go back to the case at hand. This opposition has just blatantly ignored the business case and what it is. It is a business case for the Queen Elizabeth II Medical Centre site. It is not an options paper on which sites would be best for this project; it is a business case for the QEII site. We are a responsible government that understands the

need to balance all aspects and competing demands for a project and to provide the best option on the balance of consideration of all those competing demands. The member can get up and squawk that we have ignored the clinical advice. We have not ignored the clinical advice; it has been taken into account on the balance of other advice. We cannot just build a project based on one piece of advice, unlike the former government. The Langoulant report found that few projects examined by the special inquirer had the benefit of detailed planning before being announced, and too many major projects were undertaken on an ad hoc basis without adequate planning.

We have learnt from the opposition's lessons and we have done adequate planning. We have done the business case. When we made the decision, we had it reviewed by Infrastructure WA, which the Langoulant inquiry called for. In fact, the Leader of the Liberal Party supported the establishment of Infrastructure WA. In her contribution she said —

I would also like to contribute to the debate on the Infrastructure Western Australia Bill 2019, and acknowledge that the opposition supports it.

In fact, the member said that Infrastructure Western Australia would provide an independent voice —

Ms A. Sanderson: They asked for it.

Mrs J.M.C. STOJKOVSKI: They asked for it. Here is the hypocrisy of the Leader of the Liberal Party. She went on 6PR last Friday and claimed that IWA's assessment of the new women's and babies' hospital was "political trickery". How can it be political trickery if it is providing independent advice? It is glaringly obvious that the member does not understand the role of Infrastructure WA or its report. She said the assessment basically manipulated data to support its own decision. An infrastructure report is there to give advice on, unsurprisingly, infrastructure! It is unbelievable how ridiculous the member is and how silly she looks when she does these things. She is the one who called for this report, and now denies that she called for it. But for the chamber and for Hansard I can provide the detail of when she called for this. In estimates she asked —

Would the more recent decision for the hospital to be built 20 kilometres south on a new site with a new scope warrant oversight by Infrastructure WA?

She also asked —

Will Infrastructure WA have a role in assessing how the decision that we have heard about recently in relation to the women's and babies' hospital was made and in looking at the business case ...

Twice she called for it, and we did it. We had Infrastructure WA review the decision as per the request and it came back with an infrastructure report. On 4 July, the Premier requested Infrastructure WA to review the government's decision to proceed with the construction of the new women's and babies' hospital within the Fiona Stanley Hospital precinct instead of to the north of G block at the Queen Elizabeth II Medical Centre site, because that was the decision. That is what was called for and that is what was delivered.

I understand that members opposite do not read reports very well, but we would have thought they would have read point 1.1, "Key considerations". It states that the review —

... focused on the new WBH project construction and deliverability related risks.

If they had kept reading they would have seen that it continues —

Clinical services and operational planning are not within IWA's remit or expertise ...

How can it be asked to provide context on things that are not within its expertise or remit? I can honestly say I am not surprised that the member cannot understand documents when she cannot even listen to answers in question time. Today, the minister very clearly talked about a possible additional 15 minutes in transport time. At no point did she say that the transportation time was 15 minutes. It boggles the mind. If she cannot listen to an answer in question time, how can she read reports?

I would like to talk about something that is closer to my heart. I understand that members opposite have no idea what is north of Vincent Street, because none of them have electorates there and none of them travel there, but there is a great hospital that services the northern suburbs called Osborne Park Hospital. Members opposite have failed to acknowledge that this plan also allows for expansion at Osborne Park Hospital. I have two nieces who were born at Osborne Park Hospital for the very reason that the opposition is having a go about. The Leader of the Liberal Party said, "It is a community hospital that does not have an emergency department." Yes, that is why my sister-in-law chose to go and have her babies there, because it is a community hospital. It has a community feel. A total of 8 706 babies were born there from 2017–18 to 2022–23. People have chosen to have their babies there because it is a community hospital.

The Leader of the Liberal Party saying it is a community hospital like it is a bad thing shows she does not understand anything about the northern suburbs or Osborne Park Hospital. The hospital will undergo an expansion of its

Ms Libby Mettam; Mr Shane Love; Dr David Honey; Amber-Jade Sanderson; Mrs Jessica Stojkovski

obstetrics, gynaecology, and neonatal services. It will have new birthing suites and theatres, including a new family birthing centre. For those who do not have a high-risk pregnancy, a family birthing centre will be a wonderful addition to the Osborne Park Hospital. It is a wonderful option for those women who want to give birth in a more natural and inclusive way, but also want the security of giving birth in a hospital. That is essentially what family birthing suites are. We are going to get one and provide that option for all the families in the northern suburbs. Like I said, I know the member does not know or care about the northern suburbs, but I do. I live in the northern suburbs. My colleagues live in the northern suburbs. My family lives in the northern suburbs. I want to make sure that this government delivers for people in the northern suburbs. We are doing this by delivering the expansion at the Osborne Park Hospital.

Ms L. Mettam interjected.

The DEPUTY SPEAKER: Member!

Mrs J.M.C. STOJKOVSKI: It is unbelievable that the Leader of the Liberal Party says it will require —

... significant upgrades to make sure mothers north of the river have appropriate facilities to give birth close to home ...

Ms L. Mettam interjected.

Mrs J.M.C. STOJKOVSKI: We are! I cannot understand how the member does not get this! That is exactly what this government is doing. Perhaps the member, instead of bringing frivolous arguments to Parliament, should take a good, hard look at herself.

Division

Question put and a division taken, the Deputy Speaker casting his vote with the noes, with the following result —

Ayes (6)

Ms M.J. Davies
Dr D.J. Honey

Mr R.S. Love
Ms L. Mettam

Mr P.J. Rundle
Ms M. Beard (*Teller*)

Noes (41)

Mr S.N. Aubrey
Mr G. Baker
Ms L.L. Baker
Dr A.D. Buti
Mr J.N. Carey
Mrs R.M.J. Clarke
Ms C.M. Collins
Ms L. Dalton
Ms D.G. D'Anna
Mr M.J. Folkard
Ms E.L. Hamilton

Ms M.J. Hammat
Ms J.L. Hanns
Mr T.J. Healy
Mr M. Hughes
Mr W.J. Johnston
Mr H.T. Jones
Ms A.E. Kent
Mr P. Lilburne
Mrs M. Marshall
Ms S.F. McGurk
Mr D.R. Michael

Mr K.J.J. Michel
Mr Y. Mubarakai
Ms L.A. Munday
Mrs L.M. O'Malley
Mr P. Papalia
Mr S.J. Price
Mr D.T. Punch
Mr J.R. Quigley
Ms R. Saffioti
Ms A. Sanderson
Mr D.A.E. Scaife

Ms J.J. Shaw
Mrs J.M.C. Stojkovski
Dr K. Stratton
Mr D.A. Templeman
Mr P.C. Tinley
Ms C.M. Tonkin
Mr R.R. Whitby
Ms C.M. Rowe (*Teller*)

Question thus negatived.