

WOMEN'S AND BABIES' HOSPITAL

Motion

MS L. METTAM (Vasse — Leader of the Liberal Party) [4.58 pm]: I move —

That this house condemns the WA Labor government's decision to abandon the new women's and babies' hospital at Queen Elizabeth II Medical Centre in Nedlands in favour of Fiona Stanley Hospital in Murdoch, 20 kilometres south of the city and not co-located with Perth Children's Hospital, and calls on the Minister for Health to listen to medical experts and family advocacy groups and rethink her captain's call.

As many members in the chamber will be aware, hospitals offer notable advantages that can significantly enhance the health care of all Western Australians. This was highlighted in the 2004 Reid report of the Health Reform Committee, *A healthy future for Western Australians: Report of the Health Reform Committee*, also known as the Reid report. As outlined by Professor Reid in his report, co-locating the new women's and babies' hospital would provide distinct advantages in enhancing healthcare services for women and newborns and centralising specialised care, including obstetrics, gynaecology, neonatal services and related fields, within a single campus, ensuring seamless support throughout the pregnancy journey and the childbirth and postpartum period.

Further collaboration amongst a range of different medical experts would also promote efficient resource utilisation, facilitate quicker transfers between departments and improve patient safety and the overall health care experience.

The co-location would also provide a patient-centric environment in which women and newborns could access a wide range of services under one campus, eliminating the need to navigate multiple healthcare settings. This approach would encourage collaboration in research, which is particularly important at this site; medical education; and specialised training for healthcare professionals, resulting in advanced clinical practices and better patient outcomes.

The strategic approach adopted and supported in *A healthy future for Western Australians* was about fostering the efficient delivery of patient care, clinical excellence and a comprehensive approach to women's health and newborn care. The centres of excellence dedicated to offering these specialised services in Western Australia are King Edward Memorial Hospital for Women, Perth Children's Hospital and Sir Charles Gairdner Hospital. These hospitals guaranteed the availability of medical care, encompassing adult care, paediatrics, obstetrics and gynaecology. Notably, sustaining these centres of excellence is incredibly important for our community, which understands the importance of the medical care and compassion that these hospitals offer in the most important times of need. It is second to none. It is my firm view that this collaborative approach should be upheld and enhanced through proactive government policy.

As highlighted in the Reid report, adopting a networked service model of this nature would ensure optimal utilisation of the healthcare workforce and enhanced prospects for staff training and professional development. It highlighted that although the preservation of the unique identities of Princess Margaret and King Edward Memorial Hospitals should be maintained, they should maintain their distinct significance. There is also substantial advantage created by co-locating these institutions within an adult tertiary hospital. Such is the synergy of the tri-location in fostering interactions of resource allocation and interdisciplinary collaboration, it would elevate the standard of care and improve the continuum of health services provided, reinforcing the overall wellbeing of women, children and the broader community.

Submissions made to the Reid report from clinicians at both hospitals indicated a preference for the co-location to be at the Queen Elizabeth II Medical Centre site. The argument put forward was that the co-location would better allow for the provision of acute services for women, provide better access to diagnostic services, and improvement in access to critical care and adult specialties. A further submission from the clinical staff association at Princess Margaret Hospital at that time also acknowledged the benefits of this proposal. It reads —

There are strong arguments for co-locating all neonatal and high-risk obstetric facilities. There are similar arguments for co-locating neonatal services with the major paediatric centre. The current geographic separation of the larger neonatal nursery at King Edward Memorial Hospital from the children's hospital may not allow optimal ... care of pre-term neonates. Other areas such as genetics, that currently service both the women's and children's hospitals, could benefit to a certain extent from co-location of both hospitals on the one site."

Professor Reid went on to say —

On balance, the co-location of both King Edward Memorial and Princess Margaret hospitals with an adult tertiary hospital is supported as it would:

- provide better clinical services for women, including better access to critical care and diagnostic services;
- increase access to research and training that will assist in provision of high quality, evidence-based care;

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- allow for more integration between women's and children's services eg. between gynaecological services and neonatal and antenatal services;
- allow for better integration between women's and children's services and general tertiary services eg. between adolescent and adult services;
- allow for improved coordination of women's and children's health services across the State; and
- provide new, modern facilities that overcome the current capital maintenance and site constraint issues at the existing hospitals.

The Reid report was supported by the then government with 85 of the 86 recommendations endorsed. The co-location was supported by both the former Barnett government and the incoming Labor government. The co-location was built with the Perth Children's Hospital at the Queen Elizabeth II Medical Centre site in anticipation of a new women's and babies' hospital being co-located at a future date.

The bipartisan approach we have seen until recently on the women's and babies' hospital has continued until the post-2017 election and the change of government. The sustainable health review was a key election commitment of the now Cook Labor government, which committed to a comprehensive evaluation of healthcare services in WA, commencing with the recommendations outlined in the Reid report. The sustainable health review delved into additional measures, such as preventive health and the streamlining of health services in this state. It also looked at the integration of health services and innovative practices, as well as emerging technologies in procurement.

An integral component of this assessment was to orchestrate the health patient dialogues across the state. These gatherings would assemble consumer advocates, frontline healthcare personnel, administrative leaders and health experts to collectively shape a fresh perspective on patient-centric care. This endeavour was to culminate in a strategic blueprint that centres on the patient within the core of all health policies, propelling transformative change and novel insights into both hospital and community health settings.

Most importantly, following the consultation process with the community and the medical profession, when the *Sustainable health review: Final report to the Western Australian government* was released in April 2019, a key recommendation from the panel was that priority would be given to the progression of planning for the transition of women's health services currently located at King Edward Memorial Hospital to be co-located at the Queen Elizabeth II Medical Centre site. This would ensure the integration of Sir Charles Gairdner Hospital with Perth Children's Hospital.

I quote from the report —

This is a priority to ensure access to services and will improve the safety and quality of maternity services, the co-location of King Edward Memorial Hospital with Sir Charles Gairdner Hospital presents an opportunity to introduce more contemporary integrated models of care for women and neonates and enhance safety and quality for these patients.

This was also endorsed by Premier Cook when he was the Minister for Health. I quote from the then Minister for Health's answer to a parliamentary question on 10 April 2019. He stated —

I can confirm that this morning we released the "Sustainable Health Review: Final Report to the Western Australian Government". For those who are unfamiliar with it, the review lays the foundations for the delivery of health services in Western Australia for the next decade and, in particular, continues the McGowan government's promise that we will put patients first. The report fulfils a McGowan government election commitment. I am very proud to say that, in addition to that election commitment, we have endorsed each of the final report's eight enduring strategies and 30 recommendations. Even though the enduring strategies of the final report talk about a cultural shift towards more focus on and investment in prevention and community-based care, we cannot forget the importance of having a contemporary hospital system that backs up those services. That is why I was very pleased to announce this morning that we will move immediately on to the long-overdue planning for the delivery of King Edward Memorial Hospital at the Queen Elizabeth II site. It comes with a \$3.3 million allocation in the upcoming state budget to start the crucial first steps of planning.

This is an exciting and significant step. We all probably have personal experience of the fact that it is a great hospital. It is responsible for between 20 and 25 per cent of our deliveries in Western Australia; 6 000 babies are born there each year. However, because it initially started back in 1916, the buildings are getting old ...

He went on —

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This is a really important announcement. As the Minister for Transport ... would know, it is really about implementing the recommendations of the Reid review, which she was involved in in the early 2000s. That was about moving King Edward Memorial Hospital to the QEII site.

Over the following four years, the government reinforced this message at every available opportunity. The 2019–20 budget papers contained the following statement in the significant issues section for the Department of Health —

In the 2019–20 Budget, Government is investing \$26.4 million to commence the recommendations of the Sustainable Health Review, including \$18.9 million for the immediate commencement of a number of pilot initiatives to trial innovative models of care, and also includes funding to commence crucial planning for the co-location and integration of women’s health services at King Edward Memorial Hospital ... to the QEII Medical Centre.

On 28 June 2019, following a \$250 million settlement with BHP and its joint venture partners over a royalty dispute, the government stated in a release that the McGowan government would allocate \$230 million towards the construction of a new women’s and babies’ maternity hospital at the QEII site, replacing King Edward Memorial Hospital for Women. In a media statement on 6 December 2020 titled “Surplus delivers a fully funded new Women and Babies Hospital”, the government again highlighted —

Preliminary planning for the project had already commenced following the initial investment of \$3.3 million in the 2019–20 State Budget.

Under a re-elected McGowan Government, the preferred site of the new multistorey hospital will likely be built north of G Block within the Queen Elizabeth II Medical Centre.

The proposed 105,000sqm footprint will include new obstetric and birthing suites and a full array of specialist services, to provide the best possible care to women from across the State and newborns.

In 2021, the former Premier posted on his Facebook page that his plan to build a new women’s and babies’ hospital at QEII alongside Sir Charles Gairdner Hospital and Perth Children’s Hospital was locked in and fully funded by the budget surplus and that it would replace the ageing King Edward Memorial Hospital and deliver world-class maternity and women’s health services in this state. The post even contained an artist’s illustration of what the new facility would look like.

On 16 January last year, the government confirmed in a media statement that Queen Elizabeth II Medical Centre was the preferred site and that the design work had started on the new women’s and babies’ hospital. The media release at that time stated —

The design of the new \$1.8 billion women and babies Hospital will start shortly, with the site at the Queen Elizabeth II Medical Centre ... selected as the location.

Following a comprehensive site analysis and evaluation process, the new hospital will be built north of Sir Charles Gairdner Hospital ... G Block.

It is important at this point to recognise the reasons why the site was selected. The Labor government was quick to point out that it was due to the advantage of futureproofing the Queen Elizabeth II Medical Centre site for 40 years, including the proposed future redevelopments of Perth Children’s Hospital, Sir Charles Gairdner Hospital and PathWest, as well as teaching and research facilities. It was already taking into account future growth capacity.

Essentially, over a period of six years, this government has steadfastly advocated for and staunchly supported the QEII site as the optimal location for a future women’s and babies’ hospital. Further, and with compelling justification, every single assessment of healthcare infrastructure undertaken by various administrations since the 2004 Reid report has also unequivocally supported the QEII site. Even the sustainable health review, which I referred to earlier, conducted under the guidance of this government, confirmed that the QEII site was the prime option.

Given all this evidence and the government rhetoric about the best approach, what changed on 11 April 2023, when the former Premier and the health minister advised of the government’s intention to build the \$1.8 billion women’s and babies’ hospital on land south of this site at the Fiona Stanley Hospital site? In a statement, the government said that a business case had found that construction on the QEII site posed too many risks, extended time lines and would cause unacceptable patient interruption. I quote from that statement —

Building the hospital at the QEII site would have caused significant disruption to the neighbouring Sir Charles Gairdner Hospital, which would have resulted in patients and staff being impacted, higher build costs, and the hospital opening much later than planned due to the complex nature of the build.

Former Premier Mark McGowan also stated that it would have been irresponsible to proceed with a new hospital at QEII given the unacceptable disruption to patients and staff that had been identified through the planning process.

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The abrupt shift in the preferred site took everyone, including healthcare professionals and, in particular, consumer advocates, completely by surprise. I have been told that even some people within the health service provider were given just 24 hours' notice. The announcement was made with very few details for those people who had been very close to the decision-making process up until that point. To make such a significant decision without consulting the people who would be most impacted—mothers, advocates and, in particular, the clinicians and healthcare workers—was reckless and also arrogant. Some of the reasons cited by the Labor government for the change are far from novel. Issues such as inadequate parking, strained infrastructure and the need to maintain uninterrupted operations have been evident for quite some time. In fact, during question time in May 2019, our current Premier, the former Minister for Health, stated the following regarding the difficulties at the QEII site —

It is obviously a fairly complex piece of work, because although we are moving a hospital to a constrained site, in addition we are moving it onto a site that already has an operational hospital, including Perth Children's Hospital. It will be a difficult project, but it is one that we need to do.

In a further debate it was stated —

Just because it is challenging does not mean that the QEII site should not be pursued in the best interests of our youngest and most vulnerable patients.

What a powerful quote that is! Although the now Premier has changed his tune on that statement, members on this side of the house certainly maintain that view.

It will be no secret to those in the chamber that since this decision was made, there has been an outcry from medical professionals and the public. Many neonatologists, especially those who care for time-sensitive and severely ill newborns, have spoken out about their great apprehensions. Their concerns emanate from the prospect of longer transfer times resulting from the relocation of the new women's and babies' hospital—a substantial 20 minutes, or even longer during congested times. This concern was echoed by the then president of the Australian Medical Association (WA), Mark Duncan-Smith. At the time of the announcement, he raised concerns on behalf of neonatologists and outlined that due to the intricacies involved in transporting critically ill neonates, extending the period of transport could significantly impact the health and overall outcomes of these vulnerable infants. He stated —

“I find it unbelievable that a decision about women's and neonates healthcare, such as exactly where the hospital is going to be situated was made without any consultation with frontline care delivery and healthcare professionals.

“The potential danger and assessment of potential damage to neonates has clearly not been assessed and not been mitigated against.”

This is what happens when a captain's call is made behind closed doors. The former head of WA's neonate unit for intensive care and emergency baby transfers, Professor Karen Simmer, was also scathing about this decision. She reluctantly spoke out on behalf of clinicians who were unable to do so. She stated that it would increase the risk of death and disability for the state's most at-risk newborns because they would be so far away from Perth Children's Hospital, where surgery and intensive health care would need to take place. One clinician said that about 40 babies who need urgent, time-critical surgery are born at King Edward Memorial Hospital for Women every year. Any movement of those vulnerable babies is extremely risky and is often associated with higher rates of long-term disability and morbidity. Many of these babies are born naturally and not via C-section, so it is impossible to predict when they will be born and thus predetermine the logistics of any post-birth surgery. The logistics simply do not add up. This will undoubtedly lead to a substandard level of care for those babies.

It was amazing that the government's response to this criticism was to simply spin and deflect. To quote the current Minister for Health —

“We did not consult with staff because we needed to make a decision and I was not prepared to delay the process anymore,” she said.

“That's clear from the decision that we made. We made a decision of executive government and it is absolutely the prerogative of government to make those decisions.

“We could have stopped the whole process for six to 12 months and consulted but, ultimately, there's only one place it can go if you're going to locate it next to a tertiary hospital and that's Fiona Stanley Hospital.”

That was quite an extraordinary comment. In essence, the government is ignoring 20 years of best practice that stated that the QEII Medical Centre site was the preferred site. The minister's statement ignored all the best advice that had been provided. It is extraordinary how such a decision was made—a captain's call behind closed doors—given the significant body of evidence and what this change will mean for our most vulnerable and youngest patients. Advice from key paediatric organisations such as the American Academy of Pediatrics recommending that high-risk neonatal intensive care units be located within or immediately adjacent to obstetric units to facilitate

rapid access to neonatal care in case of emergency was ignored. Everything was ignored. Why? Because the Cook Labor government apparently knows better than this body of evidence and expert advice.

One thing that has become clear in this mess is that the government needs to prioritise the health needs of the community and rethink its decision to move the new women's and babies' facility to the Murdoch site. It is time for the government to listen to medical advice and the expectations of the community. For many years, the QEII site was the preferred location for this critical health facility. Over that time, a huge body of work was undertaken—scoping studies, planning reports and consultation. Some transport reports were also done. I have been unable to find even one report or person who said that this site was not suitable. The public is owed an explanation of how the government decided in just six weeks that this was no longer the preferred site. Almost four months ago, the minister committed to releasing a business case that apparently underpinned this decision so that the community would understand exactly how this decision was made. The minister doubled down during estimates, stating that it would be released within weeks. We are still waiting. The government's ongoing refusal to release the business case that it says supports the move to Murdoch is somewhat suspicious. What does the government not want us to know? Perhaps it is rewriting the report.

The government's refusal to listen to world-leading medical advice on the best location for the hospital risks the lives and futures of critically ill babies in this state. It is clear that the government has turned a deaf ear to the chorus of medical professionals who begged it to reverse its decision. Although the minister continues to dismiss the concerns of the medical community as being those of just a small number of clinicians, I am sure the Premier and former health minister knows full well the views of health professionals who are begging the government to reconsider this decision. The AMA (WA)'s new president recently backed those calls as well. As I have stated before, it is not credible that the clinicians who warned about potential deaths and lifelong disabilities in babies if the hospital is located at Murdoch were simply trying to whip up anxieties amongst prospective patients, as the minister stated during estimates hearings this year. That comment really diminished the commitment that clinicians have to their practice and patients. How extraordinary for the minister to suggest that those who were raising concerns were whipping up anxiety amongst prospective patients! Over the past decade, millions of taxpayer dollars have been spent on preparing the women's and babies hospital for the QEII site, but now this government points to a back-of-the-envelope feasibility study, to which \$16 000 was committed, to support this captain's call.

In addition, the decision will remove the best quality obstetric and neonatal care from all mothers and babies in the northern suburbs. The default hospital for mothers in the north with a high-risk pregnancy will not be the new world-class women's and babies' hospital but Osborne Park Hospital, which will not be co-located with either a tertiary adult hospital or a specialist children's hospital. Osborne Park Hospital does not have an emergency department. It would need a 24-hour service to respond to birthing emergencies and it would also need to be co-located with other acute adult services, such as urology and general services. I am advised that Osborne Park Hospital does not have adult acute care; I stand to be corrected. The minister has often pointed to disruption at the Queen Elizabeth II Medical Centre site as the reason to not progress. What about the obvious and significant disruption to the services at Osborne Park Hospital to facilitate these upgrades?

The Cook Labor government must listen to the expert advice released by the Australian Medical Association and immediately reverse its decision. It is indisputably best practice to tri-locate the new hospital with both a tertiary adult and a tertiary children's hospital. The government has the opportunity to ensure that is implemented. I am incredulous that it is not taking that opportunity.

The Cook Labor government must also listen to the community. A petition will be presented in the Legislative Council. It was launched on Sunday in support of the Miracle Babies Foundation and Helping Little Hands. The petition requests that the Legislative Council call on the Minister for Health and the WA government to urgently reverse the decision to build the new women's and babies' hospital at Murdoch, a site 20 kilometres from Perth Children's Hospital and not co-located with a tertiary paediatric hospital.

These groups, along with many clinicians, have raised grave fears about the health outcomes of patients and service delivery if the women's and babies' hospital is not co-located with, or built alongside, Perth Children's Hospital. They are not worried about delays in the build; they answered questions about that on Sunday. They are not concerned that the build will not sit within an election cycle. They are happy to wait to ensure that the women's and babies' hospital is the world-class facility that was promised. Those resounding comments were made on the weekend by the parents involved in these advocacy groups. Since its launch on Sunday, the petition has received more than 2 100 signatures.

I emphasise that many people in the community have highlighted that the lone, fresh rationale that has been offered is the acceleration of the construction time frame, which aims for completion by 2029. It is intriguing that that aligns with the anticipated pursuit of an unprecedented fourth term by this Labor government. This synchronicity leads to legitimate concerns about the motivations underlying this decision and whether the health needs of patients

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in this state have been put first, given the abandonment of a world-class best practice women's and babies' hospital at the QEII site. As I have already stated, just because something is difficult does not mean it should not be done. Those are not just my words; that was also the sentiment of the now Premier and former Minister for Health when he advocated for this facility to be established at the QEII site, and that sentiment underlines today's motion. We implore the Minister for Health to reconsider this dangerous decision and the Cook Labor government to demonstrate that it is willing to listen to the community, healthcare professionals and advocates to reverse its reckless call to move the hospital to a different site.

DR D.J. HONEY (Cottesloe) [5.34 pm]: I rise to support the excellent motion moved by the Leader of the Liberal Party. What an erudite presentation she gave to outline the compelling arguments for the government to reconsider its decision.

This is an opportunity for the government. I hope we have seen the government draw a line in the sand. Over the last couple of days, there has been a lot of contrition by the Premier and others about the Aboriginal Cultural Heritage Act 2021 and the government's decision to charge ahead without giving members on this side of the house the chance to give it proper consideration. Here is the government's chance to reconsider its hasty decision and make a change that will benefit all Western Australians, particularly vulnerable children. I do not think it is being dramatic to say that this decision, as has been stated by the government, is likely to lead to the death of children who would otherwise not die because of a delay in critical services. It appears that the decision was based on the hope, not analysis, that somehow or other the range of professional services currently available at Perth Children's Hospital at the QEII site can be duplicated at Fiona Stanley Hospital. It is a hope; I suspect it is a vain hope. I will dwell on that for a little in my presentation. I will outline the history of this issue, because it is important in terms of the government's decision. I will also talk more generally about the performance of this government and the time it takes to do things.

Some specialties have one individual critical specialist. One of my children, who is aged 34, is going down the specialist route of paediatrics. She went through the initial qualifications as fast as possible, but it will be another two years before she can work as an independent paediatrician, if you like, under her own shingle, and it will take her longer to become qualified to carry out complex surgeries. We are not talking about a couple of days, months or years to get someone up to speed. It takes considerable time. There is global competition for specialists. The idea that somehow we will be able to duplicate these critical services at Fiona Stanley Hospital to prevent the deaths of premature babies or babies born with severe complications is fanciful. It will be fascinating to see how this is handled by the government in its business case.

The history of this issue goes back to 2010 and the original decision by the Liberal–National government to build a new children's hospital at the QEII site. When that decision was made, it was understood that a new hospital at the QEII site would substantially relieve pressure on the King Edward Memorial Hospital for Women site. A number of specialist services provided at the King Edward Memorial site were to be co-located with the hospital. They had outgrown that hospital. It was originally a women's and babies' hospital but it then provided various specialist services. It was thought that pressure on that physical site would be substantially reduced. That pressure is reflected by the peak number of staff working at the King Edward Memorial Hospital for Women site, which was 587 in 2018–19. There are currently 268 FTEs working there now. There has been a reduction, which was anticipated.

If we go back to 2015, the *Report on review of maternity services in metropolitan non tertiary public hospitals* looked into the additional capacity across a range of hospitals. Obviously, Fiona Stanley Hospital was not even being considered for children at that stage. The report notes —

While FSH was not a specific part of this review, its maternity services capacity into the future and its impact on the provision of services in metropolitan non-tertiary hospitals and KEMH would be a major consideration in any future planning strategy for the size and configuration of maternity services.

It was always expected that services at King Edward Memorial Hospital for Women would be reduced. A very sensible suggestion was made by the Liberal Party at the time that by upgrading the existing hospital and spending around \$500 million to renovate it, those services could be duplicated and the government would not need to go through the whole process of relocating the hospital. I think that was a sensible plan. It was put forward at the time. In 2017, good government came to a halt as the new Labor government came in. I have said many times in this place that the Labor government inherited a Rolls Royce medical system.

Ms C.M. Rowe interjected.

Dr D.J. HONEY: There were three new tertiary hospitals, member for Belmont. The Labor Party has been in government for almost as long as the previous Liberal–National government was in office. How many major hospital facilities has the Labor Party delivered? I could wait a very long time to find out—or maybe I would not because saying “none” is pretty easy. That is what the government has delivered in this time. Do members know how many

they will deliver this term? None. The children's hospital that members have talked about will not be delivered in this term of government. Based on its history, it will not be delivered in the next term of government. Let us hope that sensible government is returned to the state at the next election. Regardless, government members will not deliver.

In debates about health, I have been fascinated by the ludicrous and childish contention from the member for Mount Lawley that somehow a minister is responsible for building defects in a hospital. We all know that a minister is not down there purchasing and procuring parts; that is the responsibility of the builder. I will be fascinated to hear that government members are responsible for building defects in their various projects around Perth, because the member for Mount Lawley knows it is a childish contention that a minister is responsible for building defects. Nevertheless, Labor Party members were delivered a hospital system that had been fundamentally transformed in this state. There were three major tertiary facilities. What did they do? Members opposite rested on their laurels. When they came to government, they cut health funding and destroyed our hospital system, plunging it into chaos. Then they panicked and committed massive amounts of money to overcome it, but it has still not been delivered. They have still not dealt with the substantive issues, but they are good on announcements. If all the government's announcements of things it has not delivered could be stacked up, a hospital could probably be built from them. Perhaps that is a novel thought in these days of struggling to get construction material, as government members claim.

The first announcement was on 10 April 2019. That is more than four years ago. We are not talking about a month ago, a year ago or a couple of years ago; it was more than four years ago that the government announced, as part of its response to the sustainable health review, a decision to move the services at King Edward Memorial Hospital for Women to a new facility at the Queen Elizabeth II Medical Centre site in Nedlands. This was the first of a long line of announcements about something that we now discover is only in the infant stages of planning. The media statement is titled "Sustainable Health Review provides ambitious blueprint for the future of health care in Western Australia". It would be fascinating for members on our side to go back and look at every claim in this press release because I do not think one has been delivered, despite bold announcements. Some of them were pretty modest, like the Safe Cafe project, for example. I will come back to that another time. It would be fascinating to analyse all the health announcements this government has made to see how many have been delivered. I will come back to the children's hospital. The media statement tells us —

- State Government commits \$26.4 million towards Sustainable Health Review implementation and initial projects, including planning for the move of King Edward Memorial Hospital to the QEII site

That is the first item of the government's press release more than four years ago. It begs the question that the Leader of the Liberal Party asked in her contribution to the debate: why were some of these decisions made and what is really behind these decisions? This decision has no reason or logic. Nothing much was heard about the proposed hospital after that initial announcement. It is a lot of money—26 million bucks! A lot of analysis and planning can be done for that much money. Anyway, on 6 December 2020, there was another bold announcement titled "Surplus delivers a fully funded new Women and Babies Hospital". This was in 2020, essentially three years ago. Here we were with all this money. It stated that \$1.8 billion was locked in. The media release reads —

- new build slated adjacent to Sir Charles Gairdner Hospital G Block within QEII MC

As an opposition, we said that was fair enough because the government had gone through the analysis and there were synergies in relocating the women's and babies' hospital. Those were the arguments, even though the King Edward Memorial Hospital site could have been modernised and updated because of the substantial reduction in the requirement for services for that site overall. Nevertheless, we said "Good-o; let's get into it." The member for Vasse, in the role of shadow Minister for Health that she has held for a while now, urged the government to get on with it and asked questions about when it would happen. We were told, "Yes, it's going to happen." It sounded promising. What happened? We had another announcement from the government in February 2021, headed "Artist impression of the new hospital unveiled." That statement seems to have disappeared into the ether. It stated that the project vision was developed in consultation with more than 100 stakeholders, including patients and families. This is still in place. All this consultation has taken place and many tens of millions of dollars—in fact, I suspect we are getting to the hundreds of millions of dollars—had been spent on it at this stage and it sounded like things were on track. We had an artist's impression. Surely the government did not just pluck it out of the ether. Surely that artist's impression was based on some engineering and other detailed analysis of the site. There were some concerns at the time about the concentration of services at that site, but it was anticipated that good engineering would deal with those concerns.

On 20 January 2022, the preferred site was identified. Another announcement from the government gave us a beautiful picture of an "exciting milestone" et cetera. It reads —

This announcement follows a comprehensive analysis and evaluation process of multiple sites at the QEII MC.

A key factor which contributed to the nomination of the North site is its large site footprint, which will allow for more efficient clinical linkages between the new hospital and SCGH ...

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There were no problems at that stage. Many, many millions of dollars had been spent and many experts consulted, to widespread acclaim from clinicians, as has been pointed out by the Leader of the Liberal Party. We are going through a debate in Parliament at the moment on abortion and changes being made to the abortion legislation. One thing we have been told is that, in framing the legislation, the government has listened, first, to the public and, second, to the clinicians. Clinicians' views are important to that debate. It appears that, essentially, every respected clinician in this field said that this facility should be located at Queen Elizabeth II Medical Centre, but the government now sees fit to ignore those clinicians. In one area the government thinks that clinicians' views are important, but in this area it thinks it is so clever that it can ignore those clinicians' views. Those people are currently involved in the critical care of babies with urgent medical requirements.

A press release from 19 October 2022 states —

Western Australians invited to help shape new women and babies hospital

The McGowan Government —

As it was —

is calling for people who have used King Edward Memorial Hospital, the Family Birth Centre —

And so on, to provide some feedback. It continues —

- Women, families, and future consumers are invited to join focus groups to help shape the new women and babies hospital
- Public Expression of Interest launching today
- The McGowan Government's new \$1.8 billion world-class women and babies hospital expected to provide care for the next 100 years

It goes on, puffing up the minister and saying what outstanding work the government was doing on that matter. By 5 December 2022, the community was informed that the government had begun the process of forming focus groups. Another press release on 5 December 2022 states —

Consumer focus groups start for new Women and Babies Hospital

...

- Consumer focus groups for new Women and Babies Hospital get underway

...

Consumer focus groups to provide input into the new Women and Babies Hospital have begun, with about 70 Western Australians selected to take part in the consultation panels.

The press release refers to the applications during that process, and again reinforces that the QEII site is the best location for this hospital.

[Member's time extended.]

Dr D.J. HONEY: We are now three and a half years into this process after the first announcement, and I am sure the government has spent hundreds of millions of dollars on consultation, focus groups, plans, concept drawings and the like. Upon reflection, perhaps we on this side of the house were overly optimistic about the competence of this government in this whole process. We really should have reflected on Metronet when we looked at what to expect with these time lines. Nevertheless, we were optimistic, hopeful and supportive of this project going ahead. Again, the Leader of the Liberal Party and shadow Minister for Health continued to press the government for details and questioned when things would actually happen, and she was reassured that everything was on track.

In the early months of that year, we still had no plans for the QEII site. In replying to questions in Parliament in February, the health minister was adamant that the hospital would be built at this site. A few weeks later on 11 April, after four years of announcements and planning, we heard that this project would be relocated to Fiona Stanley Hospital. To say that we were surprised would be a considerable understatement. I can honestly say that the clinicians, who are intimately involved in urgent surgical work on predominantly newborn babies at the children's hospital, were distraught. That is the best way to put it. They were distraught that such a decision could be made by this government. As the Leader of the Liberal Party said, for all the world, this has the appearance of a captain's call. The government now appears to be scrambling to justify this appalling decision, which will tragically threaten the lives of newborn babies. That is the tragedy of it. It is with a sense of enormous distress and sadness that I say that is likely to be the case. The chance that one can duplicate those medical services at that other hospital in any reasonable time frame is diminishingly small to impossible. All of a sudden, we have gone back to the start.

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It appears that nothing was done in those previous years, with tens of millions of dollars spent. We had focus groups that did nothing and provided no valuable input. Suddenly, a decision is made that we will relocate the project to this other site. It is nonsense that, even in the interim, if people cannot access a specialist at Fiona Stanley Hospital, they can come down the freeway or get a helicopter. What a farce! Will a helicopter be permanently based on the roof, permanently staffed 24/7 and ready to go like fighter pilots in wartime? Of course it will not. What a farce to think that people will have fast transport to the site if they need it.

We had what we call our winter love-in. We travelled south of the river and were coming back over the freeway, and there was an accident on the bridge. We were held up in traffic for about 20 minutes just because of one accident on the bridge.

Mr D.A. Templeman: Where did you go for your love-in?

Dr D.J. HONEY: We went all over the place, and all over the south metropolitan area, minister. We were very well received can I say. It was a very, very enjoyable time.

Mr D.A. Templeman: We didn't see you in Mandurah.

Dr D.J. HONEY: It was a very enjoyable time. I always enjoy Mandurah, but I am wandering.

Mr D.A. Templeman: I heard you were seen, but they thought you were a visiting circus act!

Dr D.J. HONEY: They enjoyed our company, and I can tell the minister that we enjoyed their company as well, so it was a meeting of minds.

Mr D.A. Templeman: There is a lovely telephone box there in Mandurah. We might heritage list that telephone box.

Dr D.J. HONEY: I will get back to serious business, minister. I appreciate the levity, but this is a very serious issue. I will wrap up shortly for my colleagues.

In question time today, I was interested in the Premier's response about the business case, which is still not forthcoming, as was drawn out by the Leader of the Liberal Party. The Premier informed the house that he did not want to divulge any confidential information that might compromise the government's position in commercial negotiations. I suspect that is partially true because it sounds a whole lot to me like the business case is not stacking up. The thought bubble is there. The minister made the call for whatever reason, but I am honestly dumbfounded why the minister made the call against all expert clinical advice. Now, all of a sudden, the government has to massage a business case. I am fascinated. This exercise is like watching a tragic skit unfold in *Yes, Minister*. I will be fascinated to see the business case because I suspect the spin doctors are working 24/7 and really putting in the effort. They are working 24/7 to justify an unjustifiable decision. I do not know what is behind the decision, but the community can only hope that this newfound contrition of the Labor Party, in making rushed decisions then regretting them, extends to this decision here, because this appalling decision is literally a matter of life and death. I hope that some sense prevails, and I hope that the government makes the sensible decision to return the location of the women's and babies' hospital to the QEII site.

MS M. BEARD (North West Central) [5.58 pm]: I rise to reiterate the words of my colleagues, including the member for Vasse, on this motion. It will be no surprise to everyone in this house that the subject of babies and maternity is particularly close to my heart, particularly from a regional perspective. For me, as a newbie in this house, I struggle to understand how, for six years, the optimal option for co-location was at Nedlands, but some kind of U-turn seems to have happened along the way, and no business case for the move has been seen by the public yet. I know that the Premier was asked about this today, and no definitive time frame was given for when that business case may be delivered.

One key element of the member for Vasse's contribution that stayed with me is the length of time that has passed since the women's and babies' hospital was first promised and publicised as a pillar of the Labor government. When I flicked back, I found that on 28 June 2019, after the \$250 million settlement with BHP and its joint venture partners over a royalty dispute, the government stated in a media release —

The McGowan Government will allocate \$230 million towards the construction of a new women's and maternity hospital at the QEII site, replacing King Edward Memorial Hospital. This follows the \$3.3 million included in the Budget to begin planning for the new hospital.

It has been 1 500 days since that media release was made, and the project is still in its very early stages. I am unable to clarify why that is the case. I am sure that, as the member for Vasse stated, the goal will be to have the work done by the 2029 election. I imagine that this will be disclosed at some point in time through the business case, but it is a long time coming. The mindset of the government is to first announce the figure, figure out the plan and deliver later. It will give people the plan, show them what it is going to do and then deliver it later, similar to other situations we have seen very recently.

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I call this the health puzzle. It is relevant to my space or my electorate. By the way, I am more than happy for any member to come on a road trip with me. I would like to extend the invitation to the Attorney General. He is more than welcome to spend a week on the road with me, after which I am sure he will understand the difficulties in getting around the electorate.

Mr D.A. Templeman: Have you been in a car before with the Attorney General?

Ms M. BEARD: He has a helicopter; maybe he is okay!

Mr D.A. Templeman: I think you're being enthusiastic there. I have been in the car on many occasions with the Attorney General, and I can tell you, it's an experience!

Ms M. BEARD: Very good. I am happy to take on the challenge.

I do not dispute the merit and worthiness of the new women's and babies' hospital. I absolutely believe that we need it. The provision of health services is a large part of the puzzle. From a regional focus, we really need to keep in mind that regional people are in dire need of maternity, prenatal and postnatal services. Many of these people do not have families. Yesterday, in one of her speeches, the member for Bateman highlighted how lonely, removed and isolating it can be for someone who has to travel significant distances for this care. Having services all in one place in the metropolitan area would be another benefit for regional people, who would not have to travel significant distances to get to a service and then have to travel again in a city that they are probably unfamiliar with. It is very uncomfortable for them to do that.

One question that people often raise with me is why, at a time of billion-dollar surpluses built on the back of regional WA, are we still plagued by inadequate health services? I know that the population of the electorate of North West Central is small and covers many towns and localities, but the health services are diverse. I have said in this place before that there needs to be the right mix to put all the pieces of this puzzle together. There is a dire need to think outside the box and try to work collaboratively from a creative point of view. Unfortunately, too many pieces have dropped out and left gaping holes and concerns for people in my electorate.

I am led to believe from people in my constituency that essential women's health services have been diluted. Transport and access to centres that provide services such as Pap smears or the removal of Implanon rods are much harder to get than they were before. Those services that women need in their region have been diluted, which is a concern.

In closing—I will pass over to the next speaker because we are running short of time—I put forward that a major project like the women's and children's hospital or the foundation of service delivery in regional Western Australia needs to be done in conjunction with the whole state. As the member for Cottesloe said, it would be seamless to have all those services in one location, and, for me, that is quite important. Basic service provision, which is taken for granted in the city, is not offered anywhere in a regional electorate that may be the size of a European country. This has become paramount for that cohort of people who are travelling from the south and the north. It sometimes seems that we are not being listened to. I imagine that people would dispute that, but I know that we are not.

By removing key planks in the regional health puzzle, the government has exacerbated the pressure on the health services in the city, resulting in mothers being forced to have their babies a long way from home. Regional development and growth in those areas is crucial, and it is essential to have key services such as prenatal and postnatal care to attract young families to those regions. It has been six years since the sustainable health review, yet the provision of key maternity services in my electorate in regional WA is currently anything but sustainable.

Today, after numerous questions and grievances, the real stories about the issues that people face are still there. I look forward with interest to seeing the business case. I am sure that that will be forthcoming at some point in time, but given that there is no direction on when that might happen, I am just hopeful that this will not be pushed further down the line, and that we will have some answers in the near future.

MR P.J. RUNDLE (Roe — Deputy Leader of the Opposition) [6.06 pm]: I appreciate being given the opportunity to speak today on the motion moved by the member for Vasse. The minister seems to have disappeared.

Mr S.A. Millman: She's watching. She will be back.

Mr P.J. RUNDLE: That is good to hear.

Mr S.A. Millman: She will make a contribution, then I will make a contribution.

Mr P.J. RUNDLE: I certainly look forward to the member for Mount Lawley's contribution a little later. It is also important for us to note that we were going to debate a motion today on police, but the Minister for Police is away today, so that is the reason the member for Vasse has been paired. Unfortunately, she is unable to be here for the balance of the debate. Most importantly, the minister will be back.

Before I go on to the main subject matter, I want to briefly talk about what I am calling the assault on the regions and the fact that this government does not listen. The member for Mount Lawley has heard me talk about it

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many a time, but in the context of the Attorney General's previous contribution, my electorate is 5 912 times the size of Mount Lawley. In the context of the Attorney General's previous contribution, the Electoral Commission is adding another five local governments—another 20 000 square kilometres—to the electorate of Roe. He seems quite comfortable that it is fine to represent all that in one electorate. Obviously, it will be a challenge. They are the challenges.

Point of Order

Dr A.D. BUTI: The member for Roe made a point about relevancy earlier today. I do not know what relevance this has to the motion before the house. There is another motion that follows on from this, and that will be the most appropriate time for him to talk about what he is talking about at the moment.

The DEPUTY SPEAKER: There is no point of order.

Debate Resumed

Mr P.J. RUNDLE: Thank you, Deputy Speaker. I want to work on the theme of this government not listening; that is what I am talking about. That flows straight on to the motion before us today. As far as I am aware, not one clinician supports the proposal. We have ministers making announcements. It was good to hear the history from the members for Vasse and Cottesloe, who outlined some of those press releases over the last three and a half years and talked about the sequence of events that led to this change by the minister. I guess I am calling the theme the assault on the regions, and health in the regions is part of it.

If the Deputy Speaker will give me some latitude, there are a couple of items I would like to speak about. I spoke about the Attorney General, and the assaults on the lobster fishing industry and sustainable forestry. The previous Minister for Forestry, Minister Kelly, said how great it was that Parkside Forestry was putting \$50 million into forestry and then he cut that industry off at the knees. The Minister for Environment and minister for DPIRD in this chamber are at war over the south coast marine park.

Then, of course, we have seen the most recent activities on the Aboriginal Cultural Heritage Act. I will say that this government has apologised to the people of Western Australia for the Aboriginal Cultural Heritage Act, and I give the minister credit for going out to the protest yesterday and speaking to the farmers and others.

Before I move on, this is a bit like the Schools of the Air, Perth Modern School and Moora Residential College. These are a few examples of the government not listening or changing its mind when the public furore gets so much that it is forced to listen because it is worried about its electoral situation. This is the theme I am coming from. It has been quite disturbing.

In June this year, the Auditor General reported on the audit of state government entities. She said —

Some of the final nine audits were incredibly challenging. Five entities were not audit ready and we had to take an unprecedented step of withdrawing from the audit and returning at a later point.

Considerable qualifications and issues were identified —

There were 45 qualification matters identified at 25 entities, a record for the State. In total, there were 452 control weaknesses identified, of which 114 were rated as significant.

In the words of the Auditor General —

This is another concerning record for the State.

This is exactly what we are talking about today. We have no clarity about why this decision was made. It is just another captain's call, as the member for Vasse said in her motion.

If we go back to a comment by the previous Premier, following a report he commissioned, he said —

My government will continue to strengthen governance, accountability, transparency and the focus on the key economic and social benefits of government decisions when dealing with taxpayers' money.

I am looking forward to the minister giving us some transparency about this captain's call and this decision. As the member for Vasse said, we see that the now Premier backed it on 10 April 2019. He said that he could confirm the election commitment of moving King Edward Memorial Hospital to the QEII site and \$3.3 million in the budget. The member for Vasse quoted the 2020 budget papers. In the 2021 election, there was a confirmed commitment to the QEII site and a confirmed, comprehensive site analysis north of G block. Then, we got the announcement made on 11 April 2023, with 24 hours' notice. A lot of clinicians, mothers and advocates did not know.

There you have it: a lack of transparency. The government is not listening to the subject matter experts, the clinicians or the people who are involved. These people have come out in public, probably concerned that they are putting themselves out there. As the member for Vasse said, the sustainable health review was important, and

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I think members from both sides were quite impressed with it. As the quote said, the sustainable health review certainly backed up the King Edward Memorial Hospital—the women’s and babies’ hospital—being moved across to the QEII site.

I want to spend a very short time talking about parking. I am keen to hear the minister’s comments on parking at Fiona Stanley Hospital. I do not know how many members in the chamber have experienced it—I certainly have—but it is diabolical. People, including the elderly, are actually missing appointments because they are circling around for 20, 30, 40 or 50 minutes but cannot get a park. An extremely pregnant mother is potentially not going to be catching public transport to Fiona Stanley Hospital. Vehicles are in deadlock waiting for people to leave, so I cannot imagine how a young family with a young mother about to give birth would deal with that.

The previous Premier talked about how the situation is fine. The new hospital site will be closer for country people, but it depends on whether the country people are coming from the south, the north or the east. Some of the excuses do not cut the mustard. I am very keen to hear what the minister has to say about the parking and the justification for this decision because we have not seen any transparent explanation.

Finally, I want to talk about a couple of issues in the regions. In my hometown of Katanning, the hospital still has no CT scanner. No doubt, I will be harassing the health minister about that over the next year or two. We have lost maternity services from Katanning Hospital. Generally, people have to go to either Albany or Perth. Sometimes going to Narrogin, which is in between, is possible, but there are also cases when Narrogin Hospital does not have any midwives and people are transferred to Peel Health Campus.

The final issue is accommodation. Government Regional Officers’ Housing is quite concerning for our health practitioners, nurses and the like in regional areas. I have an example of a practitioner who stayed with us. She was in Northam for a couple of weeks prior to that, and she said that there is no way she would ever go back there because the accommodation was an absolute disgrace.

These are the issues out in the bush but, of course, the focus here tonight is on a government that does not seem to want to listen unless some polling advice or public uproar, like for the Schools of the Air, creates an impact and results in the government actually doing something.

As I said, I certainly support the motion from the member for Vasse. I am quite concerned, given the history that was laid out by the members for Cottesloe and Vasse. All those media statements said that it would be on a spot north of section G at the QEII site. Then, we had the captain’s call, and it was changed to Fiona Stanley Hospital. I look forward to the response, Deputy Speaker.

MS A. SANDERSON (Morley — Minister for Health) [6.18 pm]: I rise to contribute to this motion. Of course, the government will not be supporting the motion. I will certainly address the claims and arguments about this decision that were put by the Liberal–National opposition.

There is no question that this was a very difficult decision to make, and it was made in the face of irrefutable evidence and facts. The reality is that this government does not make captain’s calls. Unlike the former Liberal–National government, we have a cabinet process. We run a rigorous cabinet government and have done since 2017. Cabinet was presented, by me through a submission, with the project definition plan and the business case outlining the build at Queen Elizabeth II Medical Centre for the women’s and newborns’ hospital. It essentially presented risks that could not be mitigated—risks to service delivery, risks to staff, risks to sensitive equipment and risks to access. A whole range of risks could not be reasonably mitigated. When I table the business case, members will see that. They cannot be reasonably mitigated.

I understand that highly specialised service areas need to be concentrated in tertiary and quaternary centres. That is the way that most modern health centres work: those very highly specialised services are concentrated in one place. We have neurology at Sir Charles Gairdner Hospital and cardiology at Fiona Stanley Hospital. These are just examples; we have many more things. We have a range of paediatric surgery and neonatology services at Perth Children’s Hospital. A low volume of highly specialised cases go to PCH. That is standard and appropriate. Of course, a tri-location, or locating it at QEII, was the preferred option, which is why the government continued to go down the route of a tri-location or locating it at QEII. All the considerations outlined accurately to date by the opposition about the Reid report and the sustainable health review were appropriate clinical considerations. In a perfect world, that is what would be done. Not one of those reports was about infrastructure or delivery considerations. That is what the business case and the PDP were about. That is the infrastructure. The basic question is: can we build it here? No. Can we do it without risking the lives of people accessing the services at Perth Children’s Hospital and Sir Charles Gairdner Hospital? There are no reasonable mitigations that can do that. Can we do it in a way that will not risk service continuity at one of our biggest tertiary hospitals, including some of the really sensitive machinery and services at G block, with dust, vibration, cranes and demolition? Those machines—cyclotrons and so forth—cannot be moved; they are built into the ground. Can we do it without disrupting services or delaying construction? The answer is no, we cannot.

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We are faced with some irrefutable facts and a tough decision to make. We also could not do it within a reasonable time frame. Ten years is not a reasonable time frame. Ten years is too long for staff at King Edward to be there, because it is very ageing infrastructure. We are pouring money into King Edward to ensure that it maintains its accreditation and is fit for purpose, but that is sunk cost. Ultimately, once we move to a brand new site, that will be sunk cost that will be lost to the system. We have to make an important decision based on all the facts and the whole system. The reality is that 14 000 people access that site every day. I access the site for various appointments. If the member for Roe thinks it is hard at Fiona Stanley Hospital, he should try going to QEII. It is diabolical, and I will explain why it is diabolical. QEII is far more constrained than Fiona Stanley Hospital in terms of access and public transport. There is limited parking because of a contract entered into by the former government. There are limited solutions to that parking issue, without costing taxpayers hundreds of millions of dollars by basically breaching a contract that the government entered into. There is only one entrance, and that will not change.

The other part to this is that if opposition members continue to support the location at QEII, they do not support the comprehensive cancer centre that has been proposed by the Harry Perkins Institute of Medical Research. That is the irony of the position of the Leader of the Liberal Party. She supports the comprehensive cancer centre and a women's and newborns' hospital, but they cannot both be physically built at the same time—they cannot. I do not know how she imagines she will do both, but we will see that play out over time I assume.

We have had to do a lot of work around that. There is no question that with the move to Murdoch, the vast majority of services will be co-located with a tertiary hospital. Overall, there are about 33 000 births in Western Australia, and it is the job of the system to understand and manage all 33 000 births. There are very highly specialised requirements for around 30 births a year, and we will work through the process of the safest clinical outcome for those babies. Perth Children's Hospital will remain the site where that expertise and the equipment for that surgery will likely be.

Some of the comments, particularly by the Leader of the Liberal Party, reflect somewhat on the very highly specialised staff who work in the neonatology unit at Fiona Stanley Hospital. They do births at Fiona Stanley. They do high-risk births and they do neonatology at Fiona Stanley. They are not new to this. The Child and Adolescent Health Service site is not the only site that does it. Women give birth safely at Murdoch; babies are born safely with the best possible care. It has a high-standard neonatal intensive care unit as well. I want to assure people, particularly the women of Western Australia, that they have never had a stronger advocate for women's health in a minister than they have in me. I have constantly been, and will be for every day that I am Minister for Health, advocating for the best outcomes for women's health. This will provide better and safer access to maternity care where women live, because most women who access that specialty care do not live in the western suburbs; they live in the northern suburbs, the southern suburbs and the eastern suburbs and in regional towns, where they fly in from on a Royal Flying Doctor Service flight.

I acknowledge that many of the workforce will have to travel to the new site, and that is not what they were expecting to have to do, but if babies and women are put at the centre of the care, clinicians travel to them. That is ultimately the best outcome. If patients are put at the centre, clinicians go to them, instead of babies travelling. We are looking at all those potential options. It opens up the opportunity for birthing choices for women in the south, north and east that do not exist now and absolutely would not exist if we built this hospital at the QEII site.

It is a strange position that the opposition is taking. Frankly, I think it is irresponsible to stoke fear and take advantage of people when they are at their most vulnerable, when they have just had a very fragile baby, particularly when talking about services that will open in seven to eight years. We are working closely with the clinicians to work through what that will look like. We have had 20 meetings with around 40 doctors. We have held six workshops on what the clinical services framework will look like and how women will birth in the immediate vicinity of Perth Children's Hospital and have their babies transferred to surgery as a potential option. It is irresponsible to just be digging in and saying that it has to be here regardless of the risk and the cost—and I do not mean financial cost; I mean the cost of access, the cost of staff and the cost of people being able to continue to operate on that site. It is an irresponsible position that the opposition has taken by digging down and insisting that we build the women's hospital there. The facts are real. Certainly, members opposite will see that for themselves.

I am interested in the Liberal opposition's renewed commitment to the Reid review announced in 2004, because when the Liberals came to government, they immediately junked it. All of a sudden, it is the Holy Grail of health service delivery: "Look, it's in the Reid review." Colin Barnett and Kim Hames threw it in the bin. The first thing they did by throwing it in the bin was to maintain all those key tertiary and quaternary services at Royal Perth Hospital. That is completely contradictory to the Reid review. That is the first thing they did. Secondly, the Reid review also said that King Edward needed to be rebuilt on the QEII site in priority of the children's hospital because of its ageing infrastructure. Again, they junked it and said they did not like that recommendation. They put it in the bin because they did not like it. Perth Children's Hospital leapfrogged King Edward Memorial Hospital for Women as the preferred site to build a women's and newborn's hospital. In doing so, the former government privatised the contract when Christian Porter was Treasurer. He was very proud of that. He announced that the government was

privatising the contract with a parking space cap that has not kept pace with the increase in demand on that site. That cap is there to maintain the profitability. Despite the increased number of patients, visitors and staff—the requirement has almost doubled—that contract limits the number of car bays and there is no space for expansion. There is no capacity for the government to build its own car park either, because there is a two-kilometre restriction around the site under that contract. People are shocked when they find that out. That is a shocking contract. That is an insurmountable challenge in providing and accessing parking. Taxpayers are already subsidising the cost of parking for the community. The Department of Health spends millions of dollars subsidising parking because the current provider is expensive. We do not think people should have to pay a lot to access medical care. We are doing that and we will continue to do that. We are locked into that contract until the middle of the next decade.

If we talk about access and accessibility, there is no train station, although there is a bus service. When we compare that situation with Fiona Stanley Hospital, it is constrained; I will not say that it is not. All health services that provide health care are constrained in terms of access, but Fiona Stanley Hospital has a train station. We will build two extra multistorey car parks. The modelling will deliver on the number of car parks and we will not have to negotiate with a private operator. The government will deliver those car parks because the government owns the land, which is a greenfield site and is a far more straightforward prospect for providing better access. The opposition has a renewed interest in the Reid review, but the former government junked it. The Reid review's recommendations were meant to be implemented as a whole. The opposition cannot unwind a road map and pick out the things it likes or that fit its election intentions or suit it politically; it has to stick with the road map. If we start unpicking it, which the Liberal Party did with Royal Perth Hospital and Perth Children's Hospital, it starts to become untenable to continue along the road map. Another point is that Fiona Stanley Hospital did not exist as a tertiary site when the 2004 Reid review was delivered, so there was no option other than QEII. That was it. It is fair to say that in the last 20 years, the centre of Perth has moved south east and the QEII site is no longer central. The centre of Perth is moving south east because that is where the population is going and growing.

The former Minister for Health and current Premier identified the challenges and said that it would be hard but we were committed to looking at it and building it there. Then we were confronted with the absolutely irrefutable facts about the time frame delivery and disruption and we had to make another decision. I understand that in a perfect world and for a certain set of babies, that would be the ideal outcome, but we have to be able to build the thing, and the reality is that we cannot build it there. We make no apologies for continuing to pursue the QEII site. That was absolutely the right thing to do. The wrong thing to do when faced with those facts would be to put patients and staff at risk and put at risk access to the site for ambulances at two major tertiary and quaternary centres and barrel along that path with a time line of potentially more than 10 years while the staff at King Eddy's continue to operate within crumbling infrastructure. That would be irresponsible.

I refer to the charges about not being consulted and so on and so forth. I hear the concerns. I do not dismiss them at all. The Leader of the Liberal Party was very untruthful about what I said during the estimates. She should go back and look at *Hansard*. I have not been dismissive. I have met and continue to meet with neonatologists. The director general also continues to meet with them, as well as with the Child and Adolescent Health Service and Fiona Stanley Hospital. I acknowledge their distress and concern about this decision.

This is an important project. Because of the dilapidated infrastructure at King Edward Memorial Hospital for Women, we have to keep this project moving. The reality is that no amount of consultation with clinicians or consumers would change the fact that we cannot build the hospital at the QEII site, nor would it change the fact that the only place for it to be co-located with tertiary services is the Murdoch site. Those two facts are baked in. We needed to make a decision. This is a really good decision for the women of Western Australia, particularly in the northern and southern corridors, for a whole range of reasons. This decision was the only way forward for families as it will enable us to build the hospital in a reasonable time. We will have an absolutely world-class facility for women and babies. It is unfortunate that we had to make this decision, but there is opportunity in this. We cannot look at it in silos. We cannot look at services in single lots—at what one specialist does in their area and what another specialist does in their area. We have to look at the integration of the whole service, as this facility will be the heart of women's and newborns' services that will be pushed out to the state.

The infrastructure experts have spoken; the QEII site poses too many risks. The relocation will mean that some of the workforce will have to travel to their new workplace. That is true. The same anxieties were expressed by some practitioners when Fiona Stanley Hospital opened, but it has turned out to be fine. It is a great hospital that delivers great services. The women's and babies' hospital will be a state-of-the-art hospital. I consider the claim that neonatologists say that babies will die if there is no tri-location to be inflammatory language and not based on evidence. We are working through the clinical services planning now and neonatologists are at the centre of it. That comment does some disservice to the neonatologists who do not work at that site, because there are neonatologists right around the state, particularly at Fiona Stanley Hospital and Perth Children's Hospital. It is irresponsible to say that babies born at Fiona Stanley Hospital are not getting a high-quality service.

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The other claim that I have heard from the Leader of the Liberal Party is that women will have to trek over the Narrows Bridge. What a chore! If she had done some homework, she would have discovered that most of the women who attend King Edward Memorial Hospital for Women for specialist services come from the southern side. We are actually bringing the services closer to them. It is a tertiary maternity hospital, so it cares for women from all over the state. Sixty-five per cent of patients who attend King Edward Memorial Hospital for Women are not from the catchment; they come from all over the state. We will capture them well at the new site, from both the north and south. To continue to support the women's hospital at the QEII site, we would have had to accept an unacceptable risk to delivery, the disruption of services and safe access to existing tertiary hospitals. We would also not be supporting the women of the southern corridor by providing a brand new maternity centre with access to a whole range of maternity services. The opposition did not build a birthing centre at Fiona Stanley Hospital; we had to retrofit it into the hospital. That is not really the essence of a family birthing centre. They are meant to be standalone—away from the tertiary hospital but close enough should things go wrong. They will actually get a family birthing centre with access to that kind of birthing and all the high-quality specialised maternity and gynaecological services they need.

By continuing to support the build at Queen Elizabeth II Medical Centre, the opposition is not supporting the women of the northern suburbs, who will get a brand new family birthing centre that will double maternity services at Osborne Park Hospital, which is not as constrained by parking. It is saying, “No, you don’t deserve those services. Women of the northern suburbs, you can continue to travel into the gridlocked site at QEII, circling the carpark and waiting for hours for a parking spot. You don’t deserve a brand new family planning centre.”

We are going to stick with the original plan of doubling maternity services and doubling neonatal services, which includes a significant increase in neonatal services at Perth Children’s Hospital. The three work together as a network of maternity services that actually deliver care closer to where people live. Delivering maternity care closer to where people live seems to be an extraordinary concept to the Liberal–National Party. It is also not supporting regional women. This is a good decision for regional women who are flown into Perth by the Royal Flying Doctor Service. The member for Roe made an obvious point; it depends which way someone is driving from, if they happen to drive. A lot of regional women will present to their local maternity hospital—let us say Kalgoorlie—in a lot of pain, suffering anxiety and stress. They are obviously settled in their community. When the RFDS is called, they have to wait for St John Ambulance to transfer them to the airport. They have to get on the RFDS plane. There can be a lot of waiting around. When they get to Jandakot Airport, they have to wait for another St John Ambulance transfer. If it is Friday afternoon, they have to sit in traffic for two hours before they get to King Edward Memorial Hospital for Women, or QEII in this instance. When the new women’s hospital is built in Murdoch, it will be just 10 minutes down the road. The women will get straight off the RFDS flight and travel 10 minutes down the road. This is better for regional women and babies.

The opposition is essentially supporting a construction site for more than a decade, continued constraints on parking and issues with attraction and retention on those sites. They are not supporting women in the suburbs who want access to those maternity services. I refute the claims around it being unsafe for that very small number of babies. We are working with specialists to develop the very best model of care for those women and babies so they will have the safest and best outcomes in one of the world’s best maternity systems.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [6.42 pm]: I rise to make a contribution in response to the motion moved by the member for Vasse. I thank her for bringing the motion before the house. It is a worthwhile motion because it gives us an opportunity to once again talk about health. I will comment on some of the contributions that were made. The motion speaks particularly to the government not building the women’s and babies’ hospital at the Queen Elizabeth II Medical Centre in Nedlands in favour of Fiona Stanley Hospital in Murdoch. It is a very narrowly defined and very specific motion. I thought it would be a good opportunity for members opposite to articulate their concerns about the specifics of the motion. In the time they had, I thought they would be able to articulate those concerns. Unfortunately, the member for Roe ran out of material on the women’s and babies’ hospital being located at Fiona Stanley Hospital.

Mr P.J. Rundle interjected.

Mr S.A. MILLMAN: I did not interject on the member for Roe. He thought that this motion, which does not mention anything about fisheries, lobsters, forestry or the environment, would provide him with the space and the ventilation to get up and complain about so many unconnected matters. This really speaks to the lack of capacity in the opposition. Here is a really important motion that has been moved by the member for Vasse about something that we are happy to debate. It goes to the heart of responsible government. Okay, we are confronted with a constellation of circumstances. We need to make a sensible decision. Let us test that decision in the cauldron of the Legislative Assembly. Let us have a frank and fearless debate, articulated by intelligent people. But lo and behold, the member for Vasse—I know that she is away and I am not criticising her at all—was the only person who was able to stick to the wording of the motion out of all the members who made a contribution. The member for Roe barely touched

on the circumstances. I suspect the reason he was not able to address the specifics of the motion was that his heart was not in it. He says that he is the representative for people in regional Western Australia. I agree with the Attorney General that the member for Roe's former leader, the member for Central Wheatbelt, will be a great loss to the National Party when she goes. She spent the full half-hour on the previous private members' business articulating the Nationals WA's position on the one vote, one value legislation. The member for Roe did not exercise his right to speak in support of that motion. He waited until this motion came on and then started to complain about the one vote, one value legislation. He was called on a point of order by the Minister for Education, but he persisted in diverting the attention of the chamber away from a very important and worthwhile motion. It is a pity that he was not able to articulate it. I think he was not able to articulate it because his heart was not in it. He knows that the Murdoch site would be better for people coming from Katanning or Narrogin or on the Royal Flying Doctor Service. The Murdoch site would work better for regional Western Australian women because they will be able to access it quicker.

The other contribution from the Nationals was from the member for North West Central. I hope that she goes on a road trip with the Attorney General. I cannot wait to see the Attorney General and the member for North West Central on a road trip. I am sure he would be happy to help the member with her preselection challenges—the member for North West Central and the Leader of the Nationals WA going head to head for preselection for the new seat. I am sure that the Attorney General would love to see the member for North West Central return at the expense of the member for Moore, but never mind.

The member for North West Central conceded the 2025 election. She said that we were politically motivated in addressing the time frame within which this fantastic facility will be built so it would coincide with the potential re-election of the Labor government in 2029. Opposition members have already given up the 2025 election and say that we are using this infrastructure project as a mechanism for encouraging people to re-elect a Cook Labor government eight years from now. I acknowledge that the member for North West Central has already given up the 2025 election. It echoed something that the member for Vasse said in her contribution: this was motivated by the lead-up to the 2029 deadline so that the Labor government could seek a record fourth term. Opposition members have given up the 2025 election. They have given up on the member for Churchlands' seat. They have given up on the member for Belmont's seat. They have given up on the member for Geraldton's seat. They are trying to deprive regional Western Australian women access to better services in closer proximity to the RFDS airport at Jandakot. Members opposite have given up on the member for Geraldton's seat so she will be comfortably re-elected in 2025 because they say that the Labor government is looking to leverage this for political advantage in 2029.

I have a lot of time for the member for Cottesloe, and he tried desperately to bait me into interjecting. I resisted the temptation so I could stand here now and say, "Member, I didn't interject on you!" I resisted. I focused my attention on my notepad in front of me. It was a really disappointing contribution from the member for Cottesloe. His contributions are usually quite good. Talking about preselections, I hope he survives any preselection challenges coming his way. I hope he is here for a long time. The member for Cottesloe was really disappointing because he had the opportunity to articulate a sensible position, but he went to the lowest possible point. He went to: "This will kill babies. This will cost people's lives." Do members know the first thing we can do in order to improve health outcomes for the women of Western Australia, the people who need to access twenty-first century world-class health services? The very first thing we can do is build a brand new women's and babies' hospital, which is exactly what the Cook Labor government is doing. That is the first thing that will save lives, because it will give women and babies access to twenty-first century world-class health care in a twenty-first century facility that is co-located with an existing and well-functioning tertiary institution.

We have had a lot of conversations about the Reid review, but the emphasis and priority of the Reid review was the co-location of a women's and babies' hospital with an existing tertiary hospital. That was always the point the review tried to make. I was very interested, as was the minister, to hear the new-found enthusiasm for the Reid review amongst the ranks of the conservative opposition. The people of Mount Lawley are the incredible beneficiaries of Royal Perth Hospital, which is an outstanding tertiary hospital and an outstanding institution of care, research and innovation. I have spoken about those things previously so I need not traverse them again. The Reid review proposed the closing of Royal Perth Hospital and the construction of a tertiary hospital in the north located at the QEII site, and a tertiary hospital in the south located at the Fiona Stanley Hospital site.

When Liberal Party members say that the Labor government is doing the wrong thing by departing from the Reid review, which is 20 years old—newsflash; circumstances have changed in the last 20 years—are they saying that we should accept all recommendations of the Reid review? Am I to go to my community of Mount Lawley and say that the reason they need to vote for me and the Labor Party in not only the 2025 election, but also the 2029 election, which is the election Liberal Party members will be contesting because they have obviously given up on the 2025 election, is to save Royal Perth? Are Liberal Party members saying that the recommendations from

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25 years ago are pertinent and relevant and they will implement them? Of course not. That would be ridiculous and irresponsible and fail to take into account the change in circumstances that has occurred over time.

This brings me back to the first point—that is, responsible government. The minister said that all things being equal, we would love to proceed with locating the women’s and babies’ hospital at the QEII site, but to do so poses unacceptable risks. Those risks will be articulated and enumerated in the business case. Part of the problem with this motion is that it is premature and has come too early because it condemns the government without opposition members having had the benefit of seeing the business case. This matter came up during question time when the member for Vasse asked the Premier whether the business case would be tabled in Parliament. The Premier said, “Yes. The commitment given in May this year was that the business case would be tabled in Parliament in a matter of weeks.” Admittedly, it is eight weeks since that commitment was made, but it is still within a matter of weeks. A business case is important because a significant amount of money is about to be invested on behalf of the people of Western Australia. We are responsible custodians of the revenues that we collect so it is incredibly important that we present the business case. The sooner the business case is presented to Parliament, the better for all concerned. Hopefully, the opposition will have learned from this experience and we will be able to look at the business case to see how the arguments that I and the minister have articulated this evening match the concerns raised by the opposition. They will be addressed in the business case.

It is interesting that we have waited eight weeks for a business case on a \$1.8 billion project. All things being equal, that is not a bad amount of time. I thought back to July 2011 and the \$4.8 billion project that the former Barnett Liberal–National government undertook in which it contracted out facilities management of Fiona Stanley Hospital to Serco without presenting a business case. We have been waiting 628 weeks for that business case. I wonder whether we will ever see the business case for contracting out facilities management at Fiona Stanley Hospital. I do not think so.

Further to that point, I have the *Special inquiry into government programs and projects* report, which was called the Langoulant inquiry. Page 25 states —

At a meeting of Parliament’s Education and Health Standing Committee, in early 2014, Mr Marney —
That is Tim Marney who was the Under Treasurer —

was critical of the pressure placed on Treasury officials when they were given just two weeks to scrutinise a \$4.3 billion 10-year contract for the service provider Serco to manage key operations at the new Fiona Stanley Hospital.

We come back to responsible government. Responsible government also means accountability. That means that one does not make a \$4.3 billion or \$4.5 billion decision or in this case a \$1.8 billion or a \$2 billion decision on the construction of a women’s and babies’ hospital without turning one’s attention to what will deliver the best outcome for the people of Western Australia.

I will highlight some of the benefits that we will get from the government’s decision to locate the women’s and babies’ hospital at Fiona Stanley Hospital. The location right beside the freeway and close to public transport is actually a great thing. The member for Roe criticised this and said that a 38-week pregnant woman would not catch a bus to the hospital, but other people, such as workers, cleaners and so on, will be able to access the hospital site by using public transport.

Ms S.F. McGurk: Families.

Mr S.A. MILLMAN: Families and people visiting—precisely, minister. When Perth Children’s Hospital, which was previously serviced by the yellow CAT bus, moved down to Nedlands, we extended free public transport down to that site so that people could access it. Like Fiona Stanley Hospital, Osborne Park Hospital is a less constrained site than Sir Charles Gairdner Hospital. Osborne Park Hospital will now get a new family birthing centre. For the people who live in my neighbourhood, in Mt Lawley, Yokine, Dianella and Morley, this will be a revelation and a fantastic result. As the minister says, the hospital will be located right next to the existing hospital, built alongside the redeveloped Osborne Park Hospital, and will complement the family birthing centre already in place at Fiona Stanley Hospital.

The minister also made a point about where people live and that the demographic centre of Perth is moving in a southerly and easterly direction, and I wanted to get a sense of that. In January 2023, seven out of the nine fastest-growing local government areas were in the south or east. Swan, Armadale, Cockburn, Rockingham, Gosnells and Kwinana are all in the southern or eastern suburbs, and we will be putting this hospital close to where the people are. The only two fast-growing LGAs outside that area were Stirling and Wanneroo.

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I will finish on this point in the short time that I have left. We have heard a lot of biblical quotes. It is really good that, once again, we are having a debate about health, because I think about Proverbs 27:22, which according to my notes, states —

Though you grind a fool in a mortar, grinding them like grain with a pestle, you will not remove their folly from them.

This is similar to an earlier quote, which is much more well known. According to my notes, Proverbs 26:11 states —

Like a dog returning to its vomit, the fool returns to his folly.

When I look around the chamber, I see many members who were elected off the back of a campaign based on how well the then McGowan government handled the issues of health, welfare and wellbeing of the people of Western Australia. I think to myself that this is brilliant. The more times we want to have a debate about health, the more times government members can articulate why the then McGowan government, with then Minister Cook as the Minister for Health, and a now Cook Labor government—the first health minister in the history of the state of Western Australia to be elevated to the position of Premier—will always put patients first and have the health and wellbeing of the people of Western Australia as a central consideration.

I thank the member for Vasse for bringing this motion, but I would say that the decision to locate the women's and babies' hospital at the Murdoch site was a decision taken having regard to the best interests of the people of Western Australia, and it is one that I commend to the house.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm
