

**WOMEN'S AND BABIES' HOSPITAL —
BUSINESS CASE AND PROJECT DEFINITION PLAN**

Statement by Minister for Health

MS A. SANDERSON (Morley — Minister for Health) [9.22 am]: I rise to provide the house with an update on the new women's and babies' hospital. After being presented with irrefutable evidence that it would be irresponsible to proceed with building the \$1.8 billion hospital at the Queen Elizabeth II Medical Centre site, the state government announced in April that the hospital would instead be built at the Fiona Stanley Hospital precinct. We also announced that Osborne Park Hospital would be redeveloped to expand services and birthing options in Perth's northern suburbs in addition to upgrades at Perth Children's Hospital.

I acknowledge that this is a significant decision. That is why the government has decided to take the additional step to release both the joint business case and project definition plan that identified the risks at the QEII site, and the Infrastructure Western Australia assessment of the state government's decision to relocate the women's and babies' hospital to the Fiona Stanley Hospital precinct. This document is partially redacted to protect sensitive and commercial-in-confidence information.

The QEII site and the healthcare landscape of WA have changed significantly since the 2004 Reid report, *A healthy future for Western Australians: Report of the Health Reform Committee*, first proposed the location of the women's and babies' hospital. Fiona Stanley Hospital and Perth Children's Hospital then had not been constructed. While it was appropriate to make sure every avenue was explored to achieve the intended co-location of QEII, the business case findings outlined that the risks to patients, staff and the broader WA community were insurmountable and could not be reasonably mitigated. The business case and project definition plan highlights 32 patient services that would be impacted as a consequence of the QEII site selection. Specifically, the document states —

There is a risk that ongoing services and operations at Sir Charles Gairdner Hospital will be materially and adversely disrupted by construction activities. In a best-case scenario, construction of the new hospital at the QEII site would take 10 years. This time line poses an unacceptable risk to both patients and staff at the QEII site, and the continued operation of the ageing facilities at King Edward Memorial Hospital for Women. We have to consider the needs of all Western Australian patients.

Other highlighted risks include the large number of services that would be impacted during construction; ensuring safe access to Sir Charles Gairdner Hospital and Perth Children's Hospital emergency departments; outpatient services; parking and transport considerations; and maintaining safe workplaces on an extremely constrained site for staff, including construction crews. In addition, the anticipated cost came in at more than \$228 million over the \$1.8 billion budget.

If it was possible to safely build an additional hospital at the QEII site, we would. I understand that this decision was unexpected, including for those clinicians who took part in the original consultation process. Of course, we will plan safe and appropriate services at Fiona Stanley Hospital, Perth Children's Hospital and Osborne Park Hospital, including for the small number of neonates that require immediate complex medical care after birth.

I have personally met with many passionate and dedicated health professionals who provide complex care to women and babies. It is clear that they too want to ensure world-class services are available here in WA now and into the future. Consultation is already underway on how best to achieve this, and I look forward to working with them on solutions. I table the business case and project definition plan.

[See paper [2167](#).]