

OSBORNE PARK HOSPITAL — NEONATAL UNIT

274. Ms L. METTAM to the Minister for Health:

I refer to reports that the \$25 million neonatal unit at Osborne Park Hospital has sat idle for three years since it opened in 2020.

- (1) In response to questions about why it had not been operating to its full capacity, the minister and her office claimed it was a shell ward, then the ward's purpose was to futureproof the site for population growth and then the reality was that the ward had been very difficult to staff. Which is it?
- (2) Or is it that, according to the Australian Medical Association (WA) president, the minister had failed to set aside an operational budget for the ward?

The SPEAKER: I will just say that there was quite a lot of argument in that question. I think it would be clearer if you could make your questions more direct.

Ms A. SANDERSON replied:

- (1)–(2) To the very last point, it is absolutely, categorically untrue that the government had not provided funding for the ward or for the operational funding. That is categorically not true. Osborne Park Hospital is run and managed by the North Metropolitan Health Service. The government provided the funding to expand the ward to futureproof and potentially expand neonatal facilities at Osborne Park Hospital in the future. It is an operational decision of North Metropolitan Health Service as to when and how it does that. The purpose of the devolved health system is that those decisions are made locally and they make the best determination for the circumstances that they have. It is absolutely not a matter of not being provided the funding.

North Metropolitan Health Service fitted out the ward to prepare for COVID. That is why we saw it fitted out more than a shell ward of any kind. North Metropolitan Health Service had not requested further operational funding for that ward to expand what it is currently used for. It is used now. Any suggestion that it is not used and it sits empty is completely wrong. It is used now. A number of babies go through that ward. If they are born and they are a bit dusty and they need a little bit more intensive care, that can be done in either the neonatal ward onsite or they go there for that care and are then transferred out. It absolutely does get used now.

In the future, we intend to expand that. When we are able to expand the maternity services, which is one of the key decisions that we made with the relocation of the women's and newborns' hospital, that will also result in significant expansion of neonatal services and therefore expand the number of high-risk women who come to that hospital who are able to birth and therefore birth closer to home.