

**WOMEN'S AND BABIES' HOSPITAL —
INFRASTRUCTURE WESTERN AUSTRALIA REVIEW**

Statement by Minister for Health

MS A. SANDERSON (Morley — Minister for Health) [9.25 am]: The government was advised in March of the significant risks canvassed in the business case for the proposed Queen Elizabeth II Medical Centre site, and the lack of reasonable mitigations. The only other Perth site with the appropriate adult tertiary services is Fiona Stanley Hospital. Fiona Stanley Hospital already provides expert care to women and children, and has the capacity to expand services where needed. As part of the government's additional due diligence works, on July 4, the Premier wrote to Infrastructure Western Australia requesting that the agency review the government's decision to construct the new women's and babies' hospital at the Fiona Stanley Hospital precinct. This request was made under section 8 of the Infrastructure WA Act, in which the Premier can seek advice on any matter relating to infrastructure.

Infrastructure Western Australia considered all planning documents engaged with the agencies involved in delivering the project, and conducted site inspections to inform the review. IWA has confirmed that the detailed due diligence provided in the business case and project definition plan illustrates significant and unavoidable risks that cannot be reasonably mitigated, including challenges related to a brownfields site and the risk to clinical services and equipment from protracted construction processes. I quote —

Even if the level of physical integration between the new women's and babies' hospital and Sir Charles Gairdner Hospital could be reduced, the residual risks associated with the central location would be sufficient to justify reconsideration of the preferred option.

Other possible sites at the QEII precinct were investigated, but all alternative options carried extreme risk.

IWA further identified that the consequential upgrades required to Sir Charles Gairdner Hospital would potentially increase overall construction time frames and cumulative impacts to service disruption at the site for 20 years or more—two decades of disruption to patients and staff at Sir Charles Gairdner Hospital and Perth Children's Hospital.

There is a clear contrast in the nature of the two sites. Queen Elizabeth II Medical Centre is a brownfields site that carries significant known risk during construction, including the impact on the ongoing delivery of clinical services on a busy hospital campus. The challenge with a brownfields site lies in the unknowns. It is likely that further risks would be unearthed once construction starts on a complex site that would further delay the completion of this vital project. I am pleased to say that work immediately commenced to update the project definition plan to reflect the new location. The vast majority of planning can be repurposed. This is the right decision for WA, and it is the right decision for women and their babies. I table the IWA review.

[See paper [2168](#).]