

WOMEN'S AND BABIES' HOSPITAL — RELOCATION

488. Ms L. METTAM to the Premier:

I refer to the tabling of the business case and project definition plan for the new women's and babies' hospital today. The business case states that the preferred option was the north option on the site of the existing Sir Charles Gairdner Hospital E-block and that this would deliver the primary clinical objective of the project, being improving safety and quality care for women and newborns by removing the need for critical care transfers.

- (1) How did the WA Labor government make the decision to change sites when the business case clearly highlights the benefits of maintaining the co-location at Queen Elizabeth II Medical Centre?

Ms A. Sanderson interjected.

The SPEAKER: Order, please.

Ms L. METTAM: And —

- (2) Given the Premier has previously stated that it is a complex project on a constrained site, and “It will be a difficult project but it is one we need to do”, why has the government decided this is now too hard?

Mr R.H. COOK replied:

- (1)–(2) That question was longer than my first answer! I thank the member for it. Can I also say that I want the best team to win this weekend. Obviously, we want the Matildas to win on Saturday and we want the best team in purple to win on Saturday as well!

Several members interjected.

Mr R.H. COOK: Can I commend the Leader of the House and the member for Fremantle for their scarves today.

The SPEAKER: Premier, if you're going to keep that up, you might be sat down!

Mr R.H. COOK: This is an important project and we know that renewing our tertiary and quaternary women's and babies' services is a long-term project for Western Australia. This goes back to the Reid review. It said what should be done in the first instance is move the women's and babies' hospital to QEII and then, at some point in time, move the children's hospital to QEII so there would be that connectivity. That is a connectivity we have all acknowledged, over time, is important and would serve us well.

The fact of the matter is that members of the previous government made a different decision. They decided they would chase votes by developing a new babies' hospital on the QEII site first. We acknowledge that that was a popular decision and we acknowledge it is a great hospital, albeit the opposition had to wait till we were elected before we could open it. What happened was, once we get into these constrained environments, these projects get extremely complex. Legacy infrastructure that people were not aware of is discovered and the campus that is being operated on is significantly disrupted. You find yourself in a situation where the project becomes unbelievably complex. As the Minister for Health said, you deal with the cards that are dealt. The fact of the matter is that the \$1.8 billion women's and babies' hospital at the QEII site was becoming overly complex and expensive. We spend money on health so I do not begrudge the need to spend money on health. That is important, but because of the complexity of the project, it was going to significantly delay the commissioning of the new women's and babies' hospital. Do not forget that the Reid report, all those years ago, said that the urgent need of infrastructure development was to move the women's and babies' hospital. If we roll forward two decades later, we still do not have a new women's and babies' hospital. The decision that you make is the decision based upon the evidence that is put in front of you. You seek the evidence and then you make a decision—tough decisions, but decisions nevertheless that need to be made. The member for Vasse and the member for Central Wheatbelt called for this project to be reviewed by Infrastructure Western Australia to undertake an independent —

Ms L. Mettam: Not after the decision was made.

Ms A. Sanderson: Yes, you did.

Ms L. Mettam: We asked if it had been reviewed.

The SPEAKER: Order, please.

Mr R.H. COOK: No, member for Vasse. What you said in estimates was, I quote —

Will Infrastructure Western Australia have a role in assessing how the decision that we have heard about recently in relation to the women's and babies' hospital was made and in looking at the business case, which is yet to be made public?

Of course, it was made public today.

The member for Central Wheatbelt said —

... flick it through to Infrastructure WA just in the spirit of the legislation you introduced yourself ...

That is exactly what we did. We sent it to Infrastructure Western Australia and it made two very key observations. The first was that developing the hospital on the QEII site would involve significant and material interruption to the delivery of other health services on that site. It made the observation that —

... construction and deliverability risks at the QEIIMC site were sufficiently material to justify the decision to consider alternative site options for the construction of the new WBH, particularly in light of the urgency to relocate the ageing KEMH.

That is a significant point because although the business case says we could develop the new women's and babies' hospital on the current site by 2034, Infrastructure WA said that is incredibly ambitious and we could potentially be looking at another two decades before the hospital is developed on that site. That is two decades too many. It is just too much.

Dr D.J. Honey: This is rubbish. Sack your engineers for God's sake—10 years you say!

Mr R.H. COOK: The interjection by the member for Cottesloe goes to the heart of the problem we have found ourselves in in government. That is, these guys, when they get in, are complete wreckers. They have no respect for the finances, no respect for proper planning, no respect for reports that advise and they just go about willy-nilly. That is what John Langoulant found in his special inquiry. It said —

Too many major projects have been undertaken on an ad hoc basis and without adequate planning. Cost and time blowouts have been common outcomes. The lack of a comprehensive and long term plan to develop the State's infrastructure has contributed to these outcomes.

That is what we get from those opposite: reckless neglect of proper planning and financial controls, which is the reason that we had record-level debts and deficit budgets by the time we came in.

We need to look no further than the Fiona Stanley Hospital debacle. This is another observation by John Langoulant. He says —

The absence of a stand-alone business case to underpin the \$4.3 billion Serco contract was the worst case of financial risk taking for the State to be reviewed by the Special Inquirer.

That speaks volumes about those opposite. They were absolutely reckless. I am yet, and shall not because we do not have time, to dig into the costs associated with the privatisation of car park services at Queen Elizabeth II Medical Centre. Compensation to the company alone at the moment sits at just shy of \$40 million. That is money we have stuck into the proponent's pockets, not for parking but for compensation for the contract that was a noose put around the neck of the WA public forever thus by this mob opposite. We want to see the development of a new women's and babies' hospital as quickly as possible. All the advice we have continues to say that we now need to move it to Fiona Stanley Hospital and thus that is what we have to do. We will continue to consult with the community and clinicians and, as the Minister for Health said earlier, extensively redevelop the delivery of maternity services in the northern suburbs. These are the sorts of decisions that responsible governments take.