

FIONA STANLEY HOSPITAL — NON-CLINICAL SERVICES CONTRACT

146. Hon COLIN TINCKNELL to the parliamentary secretary representing the Minister for Health:

Yesterday, a media statement put out by the Minister for Health's office announced that the government had a new agreement to absorb 650 staff from Fiona Stanley Hospital into the public sector. This new agreement includes a one-off transition cost of \$12.9 million.

- (1) Can the minister please provide a breakdown of where and how this \$12.9 million will be spent or allocated?
- (2) Is the government making this change because the services provided by Serco Australia have been inadequate; and —
 - (a) if yes, how long have services been lacking, and how will this change with the transition of Serco staff into the public sector; and
 - (b) if no, how does the government believe that it can improve on the current system of operations if the services were not inadequate?
- (3) How much does the government expect to save in adopting this new agreement?

Hon ALANNA CLOHESY replied:

I thank the honourable member for some notice of the question.

- (1) The \$12.9 million in transition funding is phased over three financial years and will be used to undertake workforce transition and service design, including the establishment of new organisational structures, the development of new workflows, policies and procedures, and procurement of necessary equipment and consumables for each of the three services.
- (2)
 - (a) The services that will be returned to public control are those that are patient facing and therefore can directly impact a patient's experience in hospital and have an important impact on levels of patient care. The decision to bring these key non-clinical and support services at Fiona Stanley Hospital back to the public sector delivers on a McGowan government election commitment to put health care in public hands, stop the privatisation of public health and hospital services and bring services back into the public sector.
 - (b) The government has always advocated that services that directly impact patient care should be undertaken by the state. Although there are many opportunities for the South Metropolitan Health Service to review service delivery models, any changes will not impact on the quality of services provided to patients.
- (3) The estimated \$8 million a year additional costs are based on estimates from similar services provided at Royal Perth Hospital and Sir Charles Gairdner Hospital. The full cost of transferring the services back to public control is yet to be finalised. Work has commenced on workforce structures and service delivery models in order for the state to deliver these services. Cost models and budget forecasts will be developed in parallel to the transition work.