

FIONA STANLEY HOSPITAL — SERCO

Motion

Resumed from 19 August on the following motion moved by Hon Amber-Jade Sanderson —

That the Council condemns the government for its mismanagement of the establishment of Fiona Stanley Hospital and calls on the government to release all details of its dealings with Serco on the Fiona Stanley Hospital contract.

HON SUE ELLERY (South Metropolitan — Leader of the Opposition) [1.17 pm]: I continue the remarks that I had begun when we last debated this motion. Members will recall that I had made the point that this government had promised the residents of the south metropolitan area that they would receive a new state-of-the-art, cutting-edge tertiary hospital, that it would be delivered by Serco, and that it would provide the highest quality health care. That is certainly what the people in the southern suburbs of the metropolitan area deserve and what they expected they would get, but so far that has not been the case.

I said also that I would be referring to two reports. When we last debated this motion, I had focused on the first of those two reports, namely the report by the Legislative Assembly Education and Health Standing Committee that looked at the commissioning arrangements for Fiona Stanley Hospital and the arrangements that the government had put in place—or rather failed to put in place—around appropriate governance of the decisions that were being made to ensure that Western Australian taxpayers were getting the best value for money out of those contractual arrangements.

I was referring to the first report, but I now turn to the second report, prepared at the request of the government by the Australian Commission on Safety and Quality in Health Care and MMK Consulting. That report reviewed the operation of clinical and patient care at Fiona Stanley Hospital immediately after it opened and was presented to the government in June this year. To put that report in some context, the report states —

The purpose of the review was to assess whether FSH is delivering operationally on its key vision and values as outlined in the Leaders of Care and consistent with the National Standards for Quality and Safety in Health Care.

The review took into account the recently received Interim Accreditation of FSH by the Australian Council on Health Care Standards, following the ACHS review of FSH conducted in March 2015.

The scope of the review took in all the complaints received by the hospital since it had opened; interviewed selected patients and families and reviewed the hospital's strategies of addressing relevant issues; evaluated the delivery of operational clinical care, including the impact on patients and clinicians; evaluated patients experience of their care; made recommendations for improvement and outlined where the hospital is operationally performing well and whether efficiencies are being made; assessed particular inefficiencies in the delivery of care and made recommendations for improvement; examined the resources currently provided and highlighted areas of clear deficiency; and examined the roles, responsibilities and relationships of the various staff groups. That is what the review was set up to examine and the report indeed canvasses those elements.

One of the first things the review investigated was complaints and serious adverse incidents at the hospital. According to page 9, the review found —

... the following key patient care themes were identified:

Access rights and information:

- confusion around procedures to visit patients
- information regarding late advice of outpatient appointments resulting in patients missing appointments
- access to wards after-hours.

Timeliness of care:

- waiting times in the emergency department
- unreasonable delay for surgery caused by duplication of tests
- delayed processing of medication prescriptions, particularly for discharge.

Communication with staff:

- lack of explanation for poor patient care or delay in surgery — no apology

- lack of discussion of care planning/case management with patients and their families ...
- appropriate discharge information not communicated to patients
- poor communication amongst staff regarding clinical handover/patient care
- lack of consistency in written and oral advice provided to patients.

Quality of care:

- issues with cleanliness and change of bed linen
- walking aids not made available in the orthopaedic wards.

Physical environment:

- noise pollution, particularly in outpatient facilities
- room cleaning occurring at unacceptable hours (e.g. 9:30pm)
- lack of hospital volunteers on wards
- lack of child-friendly waiting rooms and other areas.

Complaints with access to food: —

I hasten to note that this was not about reporting on the quality of food —

- food availability
- food delivered but not as ordered
- slow eaters discouraged from finishing meals.

I would like to make this point about the matter of cleanliness and changing of bed linen and what happens when a hospital is privatised and reporting relationships are broken. Think about institutions such as Joondalup Health Campus or Peel Health Campus. They are run privately but all the staff are employed by the same employer. When reporting relationships are broken and distance is put between clinical management and support services' management, inevitably there is a breakdown in communication, a duplication of some elements and ultimately a poorer quality of service. That has been demonstrated time and again. Back in the 1990s, under the former Court government, exactly that happened to the cleaning services at Royal Perth Hospital and exactly that happened to orderly services at Sir Charles Gairdner Hospital. When reviews were done on why there had been a drop in the quality of those services, exactly the reason that I have outlined was found to be the case. When relationships break down and people report according to different standards to different employers and everybody is not on the same path, that is what inevitably happens. Those who opposed the model of privatisation at Fiona Stanley Hospital pointed this out. We said, "You should look at what happened to Royal Perth Hospital in the 1990s and at what happened to Sir Charles Gairdner Hospital in the 1990s. You didn't listen and what we said would happen is exactly what has happened."

The report goes on to list a range of suggestions and recommendations from patients and their families or carers about how to improve matters at Fiona Stanley Hospital. I have only 13 minutes left so I do not have enough time to go through all of them, but they include: improving training in communication; providing consistent and accurate patient information in written formats; making sure that on the orthopaedic wards—I should not have to spell out to people what the orthopaedic ward is: the bits of our bodies that are dealt with in the orthopaedic ward and that as a consequence of orthopaedic surgery, people might not be able to walk properly. Guess what cannot be found in the orthopaedic ward—wheelchairs and crutches! I would have thought that wheelchairs and crutches were fairly basic pieces of equipment in an orthopaedic ward. There has been a suggestion that maybe the hospital should make sure that some of those basic things are available for patients in the orthopaedic ward. There is a whole list of things that, as I said, I am not going to have time to go through.

The report addresses the serious adverse events at the hospital since its opening, but states that relatively low numbers of major issues—which is good—have occurred since the hospital's commissioning. The report characterises them in the following way —

Medication errors:

- wrong dose of insulin
- epidural medicines administered intravenously
- medication delivered intravenously rather than subcutaneously
- failure to monitor side effects of medication
- incorrect quantity of medication.

Falls in hospital:

- fall while awaiting surgery ...
- fall from unsupervised commode chair ...
- fall while recovering from surgery ...
- fall while walking in corridor ...
- fall on wet bathroom floor ...
- fall climbing out of bed ...

Most of those falls resulted in fractures to the neck of the femur.

In respect to mental health, there was the suicide of an inpatient. In respect to maternity services, the report states —

... twin pregnancy due to have induction of labour was delayed — Cardiotocography (CTG) decelerations in one twin not managed, resulting in urgent caesarean section.

The report continues —

Delay in recognising and responding to clinical deterioration:

...

Hospital process issues:

- patient presented to Emergency Department and died less than 24 hours after discharge.

The report found —

Many of these incidents were avoidable and the hospital must ensure that it has a structure in place to review incidents and implement learnings to ensure that patients within its care are in the safest possible environment. This particularly necessitates aligning the remedial actions with the 'craft' group involved in the incident. For instance while it may be useful to educate nursing staff in using epidural analgesia, if the incident involved medical staff, remedial action should be targeted at this group of staff.

That seems to me a fairly straightforward, sensible, commonsense kind of position to be taking and it is astonishing to me that it needed to be made to what was supposed to be a cutting-edge clinical care facility in the form of Fiona Stanley Hospital. The report turned to reviewing hospital-wide services. It listed the support services Serco was to provide as follows —

- 'Hard' facilities management services ...

Including the outside, the grounds et cetera —

- 'Soft' facilities management services, including patient catering, internal logistics, cleaning and reception
- Helpdesk and communications
- Central sterile supply services

Although we know that was taken off Serco —

- Maintenance of wired and Wi-Fi data network
- HR, recruitment, non-clinical training and education, occupational safety and health
- Procurement, management and maintenance of all hospital assets
- Procurement and distribution of consumables.

The report also found —

The contract with Serco has proved challenging at a number of levels. Many of the potential money saving initiatives envisaged by employing a Facility Manager are yet to achieve savings. Significant FSH Executive time has been spent understanding the limitations of the contracted services and managing the interface between the organisations.

This is what the report found in respect of consumables and equipment management —

... the centrally controlled inventory of equipment purchased and maintained by Serco, on behalf of hospital, has not yet produced any savings. Equipment is tracked throughout the hospital and should be easily available to staff. Early experience has been disappointing with equipment not located as

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designated on the system, and at times being difficult to find at all. Staff also reported ... damage to expensive equipment through mishandling, inappropriate cleaning and movement.

A major area of additional expense for the hospital has been the intermittent failure of the cardiac telemetry system, which has necessitated the allocation of senior nursing staff to monitor cardiac patients ... Currently, the system fails intermittently and the source of failure remains obscure. To mitigate patient risk, senior cardiac trained nurses are rostered to monitor patients in the cardiac wards, necessitating extra expense by the hospital to ensure patient safety.

In respect to portering or orderly services the report finds as follows —

The contract with Serco did not allow for porters to physically touch patients. Given that a significant part of a porter's role is transferring patients to and from beds, chairs, wheelchairs, operating theatre tables and so on, this created a major difficulty for the hospital to overcome.

How, indeed, are patients to be transported if they cannot actually be touched? The report continues —

FSH has subsequently employed 120 Assistants-in-Nursing and Serco has added 70 additional porters to meet the hospital needs. This is both inefficient and costly. Clinical staff reported instances where 3 individuals were each required to perform a task such as moving a patient from theatre and cleaning the theatre floors that in other jurisdictions would be performed by only 1 person.

The report goes on to canvass the difficulties experienced with the help desk and stated the following —

... the Helpdesk was continuing to have difficulty triaging calls to the appropriate service within FSH.

In respect to food services the report found the following —

As outlined elsewhere in this report patients had an inability to use, or lack of familiarity with using, the PES meal ordering system —

This is the automated meal ordering system —

and this frequently resulted with incorrect meals being provided to patients or none at all. To overcome this issue, the nursing staff have been managing meal ordering, —

This is nursing staff with university degrees managing the system whereby people order their food —

a service that was intended to be managed by others. This has reduced the time many Nursing Unit Managers might otherwise have had available to work with their staff and/or improve patient experiences. It has also proved anxiety provoking in patients and given the importance of nutrition in relation to wound healing, deconditioning was and may continue to be, a patient safety issue.

With respect to bed linen the report states the following —

There were issues of soiled linen not being automatically changed and not being changed when requested. The contract with Serco stated that bed linen would only be changed when requested by clinical staff. This led to numerous patient complaints and unnecessary tension between patients and their clinical carers. A system needs to be put in place which provides patients with clean linen when required whilst appropriately minimising linen utilisation. Patients should not experience lying in soiled linen which also exposes them to a potential infection risk.

In respect to the central sterilisation of supply department, which is the unit that sterilises the instruments, there has been a lot of attention paid to that, probably because some of the things that were found were quite gory. The report states the following —

A major concern for the hospital, albeit now corrected, was the failure of Serco to provide the centralised sterile supply needs of the hospital. Serco purchased 'state of the art' sterilisation equipment and employed an experienced sterilisation manager and staff ... Theatre staff discovered 'dirty' instruments and surgical trays as well as trays with vital equipment missing, necessitating returns to the Central Sterilisation Supply Department ... resulting delay in surgery and concern regarding cleanliness and sterility of equipment. This issue led to a number of significant adverse articles in the local media, impacting on both FSH and Serco.

...

The cancellation of this element of the Serco contract was the culmination of months of reported staff concerns, and focus by the FSH Executive.

In respect to information technology the report states the following —

FSH is the first WA public hospital to implement a Digital Medical Record ... The DMR ... is a digitised version of the traditional integrated paper-based medical record.

...

A major change for many clinicians working at FSH relates to the introduction of the new bedside information technology. As yet, the multiple applications that form the DMR are not fully integrated so clinicians cannot easily move from one application to the next.

Problems were also reported with the DMR's inability to put an alert on the system (warning about an impending potential issue e.g. a reaction to a type of drug or the need for the patient to be seen urgently); this was seen as a safety and quality issue.

The introduction of the DMR has allowed the start of efficiencies in the care of patients and communication between team members.

It has allowed the start of those efficiencies to occur; however, the report finds that is still the case that it is difficult for them to use at the bedside and difficult for them to use it to identify particularly urgent information.

I have only one minute and 50 seconds left, so I will go to the recommendations. The reviewers made a series of recommendations following the review of operational clinical patient care at Fiona Stanley Hospital. I really hope the parliamentary secretary is able to outline specifically how those recommendations have been implemented and that all of the issues identified in this report in June have been dealt with, now that we are in September, or at least are being dealt with. Amongst other things the reviewers recommended that —

- A1. Consideration be given to placing within the Emergency Department a mechanism for advising patients and their families/carers of ... waiting times.
- A2. Systems be put in place for the routine and as required change of bed linen not solely reliant on nursing staff to request these changes.

I am really hopeful that the parliamentary secretary can tell that at least that one has been done. The recommendations continue —

- A3. A review of the cleaning of patient areas be undertaken with a view to initiating a program which least disrupts patients.

The report also recommended that systems be implemented in respect to discharge medications, that patients be provided with advice of changes to their medication, and they go on but I will just not have time to canvass them all. However, it is a damning report of what should be state-of-the-art, top-quality clinical care to Western Australians and I look forward to hearing from the parliamentary secretary about how those things have been addressed.

HON ALYSSA HAYDEN (East Metropolitan — Parliamentary Secretary) [1.40 pm]: Obviously, I stand here today representing the Minister for Health. The government will not be supporting this motion—I am sure there are no surprises there—for a number of reasons, which I will outline during my contribution.

I take this opportunity to note that here we are again, first up on a Wednesday sitting day listening to the opposition's ongoing negative and miserable view of the world. All we hear from members opposite week after week is constant negativity.

Several members interjected.

Hon ALYSSA HAYDEN: I sat and listened to the Leader of the Opposition's contribution without making comment, and I expect the same respect from members on the other side. I will not listen to or engage in interjections. We know that members opposite do not want to hear anything positive. The opposition is about doom and gloom—they act as if Western Australia is the worst place in the world to live! It is really sad; obviously since the 2008 election, members opposite have never got over the fact that the community of Western Australia voted them out because it was sick and tired of the way they treated this state.

For a change, I will focus this Wednesday on something a bit more positive. It is terrible to sit here day in, day out and listen to the negative views of members on the other side of the chamber. I would hate to be a member on that side of the chamber; I would have to wake up every morning and hate what I see in the mirror. It is all about serving the Western Australian community. Unlike members on the other side of the chamber, we on this side like what every other Western Australian enjoys about this state. Only a few weeks back it was revealed that Perth has been ranked eighth in global liveability, which means that it is the eighth best place to live in the world. The reason I say that is that the Leader of the Opposition has been reported in the media —

Several members interjected.

The PRESIDENT: Order, members! I am assuming that the member on her feet is building up a case to present that has something to do Fiona Stanley Hospital.

Hon Sue Ellery: You're very optimistic, Mr President!

The PRESIDENT: I am eagerly awaiting that.

Hon ALYSSA HAYDEN: Absolutely; I will get you there, Mr President. I am painting the picture.

The Leader of the Opposition was quoted in the media as describing Fiona Stanley Hospital of Third World standard—Third World? Obviously members on the other side have never visited a Third World country. Have they ever stepped foot in a hospital in a Third World country? If they had, they would know how insulting those comments are. Those comments are insulting to the hard working people at Fiona Stanley Hospital and they are insulting to the people in this world who live in Third World conditions. I am sorry, but for members opposite to say that a Western Australian hospital worth \$2 billion is of Third World standard, they should get out of their boxes and bubbles and see what Third World countries have to put up with. It is a disgrace and opposition members should be ashamed of themselves for describing a fantastic brand new hospital that is providing fantastic high-quality health services as Third World. I apologise to every staff member who works at Fiona Stanley Hospital for that behaviour. They have had to tolerate the ongoing negative comments and bashing of Fiona Stanley Hospital. Members opposite are not big enough to do that. On behalf of the opposition, I put it on the record that I apologise to those staff for the way they have been treated. It is a disgrace.

Instead of listening to doom and gloom, I will give a history lesson. It is very rare that members opposite refer to the beginnings of Fiona Stanley Hospital. I know that they will not listen to me, because they do not listen to anything that may teach them something. I will talk to members on my side of the house.

In March 2004, the Reid review presented its report to the then Labor government. It recommended the construction of a major new tertiary hospital, which was later given the name Fiona Stanley Hospital. Recommendation 27 reads —

A new major tertiary hospital should be constructed to service the south of Perth and incorporate the tertiary clinical services of Fremantle Hospital together with designated clinical groups from Royal Perth and Sir Charles Gairdner hospitals. The preferred location for this hospital is at Murdoch,
...

The next bit is the most important part —

and planning should commence immediately.

That was March 2004; members should remember that date. Following this recommendation, in February 2005 the then Labor government announced the construction of the southern tertiary hospital with 591 beds at a cost \$420 million, which was to be completed in 2010. Six months later in September 2005 —

Hon Jim Chown: So that was announced by the Premier of the day?

Hon ALYSSA HAYDEN: That was an announcement by the government of the day, which was the Labor government. That is correct.

Hon Darren West: How much was the cost again?

Hon ALYSSA HAYDEN: It was \$420 million. Hon Darren West should listen to this; he might learn something.

By September 2005, six months later, the Labor government changed its plans slightly and added 19 beds—the most expensive beds on the planet—bringing the total number of beds at the hospital to 610. I say expensive beds because the extra 19 beds and the changes that the Labor government made in the six months after the plan was first released increased the cost of construction by \$320 million. Does Hon Darren West remember the figure of \$420 million? Within six months of the Labor government announcing its plan for the new hospital, an additional \$320 million was added to the cost. Having originally been costed at \$420 million, the hospital would then cost \$742 million. The hospital completion date was set back from 2010 to 2011, so another year was added. In December 2005—this is still the same year, three months later—the government made another change. It again increased the number of beds, this time to 643, with another massive increase in cost of \$350 million. The original figure of \$420 million had blown out to \$1.092 billion in the space of less than a year.

Hon Jim Chown: Is that double?

Hon ALYSSA HAYDEN: It was \$670 million more than the original prices of \$420 million.

Several members interjected.

The PRESIDENT: Order, members!

Hon ALYSSA HAYDEN: The completion date was again set back from the originally announced date of 2010 to 2012. One year on—as if that was not enough—the estimated cost escalated to \$1.762 billion from the original cost of \$420 million without any additional beds and, wait for it, the completion date was set back to 2014. Before a brick had been laid, under the former Labor government the cost of Fiona Stanley Hospital was

blown out by more than \$1.3 billion and the opening was delayed by four years. Along the way in this big expensive journey of \$1.3 billion, there was considerable behind-the-scenes wavering and planning for the services of the hospital as those responsible tried to achieve compromise between the services the hospital would provide and the growing estimated cost of the facility. For example, I have been led to believe by information provided to me by the department that at one stage the gynaecological and obstetrics facility floor plans slipped away from stage 1 of the hospital—they just disappeared! Talk about mismanagement. Construction was delayed by four years, the cost blew out to \$1.3 billion and the Labor government could not keep its floor plans up to date! I will recap. It is very clear; because I know this side gets it, but members opposite will never understand because a project of this size is beyond their capability.

Let us start from the beginning, in February 2005 —

Hon Helen Morton: That is why they didn't start it!

Hon ALYSSA HAYDEN: That is why they did not start it. The minister is dead right, and that is why they are on that side.

The initial report from the March 2004 Reid review stated that the Labor government should “commence planning immediately.” From February 2005, when the former Labor government starting putting pen to paper, a 591 bed hospital costing \$420 million was to be completed in five years, by 2010. That is fair enough. To blow out two years later, by December 2006, to a total cost of \$1.76 billion—a blowout of \$1.3 billion—and a delay of four years shows total mismanagement by the other side. The site works for Fiona Stanley Hospital commenced in mid-2008, several years later than originally scheduled. The new Liberal–National government inherited the project because the community could see the writing on the wall that the Labor government was just incapable. The new Liberal–National government supported phase 1, which took the Labor government so long to get there, of the Fiona Stanley Hospital project, and it proceeded with the construction as planned. Construction works commenced in March 2009 and were completed in December 2013, slightly ahead of time and within the budget.

Under the previous Labor government, following the announcement of Fiona Stanley Hospital, a Fiona Stanley Hospital steering committee was established, chaired by the then director general of the Department of Health. The task force was to focus on the planning of the hospital. Due to a number of significant health capital projects being progressed through the new Liberal government, the steering committee was expanded to become a major health infrastructure steering committee. I will explain later why this is important, because the Auditor General's report states that this is when the Fiona Stanley Hospital started to get on track. As the focus moved from construction to preparing the hospital for patients, the Fiona Stanley Hospital Taskforce was then established in 2012 under this government to plan the commissioning of the hospital. I am so delighted that the people of Western Australia saw the writing on the wall because Labor could not even manage getting it that far—could members imagine it trying to even put in equipment or people through the doors, let alone patients? During this time, an Auditor General's review was conducted in 2010. The incoming minister, Hon Dr Kim Hames, asked the Auditor General to review Fiona Stanley Hospital. That was the fifth report, conducted in June 2010, to give an update of the processes of Fiona Stanley Hospital from the start to where it was at that point in 2010.

I can inform the house of those members who have not read the Auditor General's report. It is a damning report on Labor's mismanagement of Fiona Stanley Hospital; a report we never hear the other side talk about. This is not me telling you, Mr President; this is the result of a report by the Auditor General and I am going to quote directly from that report to explain why the mismanagement of Fiona Stanley Hospital is the sole responsibility of, and was started under, the Labor government, and which we had to come in and fix up. The report states —

- the original cost estimate for FSH was unrealistic because it was based on a minimal understanding of what services the hospital would deliver.

The Labor government went into planning the hospital without even knowing what it was going to put into the hospital. The report continues —

- The \$1.76 billion capital budget covers the cost of construction and some fit-out, but not everything needed to open a working hospital.

“Oh yes, we will make it look good on the outside, but please don't open the doors and go in, people, because we will not be able to help you.” The report continues —

- The opening date for the hospital is between three and a half and four years later than originally planned. Inadequacies in planning the project delayed the start of construction, and the increases in scope extended the construction timeframes.

Managed under the previous Labor government, the Auditor General's report also found —

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- The project has relied heavily on external project planning and management expertise but the costs of consultancy contracts have not been well managed.

That is, not been well managed by the Labor government, again showing that it is incapable of managing a project of this size. The report continues —

- The FSH project has lacked robust financial and project management systems since it started, but these are now being put in place.

That is, under the new Liberal–National government. The Auditor General comes out and says that the project has “lacked robust financial and project management systems since it started” under the Labor government. Labor members should hang their heads in shame and be so embarrassed. The report also noted —

An acceptable business case which was expected in December 2006 —

This is why the Labor Party could never ever represent small business or business of any kind, because it cannot even get a business case study right. The report states —

An acceptable business case which was expected in December 2006 was not completed until the end —

Several members interjected.

The PRESIDENT: Order, members! It has been said before that we do not want a sterile debate in this house, but we need to observe sensible practices and common courtesies. A member on their feet is entitled to be heard. Let us hear from the member on her feet.

Hon ALYSSA HAYDEN: Thank you, Mr President. I will start the quote again. The Auditor General’s report states —

An acceptable business case which was expected in December 2006 was not completed until the end of December 2007, and was not approved by government until June 2008. The procurement strategy was separately approved in late 2007, ahead of the business case approval. Normally, this would not occur until after the business case has been approved.

Here we go again putting the horse before the cart in total mismanagement by the Labor government in establishing the setup of Fiona Stanley Hospital. The Auditor General’s report was critical of the early years of the management of the project. It noted —

When the FSH project started, neither WA Health nor the former Department of Housing and Works had the skills or capacity to manage a large and complex building program such as the FSH project. WA Health appointed consultants to produce the business case and provide project direction for the FSH project. The contract for the development of the business case cost three times more than initially budgeted, and the business case that was delivered had significant gaps.

The report goes on —

WA Health engaged the same consultants to provide project direction services.

The same consultants that delivered a business case that had significant gaps in it were again engaged to provide the project directions for the services. It is noteworthy that although the Education and Health Standing Committee was critical of the former Department of Health director general, as alluded to by Hon Sue Ellery earlier today in her speech, the changes that the Auditor General noted are the changes that brought this project management back on track, and they occurred shortly after his appointment and under his stewardship.

For the opposition to sit here and condemn this government for the mismanagement of Fiona Stanley Hospital is absolutely embarrassing. Members opposite should be totally ashamed of themselves for constantly putting in nothing but negative vibes and hope for the failure of Fiona Stanley Hospital. They have hoped, since they lost the election in 2008, that Fiona Stanley Hospital would fail. Why? They do not know anything else but failure. For them to put so much wish and hope into the failure of something that is a fantastic facility for the community of Western Australia is absolutely disgraceful.

I promised earlier in my speech that I would put some positivity back into the debate in Wednesday’s non-government business time. I thought I would share with members some of the things that I saw when I went out to Fiona Stanley Hospital for a tour last week. I have to say that on first walking in, I could see that across the board staff are very happy, they are in a good mood, they have a great environment, they have excellent working conditions and they are all smiling and all being very nice.

Hon Kate Doust interjected.

The PRESIDENT: Order!

Hon ALYSSA HAYDEN: I will get to the emergency department in a moment, member.

Hon Kate Doust interjected.

The PRESIDENT: Order!

Hon ALYSSA HAYDEN: They are enjoying the new hospital and services available to them—not just available to them; these people are about caring for patients in our community. They are also enjoying the new fantastic facilities that patients and visitors enjoy.

I spoke to quite a few staff, ranging from the Serco reception staff at the front door to doctors in the emergency ward. They all said that they would not go back to where they came from. I spoke to quite a few nurses who came from a varied assortment of hospitals from not only Western Australia but also over east. They said that Fiona Stanley Hospital was the best working facility they had ever worked in and that they would not go back. They said that although they needed time to get across the new systems, they would not change the systems and they would not go back to using pen and paper. It is like anything new; when Microsoft puts out an update program on our computers, and we go to use it, the icon is in a different place, we cannot find the undo button and we cannot find the save button. It takes us time to adjust.

Hon Martin Aldridge: A bit like the spam filter.

Hon ALYSSA HAYDEN: Yes, the spam filter. Sorry, DPC IT!

It is the same sort of thing at the new hospital; there is a new system that people have to learn and adjust to. It is not just a system; these people have moved into a brand-new hospital. Having previously sat at a desk in a different ward, they find that everything is now different. They said that they have needed time to adjust and to work with each other because they have all come from different backgrounds in health services across not only Western Australia, as I have alluded to. Overall, from all the staff I spoke to, I did not receive one negative comment. They all shared the view that they are enjoying these fantastic services and are looking forward to working together to deliver great health services to WA. They said also that they do not know why they are being picked on so much by the media and the opposition. They wish they could just get on and do their job.

I have some positives. The Fiona Stanley Hospital is the first new tertiary hospital to be built in Western Australia in the last 50 years. It cost \$2 billion and has 150 000 square metres of floor space. It has 6 300 rooms and 643 patient beds. The campus includes a 140-bed state rehabilitation service, bringing the total number of beds on this site to 783. Fiona Stanley Hospital provides a range of acute medical and surgical services, including the state burns service; state-of-the-art emergency care; renal transplantation and dialysis services; mental health services, including a youth unit; and a mother and baby unit. There is onsite pathology and a medical imaging centre. The people of Western Australia are able to use many first-class, high-standard services at Fiona Stanley Hospital. The hospital has been fully operational for just over six months. In the first six months, the staff were extremely busy. A lot of patients wanted to go to Fiona Stanley Hospital because it was a new hospital. They gravitated there rather than go to their own hospital. More than 8 800 procedures were completed in the operating theatres and more than 120 000 outpatient appointments were made. The hospital dealt with 50 000 emergency department presentations, including 11 000 paediatric patients. One thousand three hundred babies were born in Fiona Stanley Hospital and 14 kidney, four heart and 11 lung transplantations have been performed, affecting the lives of many Western Australians for the better.

Fiona Stanley Hospital patients also benefit from cutting-edge technology and highly innovative models of care introduced into this new hospital; for example, Fiona Stanley Hospital cardiology performed the first WA subcutaneous implantable cardioverter defibrillator insertion.

Several members interjected.

The ACTING PRESIDENT (Hon Brian Ellis): Order, members! I have just got into the chair.

Hon ALYSSA HAYDEN: Congratulations, Mr Acting President! I will not make any more comments.

I will say that line again—it was the hardest one to say. The Fiona Stanley Hospital cardiology performed the first WA subcutaneous implantable cardioverter defibrillator insertion, known as an S-ICD system. It is a world first and is the only ICD that provides defibrillation therapy without touching the heart. A world-first procedure is being delivered in Western Australia at Fiona Stanley Hospital. That is something we should all be extremely proud of. Also, the rapid access chest pain clinic provides fast testing and cardiology assessments for patients experiencing chest pain. It means that patients can have all the appropriate tests without having to be admitted to hospital.

The hospital also has the most comprehensive clinical immunology services in Australia. These services in our state are not performed anywhere else across the country. Fiona Stanley Hospital is, again, leading the way. It also has a new hyperbaric chamber, which provides a greater level of comfort for patients. It allows patients to lie down in the chamber and a medical team to be present. To date, this service has seen a total of 119 patients,

who have received 1 589 treatments. Fiona Stanley Hospital also has the first multi-disciplinary diabetic foot unit, the first of its kind in WA. Again, Fiona Stanley Hospital is leading the way.

When Fiona Stanley Hospital opened in February 2015, the Australian Council of Health Care Standards did an audit. This is when it assesses against national safety and quality health service standard. This involves testing the areas considered essential to improve patients' safety and the quality of their care. Fiona Stanley Hospital met all the 158 core standards for interim accreditation, with no recommendations from the report. It is a report that the opposition never talks about. The hospital met all 158 core standard interim accreditations. Congratulations to everyone at Fiona Stanley Hospital for being able to deliver those fantastic services. It is a great team of dedicated, hardworking staff at Fiona Stanley Hospital. More than 5 000 staff are employed, which includes 4 000 WA health staff and 1 000 Serco staff. During my visit, I saw the benefits of some of the new equipment and procedures. One of the new pieces of equipment the nurses are very proud of is the WOW—work station on wheels. It was called COW—computer on wheels—but they thought they would change the name. It is a computer station on a mobile unit that nurses can wheel around to all their patient rooms across their wards. It gives them flexibility. The equipment is online and connects to the patients' medical files. The nurses absolutely love that whole system. They said they would not change and would not go back. Every nurse I spoke to said they loved the flexibility. As I said earlier, it took them a bit of time to get across the new system but they would not go back to pen and paper.

The other new facility is the patient entertainment system. Although going to hospital is never enjoyable, the entertainment system makes a patient's visit more comfortable. Instead of TVs being mounted onto a bracket from the ceiling, patients now have access to a computer touch screen with a key pad on an extendable arm attached to the wall. This computer/TV screen allows patients to watch TV, download movies, play games and use it to phone. It provides internet access while in hospital and the patients can move the monitor to any position they feel like. Whether they are tall or short or want to curl up at the end of the bed, they have that flexibility. It is obviously not just a monitor; the system allows doctors and nurses to use it to get into medical records. However, it is not the system they use by choice; it is there for a simple back-up. The staff all use the WOW, or workstation on wheels. They prefer to use that unit and there is no shortage of them—they are always available and lined up along the wall ready for use. But it would be remiss and irresponsible of us if we did not connect the computer in the patient's room to the system and enable it to be used as a backup.

Another service included in the Fiona Stanley Hospital and highly valued by the doctors in the outpatients clinic is the electronic medical dictation and transcription service—Emdat. This is an app that goes onto the doctor's smart phone. After they have met with their patient in the outpatient clinic, they can simply dictate into their phone the results of that appointment. That dictation is then connected to the client's medical file, which uses the data on that medical file for their name, address, age, medication and the like and who their referring general practitioner is. It is then sent off to a typing pool where a letter is typed up using all that information and automatically sent off to the referring GP. This alleviates the doctors from wasting time on paperwork. They are able to do this while not just sitting at their desk, but also walking from appointment to appointment. If they need to go somewhere else in the hospital, they can do it while they are walking along to that next meeting or appointment. It provides the doctors with flexibility and it frees them up to spend more time with their patients, which is what doctors are all about.

During my visit I caught up with Dr Mark Monaghan, the head of emergency at Fiona Stanley Hospital. Although the emergency department had just received a high number of patients and was quite busy, I have to share with the house that it was calm and well-coordinated. I was so impressed by the calming atmosphere across the whole emergency department. The professionalism with which Dr Monaghan and his team work is an absolute credit to them. From memory, Dr Monaghan said that the design of the department was exactly what is needed in emergency. It works well and it could not be any better. He actually said that if he had to design an emergency department from scratch himself, he would do it in exactly the same way—he would not change one thing. He was also extremely proud when he showed me through the children's section of the emergency department. For the information of members who are lucky enough not to have gone there, because obviously no-one wants to go to emergency let alone with children, the hospital has created a section in the emergency department just for the children who go through there. The walls have brightly coloured pictures on them, the wallpaper has animals on it and there is even a play area with toys. This gives the patient that little bit more comfort while going through a very scary experience. It also allows parents to occupy their children making their experience a little less stressful. The most important thing about this section of the emergency department is that the children are separated and protected from having to witness the many, varied cases that come through emergency—it is fantastic to see that. The doctors and the nurses on duty were so proud of this section of the emergency ward that they could not wait to show it off.

When a person walks through Fiona Stanley Hospital, they do not get the feeling that they are actually in a hospital. It is bright, open and spacious and it makes a person feel happy. When I think of hospitals, I think about my first experience in a hospital. I was in my early 20s—not that long ago; do not laugh!—and visiting my

grandfather, who was quite ill, in Royal Perth Hospital. That experience was sad and cold. The hospital smelt strongly of sterilisation products and it was not a place a person would want to be.

Several members interjected.

Hon Alyssa Hayden: Do members opposite think it is funny going to a hospital—seriously?

The ACTING PRESIDENT: Order, members!

Hon ALYSSA HAYDEN: Most experiences in hospital are not nice ones. Traditionally, hospitals are not a place a person would want to hang around. A person visits the hospital, sees their loved one, family member or friend who is ill, and then cannot wait to get out of the place. However, at Fiona Stanley Hospital a person does not have that feeling. It is a welcoming, warm, bright and happy location. If members cannot understand that having a hospital that provides such a positive, friendly, happy —

Hon Darren West: Unsterilised.

Hon ALYSSA HAYDEN: The member is so incorrect! If members do not think that this has a positive effect on healing, they are mistaken. If they do not think that this is just as important as the services provided in a hospital, they are sadly mistaken. When I was there, I saw patients sitting with visitors in the beautiful gardens and having a coffee. It is a place where people feel better about themselves. I believe that every Western Australian can stand tall, hold their head high and be extremely proud of this place.

I also want to touch on a few other positives about what this government is doing in the space of health. Since the 2008–09 budget by the previous Labor government, we have grown the health budget across this state by 71 per cent. We have achieved five out of six ticks in the Australian Medical Association's, "2015 Public Hospital Report Card." This is the AMA's assessment of the performance of public hospital systems across the state. We got the highest rating across the whole country. Only two other jurisdictions got four out of six—we got five out of six—others got two and one got only one. As promised, we invested \$7 billion to create world-class public hospitals and a health system in WA through major facilities. In the metropolitan region our \$2 billion Fiona Stanley Hospital is something everyone can be proud of. For the first half of 2016 we have provided \$1.2 billion for the Perth Children's Hospital and \$360 million for the Midland Health Campus, which is due to open in a couple of months. We have also invested \$14.7 million into the Joondalup Health Campus and \$3.5 million to construct 500 additional car bays at Osborne Park Hospital. We have invested more in health in regional WA than any other government: \$170.4 million for the new Albany Health Campus that opened in May 2013; \$120.4 million into the Busselton Health Campus that opened in March 2015; \$59.6 million in the redevelopment of the Kalgoorlie Hospital; \$31.3 million for the Esperance health campus redevelopment, which is progressing well; \$26.8 million in construction that has commenced at the healthcare site redevelopment at Carnarvon health campus; and \$207 million for Karratha health campus scheduled to open in 2018 and the largest single investment in a public hospital ever undertaken in regional WA. We have also announced a commitment of \$19.5 million for the new Laverton health centre and \$8.1 million for the Exmouth health service redevelopment. We have committed \$150 million for the North West Health Initiative, \$565 million into the Southern Inland Health Initiative and a \$30 million increase in funding for future health WA programs. We have increased the palliative care program funding to \$34 million, and provided \$9 million for CyberKnife, the cancer treatment tool.

Several members interjected.

The ACTING PRESIDENT: Members, one speaker at a time.

Hon ALYSSA HAYDEN: I know it is hard to listen to all of our great achievements, but I have only about two pages left to read. We have allocated \$3.5 million for renal dialysis services for the wheatbelt region, \$4 million to reduce the number of mosquitoes in residential areas, \$400 000 to better health services for Fitzroy Crossing children, funding of almost \$50 million to Closing the Gap program for Indigenous health, and \$13 million has been invested in building the new Ronald McDonald House, \$8 million of which is from the state government. I will put on record my thanks to Lotterywest and the royalties for regions program for their joint funding. In the 2014–15 budget we increased funding by \$21.6 million, or 8.1 per cent, for home and community care services in the state. In March 2014, the state government contributed \$30.4 million towards a new building at the Harry Perkins Institute of Medical Research, and introduced free whooping cough vaccinations for mothers. We have done so much in the health sector and delivered a fantastic service for Western Australia.

All I want to do in closing is confirm that the government will not support this ridiculous motion. In fact, we believe that the opposition should be condemned for its mismanagement of Fiona Stanley Hospital. It is obvious that the opposition cannot be trusted to manage a project of this size. The community of Western Australia recognised that in 2008 and again in 2013. Can members imagine the opposition's mismanagement of just the paperwork and what it would have had the hospital look like once it got equipment and people in there? It would

have been an embarrassment. All of these figures have been supported by the Auditor General; they are not just words from the government.

Before we go back to the normal doom and gloom that I am sure we will hear again from the opposition during this motion, I conclude by saying that we have an amazing hospital in Fiona Stanley Hospital. We have a dedicated team working hard to deliver the best health services for the Western Australian community, and that team deserves our support, not the constant drag-down negativity of the opposition.

HON ALANNA CLOHESY (East Metropolitan) [2.22 pm]: It is a pleasure to speak to this carefully crafted motion. Although the motion was placed on the notice paper more than two years ago when the issues at Fiona Stanley Hospital were very clear to the government, since 2008 this government has been responsible for the Fiona Stanley Hospital building, development and commissioning.

Several members interjected.

The ACTING PRESIDENT (Hon Brian Ellis): Order, members! Other members may get a chance after Hon Alanna Clohesy. Hon Alanna Clohesy has the call.

Hon ALANNA CLOHESY: However, the government has not adequately planned or executed the commissioning of Fiona Stanley Hospital; in fact, various reports, including at least four in 2012, condemn the government for its poor governance and poor management of the commissioning of the hospital. There were at least four reports in 2012, not to mention at least another four since 2012 and one that is going on as we speak. All of those reports are consistent in their conclusions: poor management, poor governance, little information available, and the Department of Health doing what it wants and not necessarily coordinating matters. All those reports are consistent in their recommendations relating to what the government needs to do, and all those reports have the same thing to say.

Several members interjected.

Hon ALANNA CLOHESY: I will continue to express the exact same thing over and over again while there is consistent interjection. All those reports have the same thing to say.

Several members interjected.

The ACTING PRESIDENT: Order, members! The honourable member perhaps does not need to encourage interjection, but she has the call and I will protect her.

Hon ALANNA CLOHESY: Thank you, Mr Acting President. It seems that anything I have to say about the commissioning of Fiona Stanley Hospital will invite interjection!

Hon Stephen Dawson: You've hit a raw nerve, member!

Hon ALANNA CLOHESY: A raw nerve—raw prawns and raw nerves!

What a prescient motion this is! It was written more than two years ago, but it did not take much to see the writing on the wall, because since 2012 a series of reports have been published in which the government of the day has been criticised for its poor governance.

I will acknowledge that the commissioning of a new hospital is difficult. It is a really complex matter—no question about that. Fiona Stanley Hospital is a very important hospital for Western Australia—no question about that too. But the key to getting the commissioning right is planning and coordination. Since 2009, even in 2010 and 2011, and four reports in 2012 —

Several members interjected.

The ACTING PRESIDENT: Order, members! I know that we allow some interjections, but continual interjections is not fair on Hansard and so I ask members to refrain.

Hon ALANNA CLOHESY: I was saying that planning is central to the commissioning of a good hospital. However, this motion before us, which I remind members is non-government business, is not just about poor government performance.

Several members interjected.

Hon ALANNA CLOHESY: Oops; it is in motions on notice, which is an important time for us to scrutinise the government's performance. Our important role in this chamber is to scrutinise the government, which I will continue to do with great intensity and scrutiny.

Hon Helen Morton: Try honesty and integrity!

Hon ALANNA CLOHESY: Honesty and integrity, absolutely!

Several members interjected.

The ACTING PRESIDENT: Order! The interjections got too great again. Hon Alanna Clohesy has the call.

Hon ALANNA CLOHESY: As I was saying, this motion is about not only poor government performance in bringing this hospital online, but also challenging the government's secrecy on the decisions made to award contracts to private for-profit companies as providers in a public health setting. It is also about the capacity for that private for-profit company to deliver support services in a public health setting, and about welcoming from the government any recognition of what has gone wrong.

Several members interjected.

The ACTING PRESIDENT: Order, members! I think the honourable member who has the call should be given the fairness of being able to be heard and recorded by Hansard. It makes it even more impossible when two members are holding a conversation across the chamber while she is trying to speak. From now on perhaps Hon Alanna Clohesy can speak in silence.

Hon ALANNA CLOHESY: The motion is also about welcoming from the government any recognition about what has gone wrong, and about getting a road map from the government on the way forward on how to address those problems to ensure the smooth functioning of a fantastic new hospital in Western Australia. As I said, there is no question that it is a fantastic hospital, as the former Labor government had the foresight to commit to the provision of funds in its budget for building the new hospital. At that time, all of the cost of that new hospital was contained within the budget. We now know that with the Liberal–National government that cost has not been contained within the budget.

This motion is not about only those things; it is about the level and quality of service to the people who use Fiona Stanley Hospital. It is actually all about the people. From the outset, I have to say that the staff at Fiona Stanley Hospital have been working hard to deliver quality public health care in the best way they can. They have been doing their utmost, their best, to provide quality public health care and they are committed to the provision of quality public health care, but they have been hindered by significant failures, starting with poor negotiations of contracts right through to poor delivery of the management of those contracts. That is what they have been hindered by from the outset, but they know they are doing the best they can under really difficult circumstances. This motion is about the fact that those workers deserve better. They deserve better from this government because they are committed to providing good public health care and they are being hindered.

In the interests of good public health care, the government should say how it is going to make sure that people can be confident in both working at Fiona Stanley Hospital and attending Fiona Stanley Hospital. This motion covers all those things and it also covers one other important matter; that is, with the commissioning of Fiona Stanley Hospital, there should not be any diminishing of other public health services in other public hospitals or public health clinics across the metropolitan region. Although Fiona Stanley Hospital has been brought online, that does not mean that other services can be allowed to be cut or to diminish. It should be quality provision of services as a continuum, not the either/or situation we find ourselves in.

Other members have documented the history of the development of the contract with Serco quite thoroughly, so I will touch on only a few of those issues because it is those issues that see us where we are now with the problems the staff at Fiona Stanley Hospital are experiencing that hinder them in the delivery of their service. When the Liberal–National government took office, it changed the focus of the hospital from a fully funded public health hospital to one that tendered out the provision of certain services. It privatised components of Fiona Stanley Hospital. As members know, Serco won that contract. I will list the range of services that Serco was meant to provide under the new contract. I am quoting from the "Review of operational clinical and patient care at Fiona Stanley Hospital", the detail of which I will get back to later. My point here is that these are the range of services that Serco was contracted to provide —

- 'Hard' facilities management services, including estates, maintenance, energy and utilities, grounds and pest control
- 'Soft' facilities management services, including patient catering, internal logistics, cleaning and reception
- Helpdesk and communications
- Central sterile supply services
- Maintenance of wired and Wi-Fi data network
- HR, recruitment, non-clinical training and education, occupational safety and health
- Procurement, management and maintenance of all hospital assets

- Procurement and distribution of consumables.

The reason it is important to identify all those is that from the outset, from the development of the contract and even the concept of privatising some of those services, it has been a very opaque process. It was really difficult to find out what part of those services were going to be contracted because the government kept that clouded in secrecy, and that is part of the problem. A range of concerns were raised about the contract tendering and awarding. In 2012, the Legislative Assembly Public Accounts Committee held an inquiry into that contract process. Its report is titled “Building Foundations for Value: An analysis of the processes used to appoint Serco to provide non-clinical services at Fiona Stanley Hospital — Western Australia’s largest ever services contract”. That subtitle, “Western Australia’s largest ever services contract”, tells us a bit, does it not?

Hon Helen Morton: What’s wrong with that?

Hon ALANNA CLOHESY: The point is that because it is the largest, it also required the closest scrutiny and management. However, the Public Accounts Committee report finds that that did not occur. It had a number of serious findings about governance in particular. Let us look at one. Cabinet endorsed a procurement plan—the plan about what was going to be acquired under the contract—that was based on, and I quote —

... a poorly scoped ‘services matrix’ rather than the detailed service specifications that would later be taken to the market ...

That was endorsed by the state cabinet in November 2009. What that finding indicates is that right from the outset the government was not clear about what it was procuring. It did not have a clear statement of what it wanted in the contract because the scoped services matrix did not include a lot of detail. That will be important when I talk later about what happened as a consequence of that.

In addition, the contract was put out to tender based on financial modelling for a 25-year contract. Of course, as we know, the tender that the government was working on was planned as a 20-year contract but it based the modelling on a 25-year contract. Right from the start we saw really poor management and a lack of clarity about what the government wanted to be procured. That was going to have a consequence later when the contract was negotiated and signed.

The Public Accounts Committee found that the Department of Health did not follow proper processes when appointing a commercial adviser; that is, the person who was advising the department on the procurement plan and also the range of what needed to be included. The Public Accounts Committee found also that in addition to not having the proper list of what should be included in the procurement, the government did not fully scope the project before going to market. Again, all of this would have an impact when it started negotiating the contract because the government was not clear about what it wanted and also it lost the upper hand in the contract negotiations.

Consequently, the Public Accounts Committee also found that the prices offered by Serco changed substantially during the negotiation process. The government did not know what it wanted when it went out to tender and it lost the upper hand. It paid more when it negotiated the contract because it was not clear about what it wanted. The negotiator—in this case Serco—had the upper hand and was telling the government, “Here’s the price for what you think you want.” It is important to note that during that process, portering and sterilisation services were not negotiated into that contract; they were negotiated—here is the second important point—only after the market was sounded out. The Department of Health, or its commercial adviser, sounded out the market for what it would cost, but did not include portering and sterilisation services because the department was not clear what services it wanted to privatise. Those services were added later and, as we know, that has substantially affected the negotiation process and the price of the contract. As we know, that led to the state being financially exposed because the contract has cost millions more. That money should have been spent on the provision of public health services in other areas or maybe even in the commissioning of Fiona Stanley Hospital. We found all this information in 2012 while the commissioning process was still going on. Among the most serious findings of the report were the lack of good governance and oversight in the development of the tender, the awarding of the contract, and the vetting of the two tenders that were submitted. Hon Amber-Jade Sanderson went into the process of evaluation of the contracts in some detail so it is not necessary for me to do that, but in the evaluation of contracts process, there was substantially less confidence in the tenderers than should have been expected for the size of the tender.

I will now turn to how we seem to be hearing the same themes over and over again. As I said at the start, permeating through all of this has been a lack of good governance and a lack of transparency on the part of the government about what was really happening, how the tender was developed and what was included in the tender—all those things that should be publicly available. The Education and Health Standing Committee of the Legislative Assembly was also concerned about the challenges in the commissioning of Fiona Stanley Hospital and it conducted an inquiry in 2014. Its report “More than Bricks and Mortar” concluded around the themes of lack of good governance, lack of transparency and not being clear about what was needed—unrealistic

expectations. The committee found that the commissioning of the hospital was complex anyway. It was a big job; it is undeniable that it was a huge job. However, coordination of the commissioning of Fiona Stanley Hospital was made more complex due to the need to coordinate with a private facilities manager—that is, Serco—for a number of reasons. It also found, and I will quote from the report —

... various shortcomings associated with the Department of Health's ... management of its obligations, the decision to delay the opening of FSH has resulted in the payment of an additional \$52.7 million to Serco prior to the hospital's opening. This is in addition to the \$66.1 million that Serco was already entitled to receive.

Because of the complexity of the commissioning of the hospital, compounded with having to negotiate with the private facilities manager, Serco, a lot of money had to be paid to deal with that—an extra \$330 million. The lack of detailed planning and the hospital's delayed opening resulted in \$330 million more being pumped into the commissioning of the hospital at the start. So \$330 million plus the \$52.7 million that had to be paid to Serco prior to the hospital's opening is \$382.7 million. I cannot begin to imagine what \$382.7 million would buy in the public health system. It could buy a new linear accelerator for Royal Perth Hospital so more people could have access to radiation therapy services, because they are missing out or because they have to travel so far. It could even buy a new stand-alone women's health facility, because, based on ideology, the new Midland Public Hospital will not be providing a range of public health services. It could have bought some community-based women's health services to provide advice and information on women's health. It could have bought better drinking water for Indigenous communities. It could have bought better health services for remote Aboriginal communities. It could have bought a whole lot of things. Instead, that money went into Serco's coffers.

The Education and Health Standing Committee also found that the introduction of the information and communication systems in the commissioning of Fiona Stanley Hospital would result in a paperless hospital whereby all patient records could be contained in a computer system. It is a fantastic and brilliant idea. Having recently experienced the public health system myself, the idea of being able to transfer patient records from one facility to another, much less from one ward to another, is fantastic. I am a big supporter of e-health records, and always have been since the federal Labor government introduced them. The problem is that the system did not work. The Education and Health Standing Committee found that not only did it take time to learn a new system—of course it takes time to learn a new system—but also there was no clear understanding from the outset about what was required from a new information technology system and there was no clear communication around its development. The Education and Health Standing Committee of the Legislative Assembly found that it was a step too far. Most of the people from the Department of Health the committee spoke to acknowledged that although the concept is fantastic, it was just a little bit too much to include in the commissioning of a new hospital from the outset. However, the government persisted in its implementation and continued with the concept of the paperless hospital, even though those performing it knew it just went too far. The Education and Health Standing Committee also found the following —

... digital vision was hampered by poor governance and project management, both within the Health Information Network ... and the ... project team.

The idea was great, the problems were known, the costs were unclear and it was just a step too far. Therefore, mistakes, unrealistic expectations, lack of planning and poor or no governance led to what the committee found were serious patient risks, systems that were not operational, closures of complete departments and much more, with the consequences of all that. That was a very important inquiry, but the government did not respond in the way we would expect a government to respond—that is, to thank the committee for the clarity around what was happening and to get on and do something about it. In fact, the government allowed the commissioning to continue in the same bumpy old way that had happened. As a consequence, a whole range of disasters occurred. Once again, staff were working incredibly hard to do the best they could in a management environment that was making it very hard for them to do so and in which contracts were not clear about who was responsible for what and how it should happen. Of course, this led to a range of media and other commentary throwing a light onto what was really happening with the commissioning of the hospital. I will just go through some of those. In a report on ABC online news on 14 July, the Premier was quoted as saying that he conceded that the problems were more than just teething problems, but there was still not a clear way forward on how to address them. The litany of problems have also been documented by other members in this place in addressing this motion, so there is no point in me going into any great detail, except to say that the acting director general of Health commissioned an inquiry into what on earth was going on. That review was conducted by the Australian Commission on Safety and Quality in Health Care and MMK Consulting and was quite wide ranging.

Hon Alyssa Hayden interjected.

Hon ALANNA CLOHESY: If the member would like me to quote directly from that report, I will. The report is entitled "Review of operational clinical and patient care at Fiona Stanley Hospital". It states the conduct of the review was as follows —

The independent review was conducted over a four week period commencing 24 April 2015 to 22 May 2014 and concluded with the submission of the final report to the Acting Director General, Department of Health.

In the lead-up to the review, the following issues had been considered as serious problems from a number of internal reports: information and communications technology cost blowouts; failings of the ICT system because the original scope, as I said before, had not been clear enough; structural defects in the building, including leaking bellows and flooding; other commissioning delays; running and paying for the hospital without patients for nine months, which I talked about before; Treasury having been given only 10 days to scrutinise the original contract, which I talked about before; multiple concerns about services, including sterilisation, which other members have talked about; and problems with management of supplies. The last two issues listed led to those roles being taken away from Serco. There were problems with health information and management systems and other loss of control of those services and there were insufficient porters. Hon Sue Ellery detailed at length some of the issues with portering and the difficulties between public health services workers and Serco workers, with the identification of “us” and “them”—again, that led to the portering being removed from the Serco contract.

I go back to the “Review of operational clinical and patient care and Fiona Stanley Hospital”. It found that since the hospital opened its doors, there had been common threads and complaints around access rights and information. There was confusion around the procedures to visit patients and late advice about outpatient appointments, resulting in patients missing appointments. We certainly know of patients being told of a particular appointment time only to find out, after having travelled for a long, long time to get to the hospital, that that time was non-existent in the system. There were problems with timeliness of care—that is, the waiting times in emergency departments. There were unreasonable delays in surgery waiting times, and often that was caused by duplications of tests. There were delays in the processing of prescriptions of medications, which, of course, had a subsequent impact on delays in discharging patients. There were issues around communication with staff, with lack of explanations. There were problems with handover in patient care. We know the story of one family with a woman in labour who was about to deliver. She went to Fiona Stanley Hospital only to be told she had to go to Bentley Hospital. I will not go into the detail of what happened, but, in part, the files were not transferred and the family did not know where Bentley Hospital was and they had to deliver the baby in their car. That is only one small story. That is about poor communication among staff regarding clinical handover and what is done about that. There were concerns about the physical environment, noise pollution and room cleaning. Hon Sue Ellery talked about room cleaning at unacceptable hours such as 9.30 at night. They are some of the issues that the Australian Commission on Safety and Quality in Health Care and MMK Consulting found.

Despite this incredible report that summarised a range of issues and was supposed to get on top of what was happening, there were still complaints, some of which were made as recently as yesterday, about the lack of communication, the difficulty with working in an environment in which there are both public health workers and private workers under different contracts and the lack of communication between the two.

I refer to an ABC news article from 24 August that stated that St John Ambulance had raised concerns with the new Education and Health Standing Committee inquiry into the operation of Fiona Stanley Hospital. The article states that St John Ambulance raised serious concerns about Fiona Stanley Hospital and said that patient care could be compromised if a number of issues were not resolved. Its first concern was about access to the building itself. As stated in the article, a St John Ambulance representative said —

FSH is difficult to navigate, it has little signage, little in notable landmarks, poor way-finding information, and it was also difficult for our crews to access areas other than the Emergency Department ...

It was sometimes difficult to determine whether it was Serco or FSH which had decision-making ability to solve issues; each had their own idea of what should happen ...

Here we go again. On the one hand, Serco staff say that this should happen and, on the other hand, Fiona Stanley Hospital management say that this should happen. That is what happens when a private contractor operates within a public health system. It is not me saying that; that is what St John Ambulance said was a problem. I will repeat that part of the article —

It was sometimes difficult to determine whether it was Serco or FSH which had decision-making ability to solve issues; each had their own idea of what should happen.

Serco introduced swipe cards for St John Ambulance staff to access the building, but the decision to use those cards was reversed by hospital management. What happened? St John Ambulance staff could not get access to the hospital. Of course, there was the real possibility that that could have impacted on patient care and put patients at risk.

As members may be aware, I have asked a number of questions in this place about radiotherapy services and the closure of radiotherapy services at Royal Perth Hospital. I have been told by some constituents who live in the outermost part of the East Metropolitan Region—Wooroloo and Mundaring, for example—that they are now expected to travel to Fiona Stanley Hospital for radiotherapy services. When I asked questions of the Minister for Health via the parliamentary secretary representing the Minister for Health about whether services at Royal Perth Hospital had ceased, the minister answered no. When I asked whether there were any plans to cease radiotherapy services at Royal Perth Hospital, the minister answered —

The Department of Health is undertaking a review of oncology services in the metropolitan area, which will inform the delivery of future radiation oncology services.

The problem is that people from the outer East Metropolitan Region are required to travel to Fiona Stanley Hospital for radiation services. When I asked this question on 18 August, the minister answered that the Department of Health was undertaking a review. But since yesterday, we know that the review was completed on 16 June, which is a while before 18 August. The minister did not say that. The minister said that the Department of Health was undertaking a review. Lo and behold, we got copy of what the WA Adult Cancer Care Taskforce said about changes to cancer treatment services as a result of the shift to Fiona Stanley Hospital. The report was completed on 16 June. The task force found that one of the problems was the overstaffing of what is a standard hospital of that size. It is really shocking and it is shocking to read about people who are in a really difficult time in their lives because they are undergoing cancer treatment services and having to negotiate from where they get their radiation therapy. As I said, it is really difficult to travel from somewhere such as Mundaring to Fiona Stanley Hospital. There is only one linear accelerator at Royal Perth Hospital. It is far easier to travel to Royal Perth Hospital from the outermost parts of the East Metropolitan Region than it is to travel to Fiona Stanley Hospital. We do not know how long the one linear accelerator at Royal Perth Hospital will remain there and what will happen to cancer treatment services. This report indicates a state of flux in cancer treatment services.

Cancer treatment services are only one example, as important as they are, of the confusion that exists around a range of treatments for a range of conditions because of the lack of planning for Fiona Stanley Hospital. Another one is chronic obstructive pulmonary disease. There used to be an outpatients clinic at Bentley Hospital, but it has moved to Fiona Stanley. I am talking about people with breathing difficulties who might need to carry oxygen tanks. They have to travel a long way, dependent on oxygen, to Fiona Stanley Hospital. Why? It is because of the poor planning on the part of this government. It did not make sure treatment services were in place in locations. Rather, Fiona Stanley Hospital became like a magnet and attracted many treatment services, not only cancer and COPD, which may or may not be cancer, but other services. My contribution today is just the tip of the iceberg. It all comes back to poor governance, poor planning, a lack of clarity and, it appears, a lack of willingness on the part of the government to grab hold of what is happening and do something about.

HON SIMON O'BRIEN (South Metropolitan) [3.08 pm]: It certainly was a prescient action by Hon Amber-Jade Sanderson to put this motion on the notice paper in June 2013. It is a deficiency in our system that people try to anticipate an issue of the day, in this case as with others, years in advance, and then indignant oppositions full of umbrage manage to get up and pretend that it is a matter that has somehow arisen just this week and that it is being a responsive opposition by holding the government to account. This house needs to address the issue of motions filling up the notice paper years in advance with us having to suffer through some of the claptrap that we suffer through, not that I am referring in any way to members who might have spoken today, but then again, I just might.

I have mixed feelings about my good friend Hon Darren West being out of the chamber on urgent parliamentary business. I will get over it, but it is a pity he is not here at the moment due to urgent parliamentary business, because I have had control of a number of major construction agencies, though not the one that built Fiona Stanley Hospital, I hasten to add—a number of others—and been involved in a number of very complex projects. When people in this place are very new and wet behind the ears—we have heard from a few of those—they need to understand that commissioning and bringing into operation a facility such as Fiona Stanley Hospital is a tremendously challenging business. Although most members of the opposition would not have a clue about that, one or two, hopefully, might, who learn from their experiences, if not their mistakes, and they might be able to offer some guidance to their colleagues.

Looking at it from the outside, as it were, and dispassionately, I want to record my disappointment at the reporting of Fiona Stanley Hospital and its opening commissioning. There have been stories about a hospital with no patients and all the rest of it. It appears that the media in this town seem to think that with a major hospital such as Fiona Stanley Hospital, the likes of which we have literally never seen in Western Australia before, the nominal opening day arrives and somehow everything is up and running 100 per cent. It does not work that way. A phased campaign of commissioning is needed in matters great and small. It is a very

complicated business. I was particularly concerned that the Australian Labor Party, which from time to time forms a government in this state, was prepared to jump on the bandwagon and display its ignorance about matters of hospitals with no patients and all the rest. I am very impatient when I hear that sort of nonsense because it is disingenuous and the sort of silly things that will come back and bite some of the opposition members, if they are still here, when and if they do get into government again and are confronted with the challenges of commissioning new infrastructure, if in due course they get around to building any.

That ties in directly with my opening remarks that I am disappointed about the regular couple of hours' waste of time we spend every sitting Wednesday debating motions about something that has been anticipated a couple of years or more ago. We have to do something about it, otherwise there will be further examples of gum flapping, which is about all members opposite have done today. What good has come of it? All they have done is encourage me to get up and make a brief contribution! I hope they have learnt their lesson because it is an unfortunate pattern. I do not intend to address the two-and-a-half-year-old matters of whether the ALP likes Serco. We know it does not like Serco; we have known that for years. It does not have to waste the time of the house and advise this packed public gallery that it does not like Serco!

Hon Sue Ellery: We do not like dirty hospitals; people lying in their own excrement.

Hon SIMON O'BRIEN: The Leader of the Opposition needs to get real and work out how to make a contribution. The honourable Leader of the Opposition is playing with fire! I am trying to conclude my remarks and sit down, and she is compelling me to continue! Her colleagues behind her will not thank her if she persists. Anyway, I do not feel inclined at all to support this motion.

Hon Darren West: No-one's there.

Hon SIMON O'BRIEN: No; there is not much behind her is there? It is a very noisy and pretty empty vessel. There is something of a void. I want to hear some earnest —

Point of Order

Hon SAMANTHA ROWE: I think Hon Simon O'Brien may have been referring to me, as I am sitting behind the Leader of the Opposition, and I take great offence at what he just said.

The DEPUTY PRESIDENT: Recalling the words of Hon Simon O'Brien, I think he actually said "members", and there was "nothing much of substance behind". I do not think it was a direct reflection on your good self, so there is no point of order.

Debate Resumed

Hon SIMON O'BRIEN: I assure the honourable member, who is evidently a little bit sensitive today, that, as she knows very well, I would never apply a personal derogative—certainly not to her anyway—and she is not in my line of sight. If I were to lapse and become curmudgeonly, I know she would be tough enough to take it without grizzling; I am sure she is. I want to hear from a constructive, new member of the house. Members do not want to hear from me anymore. Hon Martin Aldridge wants to provide some perspective about that, but the perspective I want to offer is: I think it would be nice if we could have some more timely debate about issues of the day rather than issues that deal with historical matters. Despite the brilliant performance of the Parliamentary Secretary to the Minister for Health, I do not think it has added much to the debate and we ought to get away from them.

HON MARTIN ALDRIDGE (Agricultural) [3.16 pm]: I thank Hon Simon O'Brien for the one minute and 50 seconds he has left me. I thought our agreement was five minutes, but I will take the one minute and 45 seconds.

Hon Simon O'Brien: It was your unruly interjections.

Hon MARTIN ALDRIDGE: I had originally anticipated that I would consider moving an extension of time for the parliamentary secretary's contribution because I think she articulated quite well the government's record on health since coming to government in 2008 and dispelled some of the hyperbole that has come from members opposite about Fiona Stanley Hospital. Then again, what more could we expect on whinging Wednesday? I do not want to say too much before I get cut short because I want to leave most of my contribution to next week.

Hon Stephen Dawson: Good, because you haven't got long.

Hon MARTIN ALDRIDGE: It is important to recognise that Fiona Stanley Hospital is the single largest building infrastructure project the state has ever undertaken. As the parliamentary secretary said, it is the first tertiary hospital to be built in more than 50 years. There is no question that it was a complex project—a significant project for our state and our healthcare system. Was everything perfect? No. There are several

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things we can learn. I am sure we have and I am sure that the Department of Health will learn and change some of its processes as it deploys further hospitals, as it will shortly the Perth Children's Hospital and a plethora of other regional campuses, some of which were outlined by the parliamentary secretary in her contribution earlier.

I want to talk about a range of matters but, initially, I wanted to reiterate a point made earlier. However, I think I might let the time expire.

Debate adjourned, pursuant to temporary orders.