

**Extract from Hansard**

[COUNCIL — Wednesday, 16 September 2015]

p6402d-6412a

Hon Martin Aldridge; Hon Martin Pritchard; Hon Simon O'Brien; Acting President; Hon Sue Ellery; Hon Ken Travers

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**FIONA STANLEY HOSPITAL — SERCO**

*Motion*

Resumed from 9 September 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 MARTIN ALDRIDGE (Agricultural)** [1.04 pm]: Mr President, I thank you for the opportunity to continue my contribution this week. Wednesday has come around very quickly. I reiterate that I will not support the motion and I will outline some of my experiences with Fiona Stanley Hospital and some of the reasons I do not support the motion before us. Last week I began talking about some of the assessments and reviews that have been undertaken at Fiona Stanley as a result of some of the early operational issues it has experienced. One of those was an assessment by the Australian Council on Healthcare Standards, and the Parliamentary Secretary to the Minister for Health went into that in her contribution. The council did an interim assessment of the hospital against the national safety and quality health service standards and Fiona Stanley Hospital met all 158 core standards for interim accreditation. I am led to believe that these standards are considered essential for providing good, safe, quality health care in our hospital system.

Some of the issues that Fiona Stanley Hospital has had in the early stages of its operations have been well reported, and I have confidence in the actions that have been undertaken so far by the Minister for Health and his departments. Those actions included a clinical review of the processes, systems and practices against best practice and relevant standards. The review assessed the clinical incidents that have occurred at Fiona Stanley Hospital. I think it is important to note that every hospital in this state, if not also in Australia, from time to time deals with clinical incidents. The reviewers were charged with the responsibility of assessing each of those incidents and drawing comparisons with like hospitals within Australia over that same period. The review found that the number and severity of incidents at Fiona Stanley were considered average for their type and class. Furthermore, a review of the significant events that were investigated found no recurrent themes in those incidents. The review made 32 recommendations for improvement, and previous speakers have gone into many of them. They include improving communications, improving information technology systems, reducing waiting times for medications on discharge, making changes to the outpatient booking system and making changes to management processes within the hospital.

I want to talk a bit about my personal experience at Fiona Stanley Hospital, because I think that is somewhat relevant to the assessments and assumptions that I have made about the experience that is provided by the hospital. I want to raise these in contrast to some of the things which we have heard in this debate and which have been reported about Fiona Stanley Hospital more generally within the community. I will start by saying that Fiona Stanley Hospital is located quite close to me when I reside in Perth. During sitting weeks, my family and I live south of the river. Fiona Stanley Hospital is our closest hospital. With two young children, we have been required on a number of occasions to attend the paediatric emergency department, which has been mentioned previously in the debate. On two of those occasions—once with my son and once with my daughter—they were assessed and triaged as category 2 according to the Australian triage scale, which is reserved for imminently life-threatening conditions. The ATS also indicates that triage category 2 patients need to be seen and treated within 10 minutes of presenting to an emergency department.

On the first occasion we went to Fiona Stanley Hospital, it was a Thursday sitting day. I was here when I received a message from my partner that my son was having difficulty breathing, so I went home. We did not want to be the people who turn up to the emergency department and clog the waiting room. Instead, we went to our GP, who was obviously much closer and probably more accessible. It was not long before he told us that our son was in respiratory distress and that we needed to go straight to the emergency department. We were triaged very quickly on arrival at the emergency department. By the time we got to our bay, which was quite a short period, a team of doctors and nurses were waiting for us, including paediatricians and registrars, to attend to our son. They probably worked with him for at least the first hour that we were in the emergency department, to stabilise his condition and get him breathing regularly. On admission, his oxygen saturation levels were heading towards the low 80s, which is quite low when normal is considered to be around 95 and above. He was having some difficulties. Later that evening, he was admitted to the paediatric ward of the hospital.

In similar circumstances, we presented on another occasion with my daughter, who was only a few months old. She had the same respiratory condition. This time she spent four days in the paediatric ward of Fiona Stanley Hospital. Having spent that length of time at the hospital, it probably gave us a greater insight into

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the workings of not only the emergency department, but also the wards, the arrangements for cleaning and catering, the nursing staff and a range of other things.

Most recently my family and I were in Jurien Bay for the weekend. My daughter suffered a second bout of this viral condition, which led to the early stages of respiratory distress. Obviously, being away from the city, limited health resources were available, so we went to the emergency department at Jurien Bay Health Centre. By this stage, we had become more aware of how to diagnose and start some early-stage treatments for these conditions that both our children suffer from. While we were there, we had a consultation with a fellow of the Australasian College for Emergency Medicine, who is essentially an emergency medicine specialist. We did that via the emergency telehealth service. We had access to some of the most highly trained emergency medicine specialists in this state via some of the really great reforms that we have seen in our regional hospitals through telehealth. That consult resulted in us making a decision to leave Jurien Bay sooner than we had planned. That was probably a wise decision because later that evening our daughter's condition deteriorated further, as predicted by the doctor we consulted with over telehealth, and she was again admitted later that evening to Fiona Stanley Hospital.

The ETS is one of the most transformational health reforms that we have seen in recent years. It is funded by royalties for regions and delivered by the Minister for Health and his agencies. As members of Parliament travelling through our electorates visiting hospitals, we often see this technology being used, but we do not truly appreciate its value until we sit in front of the camera because we are either sick ourselves or have a sick family member. It is also important to recognise the benefit to the local staff at these hospitals and the confidence that it gives them in making the decisions that they have to make, often unassisted, without the same level of resources that they have in larger tertiary hospitals. I have not found one nurse operating in regional Western Australia who has not applauded the introduction of emergency telehealth and the impact it is having on supporting the role that they do in our hospital system.

However, I digress slightly. As I was saying, on at least four occasions we have come into contact with Fiona Stanley Hospital. Two of those occasions resulted in an admission to the hospital beyond the emergency department. Our experience could not contrast more differently, as I said before, from some of the things that have been said in the debate so far. I want to make it clear that my experience is not everybody's experience but it was very positive in almost every respect. After the first occasion, I made the effort to seek out the Minister for Health and tell him about that experience, because too often it is our human nature to ensure that we complain about something loudly, but when something works well for us, we tend not to tell people that it was a positive experience.

I want to talk a little more about health generally beyond my own experiences. This motion and some of the contributions to the debate so far have really attacked the record of this government and the credibility and record of this minister in the role that he has played in health policy and the administration of our health system since 2008. I want to reflect on an article that appeared in *The West Australian* on 26 March 2008, prior to the change of government, titled "Health crisis in rural areas blamed on favouritism for city". I want to read some extracts from this article. It states —

Chronic neglect, a failure to plan for staff shortages and the mining boom have left parts of rural WA with unsafe health care, a former head of the Health Department's country service says.

Chris O'Farrell, who resigned last year after five years as WA Country Health Service chief executive, said there were critical parts and pockets of country health that were no longer working effectively and the system as a whole was fragile.

She said the mounting pressure had been foreseen at least two years in advance in the Pilbara but warnings had fallen on deaf ears. Services had also run down in the Wheatbelt.

She blamed the country health system's inability to cope on the "metrocentric" attitudes of bureaucrats and politicians and their focus on pouring funds into refreshing the bricks and mortar of country hospitals rather than on rewiring and redesigning at policy, communication and transport levels so things ran better.

"You still have to provide a responsive medical emergency system out there for country people and it's not just there all the time anymore," she said. "In some areas, it is becoming blatantly bloody unsafe."

...

Mrs O'Farrell said she was puzzled why country residents had not been vocal about the neglect of their health care at a policy level. "I wonder whether there is almost this unspoken rule now," Mrs O'Farrell said.

"Just keep your head low, hang on to what you have got and do not make yourself a target.

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“I have been in the health system for nearly 40 years and I have worked with a lot of governments, a lot of ministers, a lot of director-generals and a lot of departmental executives, and I just think there is this ongoing relentless chronic neglect. At some stage you cannot get away with this sort of neglect.”

Those comments were attributed to Chris O'Farrell, who was the WA Country Health Service CEO until her retirement from that position.

It made me reflect on a similar issue that occurred when I was fortunate enough to go to school in Moora, in the northern wheatbelt, for a couple of years. Although he was a family friend before I went to school there, I had befriended the late Michael Bates, who was the shire president of the Shire of Moora at the time. I remember the campaign that was running—I think it would have been in the late 1990s or maybe even the early 2000s—when the then government's planned investment into Moora Hospital was pulled and, instead, redirected to the over-budget Geraldton Health Campus, which was being built by the government at the time. I recall at that time Michael Bates coming to Parliament and presenting the then minister, Jim McGinty, with bricks from the building that were physically decaying and falling apart from this ageing hospital that had just had its funding removed.

No Fortunately, I was able to find a similar article online from that period dated 6 November 2003 in *Farm Weekly* by Tim Slater that states —

MOORA shire president Michael Bates has called on country people to stand up for their rights and be more vocal in seeking funding for vital community services, following last week's shock decision by the State Government not to fund the town's new \$6.3 million hospital.

Mr Bates said he was stunned when he heard Health Minister Jim McGinty had reallocated funding earmarked for the project to the over-budget \$40m Geraldton Hospital project.

“We as rural people have got to start standing up for our rights,” Mr Bates said.

“It's not just Moora, we believe there are others across regional WA that are in the pipeline to get the chop as well.”

Last week Mr McGinty told the Legislative Assembly: —

That should read “Assembly” —

“The commitment to the long overdue redevelopment of Geraldton along with the high construction costs has meant that a decision was made to remove the Moora hospital replacement project from the capital works program.”

It goes on —

“It is not acceptable that they totally kill off this project in order to fund that project because they are both important,” Mr Bates said.

Mr Bates said the decision to cancel funding showed the State Government —

That should read “State Government” —

only paid lip service to inland regional areas and issues.

“It clearly demonstrates that talking about regional development is nothing but rhetoric,” he said.

“They are not interested in any communities that pretty much are not attached to the coast.”

**Hon Paul Brown:** So it was over-budget and half the size that the community wanted.

**Hon MARTIN ALDRIDGE:** I think that is correct, Hon Paul Brown.

Then who can forget the stoush that the then Minister for Health, Jim McGinty, had with the Royal Flying Doctor Service, which resulted in him calling the RFDS an interest group. I do not think we would find anybody who lives outside Perth who would refer to the RFDS as an interest group. It provides an absolutely essential and vital service to not only our hospitals but also our patients and those people who visit and live in regional communities. So that is a proud record on health for the Labor Party in this state to hang its hat on!

I am certain that the Minister for Health does not lie awake at night worrying that his record might not surpass the record of the previous government. I am certain that that milestone was reached many years ago. I do not recall former health officials or commentators in recent times describing our health system as “blatantly bloody unsafe”, as they did in 2008. The health landscape in regional WA is shifting substantially under this government from being not just in the metropolitan area, as it was under the previous government. It has also resulted in new hospitals; refurbished hospitals; new health programs; significant investment in the emergency telehealth service that I talked about previously; telehealth, allied health services and non-emergency consults; nurse practitioners; and the RFDS, not to mention a boost to the patient assisted travel scheme that might be debated at a later stage today.

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I have not referred to some of those programs in detail in my contribution last week or today, but I guess I will respond to some of the things that have been said in the debate so far about Fiona Stanley Hospital. The debate extended to criticisms of this government generally on the delivery of better health outcomes in our communities. Clearly the focus was on Fiona Stanley Hospital in comments pointing out some of the early challenges the hospital had in commissioning. The contribution by Hon Simon O'Brien was very important in terms of the comments he made about it being a very significant and complex project and that we cannot expect to have everything working perfectly as we would like on day one. I do not know whether we can point to any significant infrastructure project in Western Australia, private or public, when that has not been or is the case. I think members live in fantasy land if they subscribe to that theory.

The contributions, particularly those made by members opposite, lead me to believe that they probably have not paid much interest in going to Fiona Stanley Hospital, not necessarily as a patient but to speak to the staff and the people who work there, and to have a tour of the facilities, not just speak to their union buddies and beat up some media stories for *The West Australian*.

Several members interjected.

**Hon MARTIN ALDRIDGE:** If members actually spent the time to go and talk to those people, they would concur with the contribution made by the Parliamentary Secretary to the Minister for Health. The staff I have spoken to when I was there, either accompanying a family member or talking to them generally within the community through association, tell me that a lot of the stuff we read about Fiona Stanley Hospital is a beat-up. Their experience is very different from those that are being reported in *The West Australian*.

**Hon Sue Ellery** interjected.

**Hon MARTIN ALDRIDGE:** They are very happy to work there. They are very happy about the enormous advancement in technology, equipment and processes that Fiona Stanley Hospital, as the most advanced hospital in Australia, has brought not just to the metropolitan area but also to our state because it provides services statewide. That is starkly in contrast to what we heard dished up earlier in the debate. I am completely confident in the decisions of the Minister for Health and his departments. I think that they are doing an excellent job. Fiona Stanley Hospital should be talked up, not talked down. If members actually spent some time, looked at some of those issues and talked to some of the people who work there and the patients who have been there, rather than focusing on isolated cases that are experienced in every hospital in Australia when things do not go right or decisions are not the right ones, or procedures are not as tight as they could be or are not followed as they are meant to be followed, the experience that has been portrayed to this chamber would be vastly different from the one that has been portrayed.

I am very happy with our record. I am confident that we will not have our health executives at their retirement describe our public health system as "blatantly bloody unsafe", as they did when members opposite were in charge of our health system. I am pretty sure of the commitment that this government has made to a wide range of health reforms, particularly those reforms that will benefit regional Western Australians in accessing the best health care available to them in future years. I think that was what Chris O'Farrell was talking about in that article in which she said that policymakers and politicians are often focused on bricks and mortar rather than real reform, which is sometimes very difficult, for providing better health outcomes for our community.

It sounds as though members opposite, by their interjections, are keen to make more contributions to this debate, so I will give them plenty of time. There was not much substance to the interjections, so there was not much point in listening to too much of what they said.

**Hon Sue Ellery** interjected.

**Hon MARTIN ALDRIDGE:** I think I will conclude my remarks there to give other members an opportunity, but I reiterate that I will not support this motion. There is absolutely no substance to it, and I think that the services provided by Fiona Stanley Hospital are world class and the Minister for Health and the government should stand proud for the delivery of that hospital to Western Australia.

**HON MARTIN PRITCHARD (North Metropolitan)** [1.28 pm]: I rise to speak in favour of this motion. There are few things more important to an ageing population than the confidence they want to feel in the provision of health care by the state. That is not to say that the concerns are not held by young and old alike, but people do seem to be more aware of their mortality as they get older.

This motion, if it is dealt with properly by the government, could go a long way to removing much of the mystery that surrounds the contractual relationship between the government and Serco. There are obviously problems, but when there is also secrecy, it leads the public to suspect that there are more problems than they have heard about through the media. What is needed now is a point in time when the problems are fully

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admitted, and then a plan put into place that will work towards fixing those problems. If the problems are never accepted in the public arena, there will be no confidence that they will be addressed properly, and everybody will suspect that the worst is yet to come. Nobody is suggesting that the opening of Fiona Stanley Hospital would not be without incident. As would be expected with the opening of a new, large-scale facility, there were bound to be a few teething problems. Unfortunately, the problems that surround Fiona Stanley Hospital, substantially under the management of Serco, have far surpassed anything that could be described as a few incidents.

**The PRESIDENT:** I am sorry to interrupt. Just to clarify, in case anybody is confused, there are 31 and a half minutes left for this whole debate on this motion on Fiona Stanley Hospital. We will then move to the next motion on notice, just in case there was any confusion. Sorry to interrupt.

**Hon MARTIN PRITCHARD:** Even from the very beginning, it seemed to go wrong. A report in PerthNow from 2 February 2014 states that more than 230 Serco workers were turning up for work even though the hospital would not be opening for another eight months. The article continues —

Serco, the private company that manages the hospital for the Barnett Government, told *The Sunday Times* 230 workers were already based at the facility.

According to Serco, the 150 “operational staff” and an 80-person “pre-operational project team” are earning their wages by doing things like cleaning, conducting safety checks, maintaining the gardens, moving furniture and identifying hospital defects.

Others perform a “welcoming service” that includes providing directions and managing site events.

To provide these services Serco is being paid \$118 million until the hospital fully opens its doors in March 2015 as part of a \$4.3 billion, 20-year-deal with the Barnett Government.

After today’s story in *The Sunday Times*, Dr Hames admitted staff were being paid to prepare and maintain the hospital ahead of its staged opening beginning in October.

Further on, the article continues —

“The workforce is turning up for duty seven days a week, 24 hours a day to be at a hospital without a single patient and Serco is cashing in,” Opposition health spokesman Roger Cook said yesterday.

“It’s an outrageous waste to see so many people being paid to go to work in an empty hospital when that money could be used to reduce hospital waiting lists or avert job cuts in our schools.

“How can they be spending so much time doing things like cleaning, when there is not even a single patient to be found at the hospital.”

...

Serco’s transition director at Fiona Stanley, Joe Boyle, yesterday said “there was a significant amount of work planned between now and (October 2014) to enable the hospital to open safely”.

“We need to maintain this important new facility on behalf of the Government,” he said.

“This includes providing 24/7 services to manage the safety and security of the site, operating the central plant, maintaining and testing the hospital systems, mechanical, electrical and hydraulic services, cleaning, moving waste and supplies and much more.”

I do not wish to trivialise this, but I am a bit of a fan of *Yes Minister*. In a particular episode called “The Compassionate Society”, the parallels to Fiona Stanley Hospital are quite frightening. There were some differences, though. If my memory serves me correctly, 500 staff were in the episode and it was a year before they got their first patient. Still, one might have hoped and expected fewer problems than is usually the case with these big projects, as the government spent \$118 million on a contract to Serco, which, on the surface of it, seems to have been to employ 230 staff primarily to test all of the hospital systems for eight months before they had their first patient.

This contract is not the only contract that this government has with Serco, which is a worldwide group that snaps up government contracts to run a range of things from custodial services to schools and health contracts such as the one that it now has with the WA government for the Fiona Stanley Hospital. A quick Google search brings up all sorts of things about the Serco Group, a lot of which is from here in Western Australia, of course. On 28 November 2014, an ABC article headed “Serco contracts come under scrutiny from WA parliamentary committee” reads as follows —

An Upper House committee will hold an inquiry into the transport of people in custody, looking at the oversight and management of court security and custodial services contracts in the state.

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It will also examine whether the current scope of the Government's contract adequately meets service demand, and the implication for the regional transportation of prisoners.

There have been a string of escapes from Serco custody this year, including the high-profile breakout of a violent rapist with another criminal from a prison van in January.

...

Serco also runs the state's immigration detention centres, which have seen a number of breakouts by detainees.

Last year five Vietnamese asylum seekers scaled three security fences at the Yongah Hill detention centre in Northam and fled into surrounding bushland.

Several members interjected.

**The PRESIDENT:** Order, members! Everybody knows the rules; the member on their feet has the right to express their point of view, and if members are going to interject, it needs to be constructive and not an exchange between various sides of the chamber.

**Hon MARTIN PRITCHARD:** The article is not about Fiona Stanley, obviously, but another arm of Serco that has been contracted for the transport of prisoners, custodial services and court security. I could talk for quite a while about the problems that Serco has been involved in with other contracts that it has with the state government, but that is not what we are currently looking at. To me, it is only useful in that it should act to focus this government on making sure that any selection process is as vigorous as possible to ensure that the people of Western Australia get true value for money.

The government's Fiona Stanley contract was signed on 30 July 2011. The problems that we have had since then lead us to the question of how vigorous the government was in its selection process. Did it research the reputations of the companies that were bidding; and, at the end of the day, did Western Australians get a good deal? Personally, I think not. Concern about the contract led to an inquiry by the Public Accounts Committee, which was an analysis of the processes used to appoint Serco to provide the non-clinical service at the hospital. Being Western Australia's largest ever service contract, we might say that that may be par for the course, but the findings were quite surprising, to say the least. It is concerning to note that Hon John Kobelke states in his foreword —

There were only two companies in the final bidding process, as the third withdrew before the service specifications were finalised. The documentation makes it clear that Serco were always the clearly preferred company. DoH did not document concerns regarding the lack of depth in the market nor did it reconsider its approach to try and get greater competition. Why was serious consideration not given to restructuring the contract and restarting the process to bring some greater element of competition?

Further reading of that report does leave doubt over the awarding of the contract and others in the whole process. The same document declares that the Department of Health did not follow proper processes when it appointed its commercial adviser. It is quite concerning that the biggest contract in Western Australia's history is being treated by the government with irreverence. This has led to many mishaps and to the eventual penalisation, which are known abatements, of Serco. These penalties were incurred over 27 service areas. I note that the minister suggests in an article that the penalties mean that the system is working, but I doubt very much that patients at Fiona Stanley Hospital see it that way.

Some recent articles show a differing view of the situation between the government and the reality as expressed by public opinion. I have a number of articles that express some concern that I will go through, if I may. A 12 July article in *The Sunday Times* headed "Serco's supplies bungle", reads —

SERCO has been secretly stripped of yet another responsibility at Fiona Stanley Hospital.

*The Sunday Times* can reveal the Health Department has taken over most management of supplies at the new \$2 billion hospital.

The move, kept quiet since November last year, is believed to be due to a bungle by the private contractor which resulted in a big quantity of expensive medical supplies being damaged in a warehouse.

Serco was originally responsible for 28 services as part of its \$4.3 billion contract.

In April last year, after a report by *The Sunday Times*, Health Minister Kim Hames was forced to admit patient administration and records management duties had been taken from the company.

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Two months ago sterilisation services were also taken away from Serco.

In April, Dr Hames confirmed the Health Department was looking after aspects of the medical supplies contract.

Responding to questions this week, an FSH spokeswoman confirmed the department's Health Supply Network had taken over the functions in November.

The hospital was yesterday forced to divert maternity and ambulance patients to another hospital because of flooding.

A 15 July article in *The West Australian* that is headed "FSH puts patients at risk: nurses", reads —

Newborns have been placed at risk of contracting whooping cough and a patient with circulation problems almost lost a limb after going without an air mattress for two days at Perth's flagship hospital, nurses say.

A litany of complaints about facilities and management during Fiona Stanley Hospital's first five months of full operation have been logged by the Australian Nurses Federation in a stinging submission to a parliamentary inquiry.

The submission, made public by the education and health standing committee this week, includes claims that staff shortages have left patients "to suffer the indignity of lying longer than they should in dried faeces, blood and urine".

The article further states —

FSH service provider Serco was stripped of responsibility for sterilisation in April after a series of bungles —

**The PRESIDENT:** Order, member. Sorry to interrupt you yet again, but I would like to welcome students and staff from Nannup District High School into the Legislative Council public gallery. Welcome to the debate. I hope you enjoy your visit to Parliament.

**Hon MARTIN PRITCHARD:** Thank you, Mr President. I also welcome them.

An article in *The Sunday Times* on 16 August that is headed "Dirty secrets exposed at FSH, reads —

A SECRET report on Fiona Stanley Hospital has detailed grave concerns about the \$2 billion facility's ability to prevent an infectious disease outbreak.

The report claims hospital beds are "not getting a proper clean ever". And staff have been instructed to use only "microfibre cloths and water" for daily room cleaning.

It said cleaners weren't allowed to perform comprehensive "red cleans" to prevent the spread of superbugs such as —

I am sure I am not going to pronounce this correctly —

vancomycin resistant enterococci (VRE), unless a patient had been in the bed for more than 24 hours.

The article further states —

Comments from staff include claims "infection control is virtually non-existent" and "rooms are left contaminated every day".

"In multiple locations across the hospital ... infectious patients are (regularly) in a bed for less than 24 hours, so only a substandard clean is done and a new patient is transferred in, risking exposure of infection," one staff member said.

...

Other concerns raised in the report include overflowing medical waste bins, cytotoxic bins left with open lids and that Serco was operating with "skeleton staff". Inhalation of cytotoxic drugs can cause liver damage, foetal loss in pregnant women and abnormal cell formation, according to Victorian Worksafe guidelines.

But Serco's FSH operations director Andy Wheble said cytotoxic waste was "secured at all times" and denied "red cleans" were only available after 24 hours. He said each type of clean was available "upon the request of a clinician", but did not dispute claims that cleaners sometimes used only microfibre and water.

I refer to another article headed, "AMA describes dire hospital problems", which reads —

Just six months after it opened, doctors are calling for the \$2 billion Fiona Stanley Hospital to be expanded, its IT system upgraded and its leadership overhauled.

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The Australian Medical Association delivered a succession of heavy blows to WA's flagship hospital yesterday in a tag-team mauling with the Australian Nurses Federation, which renewed its claim that patients there had been operated on with "dirty" instruments.

Dr Jenkins painted a picture of continuing dysfunction at FSH, including duress alarms in the mental health unit regularly going offline for hours and emergency teams resorting to walkie-talkies to overcome mobile black spots.

He said there were Serco staff who did not know the difference between an electrocardiogram and an EPIRB and whose inexperience had ruined equipment worth \$250,000.

The article further reads —

He said the "untried" electronic patient record system called Bossnet created "severe clinical risk" through frequent crashes or freezes.

Supporting it was also difficult through an "interwoven labyrinth" of systems belonging to Serco, British Telecom and the department's health information network.

Another article headed, "Review blasts Serco contract" reads —

An independent review of Fiona Stanley Hospital has confirmed a number of issues with patient care and clinical services, revealing failures to prioritise urgent surgery.

*Point of Order*

**Hon SIMON O'BRIEN:** I have been listening to this for quite a while and I would like to draw the Acting President's attention to standing orders 36 and 48. It is rare that we have recourse to standing order 36, which relates to the reading of speeches. Similarly, standing order 48, which talks about irrelevant debate, is a standing order that generally is pretty hard to fall foul of, but I fear that our friend and colleague may be falling foul of both. What we are getting here is not his speech. We are hearing the words of some unidentified people—journalists apparently—being —

Several members interjected.

**The ACTING PRESIDENT (Hon Liz Behjat):** Order, members! I will hear the point of order in silence.

**Hon SIMON O'BRIEN:** It is simply a reading of other people's material, whether it has been published or not.

**Hon Ken Travers** interjected.

**The ACTING PRESIDENT:** Order! When the member has finished with the point of order, which I am sure he is going to get to very quickly, there will be the opportunity for others.

**Hon SIMON O'BRIEN:** There are two points of order. The first relates to the reading of speeches. In this case, that is all that is happening; it is not even the member's own speech. The second is that it is irrelevant, because if a member quotes from, in this case, newspaper articles, it needs to be related to the matter before the house, otherwise there is no demonstration of relevance. Those are my two points of order.

**The ACTING PRESIDENT:** Thank you. I do not think there is a point of order.

**Hon SUE ELLERY:** Madam Acting President, I was going to address you on the point of order.

**The ACTING PRESIDENT:** No. I can rule on the point of order.

**Hon SUE ELLERY:** So you will not let me address you on the point of order?

**The ACTING PRESIDENT:** I do not think there is a point of order. I am going to let Hon Martin Pritchard continue, because, from listening to his contribution at the moment, he is reading from an article in *The West Australian* that was written by the Australian Medical Association. I have heard several times that he has been referring to matters raised about Serco. The substance of this motion deals with the Serco contract at Fiona Stanley Hospital, so I think he is quite within his rights to read in that article as part of his contribution. I know that he will not be reading his substantive speech, but he is entitled to read in that contribution. There is no point of order.

*Withdrawal of Remark*

**Hon KEN TRAVERS:** Madam Acting President, I wish to take a point of order in objection to the words used by Hon Simon O'Brien, in that he made an unfair imputation by suggesting that the member was not reading or making his own speech. I would ask that those words be withdrawn.

Several members interjected.

**Extract from Hansard**

[COUNCIL — Wednesday, 16 September 2015]

p6402d-6412a

Hon Martin Aldridge; Hon Martin Pritchard; Hon Simon O'Brien; Acting President; Hon Sue Ellery; Hon Ken Travers

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**The ACTING PRESIDENT:** Order! I am going to seek some advice on that. Perhaps Hon Martin Pritchard would like to clarify that what he was reading from was an article in *The West Australian*; it was not his substantive speech that he was reading, and I am sure he would not be doing that. If he can clarify that, I will seek that Hon Simon O'Brien withdraw his remarks under standing order 45, "Imputations and Personal Reflections".

**Hon MARTIN PRITCHARD:** Thank you, Madam Acting President. I was reading from an article in *The West Australian* dated 23 July 2015 headed "Review blasts Serco contract".

**The ACTING PRESIDENT:** Hon Simon O'Brien, the member has now identified the article from which he was reading, and he admits that he was reading that article. Do you wish to withdraw the remark that you made with regard to his reading of his speech?

**Hon SIMON O'BRIEN:** I am certainly determined to assist you, Madam Acting President, in preserving the orderly conduct of the house. It is not my intention to offend but, rather, to contribute to the running of the house. If anyone over there has been deeply offended by what I have had to say or the way I have expressed it, then I will withdraw it. What I thought I had actually said was that all I am hearing is the member reading from newspapers, which by definition is other people's words, and that is what I raised a point of order about, and that has been dealt with.

**The ACTING PRESIDENT:** Yes, that has been dealt with.

**Hon SIMON O'BRIEN:** Madam Acting President, I now ask if you would refer the matter to the President for some further consideration.

Several members interjected.

**The ACTING PRESIDENT:** Firstly, on that point, Hon Simon O'Brien, I would ask that if you are going to withdraw those remarks that you withdraw them unqualified, as is required by the standing orders. If you want me to refer a matter in general in relation to the reading of speeches, I am sure that can be done at another appropriate time. I have counselled Hon Martin Pritchard; he was reading from an article in the newspaper. He knows that he is not to read his substantive speech, and I do not believe he was doing that. So I think that we can continue for the seven minutes and 29 seconds that we have left.

Several members interjected.

**Hon SIMON O'BRIEN:** I withdraw.

**The ACTING PRESIDENT:** Thank you.

*Debate Resumed*

**Hon MARTIN PRITCHARD:** I thank you, Madam Acting President, and I thank the member for his guidance.

Just to clarify again, I am reading from an article in *The West Australian* of Thursday, 23 July. The reason I am reading from these articles is because I believe there is some public concern about issues at Fiona Stanley Hospital. I believe that it would be in everybody's best interests if the government could draw a line in the sand and say that there have been issues and mistakes, and on that basis we can move forward and try to remedy the outstanding issues.

To get back to this article, it states in part —

An independent review of Fiona Stanley Hospital has confirmed a number of issues with patient care and clinical services, revealing failures to prioritise urgent surgery and cope with excessive emergency department demand.

The report, released yesterday, is also highly critical of the FSH contract —

This is the point that I wish to make —

with private operator Serco, which it says "has proved challenging at a number of levels".

It describes a "them and us" mindset between Serco's staff and Health Department employees.

It also reveals many of the potential money-saving initiatives envisaged by the State Government when Serco was employed are yet to be achieved. Health Minister Kim Hames ordered the review in April as he stripped Serco of clinical sterilisation duties, saying it was "probably a mistake" to award Serco the sterilisation contract.

There is another part to the article, but I will move on given the amount of time that we have.

I now wish to refer to two other small articles. The first is from *The West Australian* of 9 September 2015. It is headed "Cancer care system puts 'lives at risk'" and it states in part —

**Extract from Hansard**

[COUNCIL — Wednesday, 16 September 2015]

p6402d-6412a

Hon Martin Aldridge; Hon Martin Pritchard; Hon Simon O'Brien; Acting President; Hon Sue Ellery; Hon Ken Travers

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WA patients are waiting up to six months for surgery to diagnose lesions found during breast screening exams instead of the standard six weeks, a departmental report reveals.

...

Compiled by a task force of 20 experts, including cancer specialists, nurses, surgeons, radiation oncologists and representatives from Cancer Council WA and PathWest, the document was commissioned in late April.

...

Among other “very worrying” and “unacceptably long” wait times were four months to act on positive bowel screening tests, three months for prostate checks—up from three weeks nine months ago—and four to six weeks for patients with suspected lung cancer to get in to FSH’s fast track cancer clinic.

The final paragraph of the article states —

Australian Medical Association WA president Michael Gannon said the task force recommendations needed to be funded urgently because “people’s lives are at risk”.

The final article that I wish to read is from ABC News on 14 July. It states in part —

**WA Premier Colin Barnett concedes there have been more than just teething problems at Fiona Stanley Hospital, after the second serious water leak in three months last week caused flooding.**

The article goes on to quote the Premier as saying —

“Sure there have been perhaps more than teething problems, but it is a large complex building and some things have gone wrong, but the hospital is magnificent and doing its job superbly,” ...

If Fiona Stanley Hospital was doing its job superbly, we would have to wonder why the Western Australian Department of Health took over the majority of patient administration and management services, including clinical coding, billing, health records management, and scheduling appointment bookings—key services that Serco had been contracted to deliver. The Department of Health even had to take back sterilisation services. That begs the question of how qualified Serco was for the contract awarded to it if it could not fulfil what we would think was an integral part of the provision of hospital services.

In the remaining moments I have to speak, I would like to explain that I suffer from a deviated septum and that I had to consult an ear, nose and throat specialist earlier this year and that at some point it will have to be straightened. However, I was quite shocked when my specialist, at my first ever appointment with him, spoke of about his concerns about Fiona Stanley Hospital. The first of the two matters he was particularly concerned about, and on which he went into great detail with me—a patient—was sterilisation. He described the process, the identification, and that when he went into some operations all of the tools that specialists use were not there. He described those problems. His other concern was with the problem of mobile phone access, and I presume that has to do with his other practices. As I said, I was quite shocked that he raised those concerns with me, and I presume that he raises them with other patients. It would seem that there is an unworthy disconnect. I think the staff at Fiona Stanley Hospital want to and in most cases do everything they can to look after patients, but I think there is a disconnect between whether it is working extremely well—as I mentioned, I think the hospital is magnificent and is doing a superb job—and whether that is correct.

At this point I will cease my commentary and ask the government to seriously consider supporting this motion so that we can create a line in the sand to precede an open and honest assessment of the running of Fiona Stanley Hospital to try to match it with the expectations of patients, health professionals, staff and the Western Australian public.

*Division*

Question put and a division taken, the Acting President (Hon Liz Behjat) casting her vote with the noes, with the following result —

**Extract from *Hansard***

[COUNCIL — Wednesday, 16 September 2015]

p6402d-6412a

Hon Martin Aldridge; Hon Martin Pritchard; Hon Simon O'Brien; Acting President; Hon Sue Ellery; Hon Ken Travers

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Ayes (9)

Hon Robin Chapple  
Hon Alanna Clohesy  
Hon Stephen Dawson

Hon Sue Ellery  
Hon Adele Farina  
Hon Lynn MacLaren

Hon Martin Pritchard  
Hon Ken Travers  
Hon Samantha Rowe (*Teller*)

Noes (18)

Hon Martin Aldridge  
Hon Ken Baston  
Hon Liz Behjat  
Hon Jacqui Boydell  
Hon Paul Brown

Hon Peter Collier  
Hon Donna Faragher  
Hon Dave Grills  
Hon Alyssa Hayden  
Hon Col Holt

Hon Peter Katsambanis  
Hon Mark Lewis  
Hon Rick Mazza  
Hon Robyn McSweeney  
Hon Michael Mischin

Hon Helen Morton  
Hon Simon O'Brien  
Hon Phil Edman (*Teller*)

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Pairs

Hon Sally Talbot  
Hon Amber-Jade Sanderson  
Hon Kate Doust  
Hon Darren West

Hon Nick Goiran  
Hon Nigel Hallett  
Hon Jim Chown  
Hon Brian Ellis

Question thus negated.