EDUCATION AND HEALTH STANDING COMMITTEE

HEARING WITH THE DEPARTMENT OF HEALTH

TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 23 MARCH 2016

Members

Dr G.G. Jacobs (Chair)
Ms R. Saffioti (Deputy Chair)
Mr R.F. Johnson
Ms J.M. Freeman
Mr M.J. Cowper

Hearing commenced at 9.58 am

Dr DAVID RUSSELL-WEISZ
Director General, Department of Health, examined:

Mrs REBECCA BROWN
Deputy Director General, Department of Health, examined:

The CHAIR: On behalf of the Education and Health Standing Committee, I would like to thank you for your appearance today. The purpose of this hearing is to discuss the Auditor General's report on the health department procurement and management of its centralised computing service contract. I am Graham Jacobs, the chair; on my left is Rita Saffioti; on her left, Rob Johnson; and on his left, Murray Cowper. We also have Alison Sharpe, Catherine Parsons and Alice Jones, our secretariat. Hansard will be recording the proceedings today. It is a committee of the Legislative Assembly of the Parliament of WA and it is a formal procedure of Parliament and therefore commands the same respect as proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and we will be making a transcript of the proceedings. If you refer to any documents during your evidence, it would assist Hansard if you provide the full title for the record.

Before we commence I have a few procedural questions. Forgive me for asking these questions but I need to. Have you each completed the "Details of Witness" form?

The Witnesses: Yes.

The CHAIR: Forgive me for this. Do you understand the notes at the bottom of the form about giving evidence?

The Witnesses: Yes.

The CHAIR: Did each of you receive and read an information for witnesses sheet provided with the "Details of Witness" form today?

The Witnesses: Yes.

The CHAIR: If you have any questions or any opening statement to make, that is fine.

Dr Russell-Weisz: Chair, I have a few remarks to make as an opening statement, but it will be very, very brief.

The CHAIR: Okay; thank you.

Dr Russell-Weisz: Thank you, Chair. As you referenced in your opening statement, this is to examine the Auditor General's report. WA Health has accepted the findings and recommendations from the OAG report in full. The report's findings are deeply disappointing and unacceptable, and I have made that statement before. I would like to acknowledge my predecessor, the acting director general, Professor Bryant Stokes, who actually requested the Auditor General come in and investigate WA Health's procurement and ICT management processes as a matter of priority. The report—and I accept this—highlighted several weaknesses in contract management, finance, financial management, financial control, overall governance, and delegation and planning. All government agencies have an obligation to deliver value-for-money services to the community, and on this occasion WA Health has clearly failed. However, in response—this was not just in response to the Auditor General's report—over the past two years, significant changes have been

made and resources invested into improving our procurement and governance processes, and not just across ICT. There are 14 recommendations, but actually six main recommendations, in the report, but there are sub-recommendations, so I will refer to the 14. Eight are complete, four are nearing completion and two are underway. Since the report was commissioned and before that, as I said, we have made major changes to the management of ICT. We have completely revamped the governance of ICT. There is an executive board, which is chaired by myself as the director general. There is a program board and there are working groups, and we have also now split the technical, the financial and the contract management governance of ICT within WA Health. We have made significant improvements across the whole procurement framework, not just in ICT, because this was, as I have said, a failure of contract management and governance, not necessarily in the ICT area, but it happened here.

The WA Health strategic procurement reform program has been rolled out throughout the health system to ensure the best outcome for every dollar spent, and we have now released the WA Health ICT Strategy 2015–18 and established some time ago—by my predecessor—the office of the chief procurement officer. We do, I believe, have much greater oversight, governance and controls to address the majority of risks outlined in the OAG report and also put us in a good place over the next few years for much better governance and procurement. We have substantially changed our procurement and ICT management processes, and I am confident we now have the right systems to deliver value for money for the state. Thank you.

The CHAIR: Thank you. If I may start by quoting the Premier's statement in relation to the Auditor General's report, and I quote —

> "I think you've got a situation of a mismatch,"
>
> "The companies in the ICT area, [are] very professional.
>
> "And I think they have a level of sophistication and marketing which is out of balance with people who are working in government who are buying these services.

Would you agree with the statement that people in this area, HIN, and those that were supposed to lead and manage this contract basically did not know what they did not know, and, added to that, a litany of acting CIOs, essentially in this particular central computing contract, asked Fujitsu what they needed?

Dr Russell-Weisz: I might take that question and pass over to Rebecca. I think, certainly, in the ICT arena, we are reliant on people with technical expertise in what is a very, very complex health environment. We have seen it through commissioning of hospitals and we have seen it through because medical technology has significantly changed, and is changing on a daily, if not weekly, basis. We certainly need technical expertise, but we need sound public servant oversight. Irrespective of our reliance on contractors and on companies—we will always rely on them because health and government agencies cannot have all that expertise in house; it is near on impossible—we need to build that expertise to a level within our organisation, so that is our Health Information Network, and we need to have contractors and private companies that have the expertise. But these private companies need to be contract managed, so we need to have robust contract management plans in place. We need to know what we are buying. We need to make sure the scope does not increase and we do not have variations that we should be going out to tender for. There needs to be a balance. I think what you are saying is, using my words here, did we have an imbalance between contractors and public servants? Yes, I think that is right. Did we need better oversight from public servants? Yes, we did, because ultimately the health department has to take responsibility and public servants have to take responsibility for decisions taken by those public servants in relation to contractors. I pass to Rebecca to make any comment.

Mrs Brown: Thank you. Clearly in this instance there was a significant reliance on contractors, particularly the relationship, which is the subject of the OAG's report. In addition to being involved

in providing advice, the contract itself actually required them to provide technical advice on what we required. I think, as Dr Russell-Weisz has pointed out, clearly having public servants who are both responsible for the management of those contracts and contractors more generally is a critical area that we have focused on. In terms of technical advice by public servants, that is an area that the public sector more generally has struggled to build and retain, particularly through times of economic growth. It is apparent now over the last two years that we have been much more able to place people with technical advice into public servant roles and therefore have a much greater focus on the accountability that comes through that.

Mr R.F. JOHNSON: We are talking about a massive amount of money that has been wasted. They are not government funds; they are public funds. It is getting close to $50 million. We can do a lot with $50 million, as you know. We now understand that these individuals who were working in the health department and who were responsible for signing off on these additional variations went way beyond their authorisation. They had no right to sign off on the amounts that they were signing off at. I understand that there have been no penalties against those individuals. We do not know whether they are still in the health department or not. As I understand it, David, one of them is working for a contractor that is doing business with the health department; the other one is working with a contractor for the Perth Children's Hospital. I want to know who those people are, because I think an eye needs to be kept on them. The way I would describe some of the dealings that have gone on is that people would be excused if they thought that some dodgy business had been going on here, with an unhealthy relationship between those individuals and the supplier, Fujitsu.

[10.10 am]

Dr Russell-Weisz: I will take this first. There were three employees mentioned in the Office of the Auditor General report, A, B and C. Employee A had the largest, or he signed off on the largest, contract variations. I can confirm he is no longer working in WA Health and has not been for some time. I think early last year he left WA Health. For the second person, a contract variation was there, but it was much, much smaller. He is still an employee. Employee C was actually a contractor, as I understand, at the time, who was working on another commissioning project, and he is no longer working on that commissioning project. Can I just check if that is correct?

Mrs Brown: That is correct.

Mr R.F. JOHNSON: Are they still involved in doing business with WA Health—the ones who are working with contractors now?

Mrs Brown: We are not aware of the status of employee A other than they have left the employment of WA Health. I would say with regard to all of these matters during 2013–14 and the internal reviews that subsequently led to Professor Stokes referring the matter to the Auditor General, that at any stage where there have been any concerns with regard to misconduct, they have been referred to the relevant authority, the CCC, throughout any of those stages, and I understand that the Auditor General's office has also conferred. So at any point when either myself or the professor were made aware—when concerns were raised that there may be misconduct, that was referred and dealt with by the appropriate entity. With regard to employee B, as Dr Russell-Weisz has pointed out, employee B is still in the employment of WA Health and we are, in train with the Public Sector Commission, investigating whether there was any misconduct by that employee. In that instance it would appear that where he may have exceeded his authorisation limits, they may have been aggregated, and therefore it is likely that he appears to have signed off to variations of a smaller amount than $100 000 as indicated in the report. But we are clearly looking to see whether there are any further concerns with that employee, and any further action would be referred to the director general to consider.

Mr R.F. JOHNSON: As I understand it from the Auditor General's report, he and his staff had a lot of trouble in finding how far up the chain it went and who is actually authorised to authorise

these things. I mean, from the report, he had difficulty in getting to where the authorisation stopped, if you like, on those particular variations to the contract.

Mrs Brown: I think this is an example of where, in the case of employee A, he clearly did not understand his authorisation limits, and clearly the checks and balances to verify that were weak and did not prevent those contract variations from being entered into. In 2014, a number of changes were put in place to ensure that we had robust delegations across all of WA Health and that relevant employees at all levels are now aware of what their authorisation limits are. In addition to that, with regard to what was the Health Information Network, we have separated the processes of those people who undertake the technical ICT work from the people who enable procurement, contract variations and contract management to happen more generally, and from the financial monitoring as well. So we have a separation of those responsibilities that will ensure that the people who are authorised to sign those variations are aware of their limits, we have another officer responsible for managing the contract who can check whether that officer would have that authorised level before anything will happen, and we have financial controls to check that there is available funding to progress a contract variation. We also are rolling out a procurement development management system across all of WA Health that will register all of our contracts, all of our variations, and all of the authorities and authorisations associated with that.

Mr R.F. JOHNSON: Who is monitoring that?

Mrs Brown: That is monitored by the Office of the Chief Procurement Officer, which was established early in 2014 by Professor Stokes. So we have greater central governance and oversight of all procurement matters.

Mr R.F. JOHNSON: I mean, I have a concern on behalf of the public, who have had to fork out nearly $50 million on what they would consider would be rorts to some extent, you know, between the company and certain individuals, or incompetence at the very least. I think that they would want to be assured that those people face some sort of penalty. If you are in private business and you had lost nearly $50 million, you would be out the door with a boot up your backside and you would have a job getting another job. It worries me if these people are still working for contractors that are dealing with the Department of Health WA. I do not think they should be allowed to work with somebody who is dealing with WA Health at all.

Dr Russell-Weisz: As I said —

Mr R.F. JOHNSON: You have confidence that if they are, that everything will be hunky-dory.

Dr Russell-Weisz: Whilst we are concentrating on three employees or three individuals, and the greatest variations were made by one individual, we have—I think the Premier also alluded to this—to bring the Public Sector Commission in to assist us, which is happening at the moment, to make sure that we have done everything we can in relation to these individuals. Are we doing everything we can to the individual who is actually still within WA Health, and also are there any other avenues and any other actions that we should have taken or now can take against individuals who are no longer with our employment? We are seeking advice from the Public Sector Commission on that and they are actually within the department assisting us on this whole issue rather than the conduct of the three alone.

Mr R.F. JOHNSON: Some people do not have great faith in the Public Sector Commissioner's inquiry. With the Buswell case, they came to nothing, and they should have come to a lot more. So, I have great doubts.

The CHAIR: Can I ask, there was an operational directive released by the chief procurement officer on 29 June 2014. The purpose was to write a simple, easy to follow set of procurement delegations, or procurement delegation scheduled business rules. The question I ask is: how come it got to this and you woke up this late? Surely there were qualifications, skills and training of employees who were negotiating multimillion dollar contracts, specialised skills that employees

must have, and ongoing training that employees received. Was this a deficiency in that skill set and training and what people should have known or was this just wilful blatant disregard when it came to just signing off on these variances? This is very late in the game—29 June 2014. There are two things—we have either got a serious systemic problem here in people who are not up to the job, or we have got just a blatant disregard for the rules, and in Health it is, "Oh, well, we are saving lives, it is a good cause, and we will just sign off more money because we need, obviously, to bring these projects to fruition".

Dr Russell-Weisz: I will start with that one, Chair. I do not think there is a systemic general disregard for rules right across the health sector. We have got 44 000 staff; it is an extraordinary complex sector. This was a significant failing, so I am not underplaying this at all. I do not think there is this disregard. I also think that in most areas there were procurement delegations that were being followed—if you look at Health as a whole. But what that operational directive did was bring the procurement delegations into sharp focus, and it was very clear—for every health service, whether they were caught up in this OAG issue or they were just simply running maybe a small department in one hospital, it gave very clear procurement delegations right across the board. I also would add that contract management–procurement management has been our focus since then. We invested significantly, for example in the South Metropolitan Health Service, in contract management over the last two years, because we recognised this was of significant importance when we have a number of contracts with private providers, be they large contracts such as with Ramsay or Serco, or be they quite small contracts with say, Silver Chain or some of the smaller contracts, dialysis contracts that we have across the board. I do not think there is a systemic, blatant disregard. I do think this has brought into sharp focus, and I have reminded all my direct reports to make themselves extraordinarily familiar with the OAG report and what the OAG report has stated. What I think that operational directive did is give a clear set of instructions that all area health services and the Department of Health have to follow and have followed since then.

[10.20 am]

Mr M.J. COWPER: In your opening statement you mentioned that there were a number of recommendations that were mentioned in the report and that you have implemented eight of them and are working through a couple more and some of them are in progress et cetera. The issue about record keeping—I understand that during the course of the assessment that was conducted, there were disparate locations of all the information. Whilst I also acknowledge that it is a big department, why was information just scattered to the wind?

Dr Russell-Weisz: I think that is, as you say, one of the recommendations in relation to our record keeping policy. The Health Information Network at the time should have kept a record of every contact variation, every document. I know that in providing documents to the committee, there have clearly been documents that are numbered, but there are several that the OAG has got from different sources that are similar documents. I really cannot answer why the Health Information Network did not keep adequate documentation. But what I can show now is that having split the governance in relation to technical, contract management and financial, we will have a much better record of who, and why, for example, signed off variations, and what contracts were either renewed or not renewed. So it is difficult to go back and say why did the Health Information Network not keep adequate documentation at the time.

Mr M.J. COWPER: They kept documentation, but they had it all over the place, and one of the problems with the inquiry team is that when they were following an avenue of inquiry, it came to a dead end because no-one was able to answer the question because it was outside their realm or wherever, or it was located elsewhere. So I suspect, notwithstanding the report done by the Auditor General, that there were a lot of frustrations that he encountered. What I cannot understand, with 44 000 employees, is why one of those 44 000 employees did not have the wherewithal to put a fence around all the record keeping.

Mrs Brown: That is obviously an appropriate question. With regard to contract management, I think in many instances what we have found is that people with a background in, in this instance, ICT technical work, were also performing contract management-type roles without the skills or experience to do that. That does not obviously excuse general record keeping, but in this instance and in other instances they were not trained in the requirements around having a contract management plan in place.

Mr M.J. COWPER: But that then falls back on the supervisor of that person. Is there a reporting process?

Mrs Brown: I think that probably, as the OAG has found, there was not a broader knowledge or frameworks in place to support robust contract management and contract administration. Obviously, over the last two years we have invested heavily in building that capability, people, processes and systems to support staff in those roles, but to also ensure that staff who are not equipped for those roles but are equipped for other things, particularly ICT technical roles, are separated from the people who will actually perform the contract management and administration systems.

Mr M.J. COWPER: Can you tell me whether this record keeping is one of the eight that you have now completed, or where is it at?

Dr Russell-Weisz: We have said that all will be complete by 30 June this year. It is one of the ones —

Mr M.J. COWPER: What is the status of it at the moment?

Dr Russell-Weisz: It is underway. What I do not want to do, and what I will not do, until we can assure it and I have signed off on it, is say that every recommendation has been done. I want to be assured that it is 100 per cent done, not 80 per cent done.

Mr M.J. COWPER: So potentially there are still holes in the fences?

Dr Russell-Weisz: No; I think much less so. This looks back between 2010 and 2014. I do not want the committee to think that nothing was done until the Auditor General came in and gave his report, because a lot was done in improving our record keeping and a lot was done in improving our contract management when Professor Stokes saw that this was a major issue over the last couple of years. Obviously, I am happy to come back to you and give you an update. Maybe we can take this and provide you with an update of each recommendation, which ones are completed, and show you some assurance why, and also show by which dates they will all be 100 per cent completed.

Mr R.F. JOHNSON: Who was in charge of HIN at that stage?

Dr Russell-Weisz: There were a number.

Mr R.F. JOHNSON: Who was overseeing? Who was the top person in health information during those years, who I think probably should be responsible for what happened within health information? I do not expect the director general to know absolutely everything and that is why you have people in charge of different departments.

The CHAIR: Added to that, the question, Rob, is who would have personal knowledge of the origin of variations? Who are we dealing with here? We discussed the Auditor General's lack of documentary justification, as the member for Murray–Wellington has explained, but there are major contract variations as well. We are really concerned that we do not know which HIN or Department of Health employees remain and who would have personal knowledge of the origins of variations. If we are to have a culture change in this organisation to make changes, then we need to identify and we need to see where and how these things fell over.

Dr Russell-Weisz: Do you want me to answer Mr Johnson's question about who was in charge of HIN and then take your question?

The CHAIR: Yes.

Mr R.F. JOHNSON: During that period of time; and is that person still in charge of HIN or is there somebody new?

Dr Russell-Weisz: No. To answer the Chair's question quickly, there have been huge changes of personnel in health HIN, or now Health Support Services—I mean, major changes. I need to be comfortable as director general. I now have—again, I can supply this to you; I can show you on five pages our key priorities, where there is no fluff or what I call sometimes ICT blue-sky gazing—exactly what my health IT priorities are, whether it is in relation to our patient administration system or our radiology information system. I know exactly what is on our critical path for this year and next year and what is in the future. I tend to work like that. I need to see what the key issues are. In relation to the chief information officers at the time, the chief information officer was Mr Alan Piper at the time, and you would know that he was a contractor at the time, between 27 April 2010 and the end of December 2012. Then we had an acting CIO at the time, who was Dr Andrew Robertson, and then an acting CIO before Mr D'Souza came in, in May 2014. For the majority of the time it was a contractor, Mr Piper.

Mr R.F. JOHNSON: Should he have known what was going on there if he was in charge of that area?

Dr Russell-Weisz: Yes.

Mr R.F. JOHNSON: I mean, you want to know.

Dr Russell-Weisz: Yes.

Mr R.F. JOHNSON: You said quite clearly what you want—you want to know this, this and this. I say that is great.

Dr Russell-Weisz: Ultimately I am accountable, so I do want to know.

[10.30 am]

Mr R.F. JOHNSON: But should he have been in that position—that he wanted to know?

Dr Russell-Weisz: Yes, he was the chief information officer, he was a contractor, so a public servant would have been managing, one, his contract, but also overseeing that performance as well. But he was the chief information officer at the time.

Mr M.J. COWPER: I am sure it has not been lost on you that the consequence of these events is that the broader industry sees the Western Australian government and the health department as a soft touch. Given the number of hospitals we have currently under construction, how are we situated as far as reputation is concerned? Are we seen as a soft touch, or do we have companies lining up to sell sand to the Arabs–type thing, because at the moment it just seems as though we are a cash cow?

Dr Russell-Weisz: Both of us might answer this. We are not a cash cow I would say. We are certainly not a cash cow in the health department. We have a budget that we need to stick to, and we are making significant governance reforms outside ICT, as you would be aware, with the new Health Services Bill, which will give much more accountability and local autonomy. It really does increase the accountability at a local level. I would say that we have put significant changes in place. I do not believe it, but maybe people will look in and think we are a soft touch. This was one contract in relation to this contract. I would say that we are not the only state that has had IT issues with our health sites. You can look in Victoria and look in New South Wales; there have been challenges with health IT. That is not an excuse.

Mr M.J. COWPER: To this level—nearly 100 per cent?

Dr Russell-Weisz: Yes, they have. I think there have been other ones in non-health areas as well. So, yes, to this level, and even greater. But I think the learnings out of all of this, to me, go down to

five learnings. Governance: have we got our governance right? This is how I look at it. Have we got our governance right? Our governance is a lot better. What is our scope? Sometimes you get scope creep. I think that is what got us into trouble here, where the scope was increased. What is our scope? We stick to our scope, and if we are going to go above our scope, who is going to tick it off? It is also having the right people with the right skills, sticking to our budget, and having the right clinical engagement at the time from very early on in health. Those five learnings, I am convinced we now have within health. It does not give any excuses for what has happened in the past.

Ms R. SAFFIOTI: Can I just follow on from that? The Auditor General report noted that in 2013 there were a number of reviews, in particular one by Ernst and Young, that reviewed ICT procurement. I suppose my concern from reading through that review undertaken by Ernst and Young is that the contract reviewed by the Auditor General is one contract that went haywire, but there are a number of other projects where there were significant variations. The review also highlighted key governance issues, for example people sitting on evaluation panels and not declaring conflicts of interest. All those issues you are trying to deal with now were identified in 2013. I suppose the question is: who is responsible for not taking action when this review was received in 2013?

Mrs Brown: There were a number of concerns raised during 2013, including the Ernst and Young review that was undertaken. Professor Stokes, at the time, was aware of those concerns and in response to those concerns, in early 2014, he established the Office of the Chief Procurement Officer to look at procurement of contract management across all areas of WA Health. As part of that function, he also established an audit team to actually go in and audit a large number of contracts across WA Health. He requested that the first audit be undertaken in health information networks. A series of audits across WA Health have also been undertaken as part of an internal audit function. To the extent that those audits have raised further concerns, any of those matters are then referred to the relevant external agencies. In addition to putting in place a robust audit function, the chief procurement officer developed a strategic procurement reform program across WA Health, of which there were 23 recommendations across policy and practice, capability and capacity, insurance and audit, and a number of other issues including the establishment of procurement delegations and the communication and monitoring of those delegations. That program was developed in 2014 with many aspects rolled out from early 2014. It is fair to say that the reviews highlighted in 2013 led to a number of changes being put in place by Professor Stokes, many of which we are still progressing. In addition to the significant procurement reforms, and noting that they are consistent with the State Supply Commission's requirements, he also put in place a number of changes with regard to the governance of ICT, including the establishment of an ICT executive board, chaired by the director general—at the time, Professor Stokes and now Dr Russell-Weisz. We have also made a number of changes to what was the health information network and the management of that entity over the last two years and three months. We have also been working —

Ms R. SAFFIOTI: Sorry, Rebecca, I do not want to interrupt, but the Auditor General noted that Health did not act to address serious concerns about the contract raised by a consultant conducting a midterm review in 2013. I think the Auditor General's point was that reviews were undertaken as early as 2013 and the Auditor General felt that those issues were not addressed adequately, was it not?

Mrs Brown: With regard to the contract or more generally?

Ms R. SAFFIOTI: With regard to that contract and they did note that there were improved governance arrangements but that Health did not monitor key contract deliverables and a number of other aspects. I suppose what I am saying is that what you are telling me today is different to what the Auditor General wrote.

Mrs Brown: No, no, in regard to this particular contract, following the audit undertaken that raised a number of detailed deficiencies with regard to the particular contract—the centralised computing

services contract—and further detailed work around the financial aspects was also undertaken, and all of those materials were provided to the Auditor General in 2014.

Ms R. SAFFIOTI: Okay. I am just reading his report. In relation to the audit that you claim was undertaken of ICT procurement across the agency, what was the result of that audit? What was the extent of the blowouts in ICT procurement?

Mrs Brown: The audit undertaken was a procurement compliance audit. It looks at, against State Supply Commission's requirements, compliance on procurement contract management aspects. So it looked at whether there was a contract management plan in place and a whole range of other aspects. There was a series of recommendations from that review, more generally, about the health information network and those recommendations have been acted on.

Ms R. SAFFIOTI: So you did not ascertain what was the exposure financially to the health department?

Mrs Brown: With regard to this contract, there was a more detailed financial audit undertaken at a similar time by the acting chief information officer. Those materials were provided to the Auditor General and we have been in subsequent discussions with the vendor around aspects of the contract and how we remediate some of those cost issues.

Ms R. SAFFIOTI: On the other contracts, even the contracts identified by Ernst and Young in 2013, do you have any updates as to what has been the contract variation in those contracts highlighted by Ernst and Young in 2013, or other contracts?

[10.40 am]

Mrs Brown: I would have to take that question on notice to get that information.

The CHAIR: Could you provide that for us?

Dr Russell-Weisz: Yes.

Ms R. SAFFIOTI: Can I just ask the last question from me in relation to the children's hospital? It has been put to me that one of the reasons the hospital has been delayed in its opening has been ICT issues. Have ICT delays and blowouts been a factor in the delay of its commissioning?

Dr Russell-Weisz: I am happy to take that. No, not in the sense that you are looking at ICT. If I can revert back to my Fiona Stanley experience where Fiona Stanley was delayed, one of the reasons it was delayed was ICT commissioning. It is not the same reason for Perth Children's Hospital's commissioning. The building is still not complete. I am not just talking about the bricks and mortar; I am talking about everything that goes with it and that can be ICT rooms and everything else that relates to the building. The actual ICT commissioning issues that we had at Fiona Stanley, I have not seen any of those at PCH to that extent, or which are not remedial. The Perth Children's Hospital relates to the building. We need building occupancy to commission. With Fiona Stanley, we had building occupancy by the time expected, but we needed time to commission and commission a very complex facility.

Mr R.F. JOHNSON: In relation to the particular contract with Fujitsu, as I understood it, the people responsible for negotiating the variances and whatever were convinced by Fujitsu that WA Health needed all that racking system and there would be more space, and that is why this rental was taken over, I think in Malaga, which was absolute nonsense because I have been led to believe that you do not need that at all. If that is the case, can you confirm that? Also, what is happening with Fujitsu? If they have given you wrong advice in relation to what you need and they are supplying that and making money out of it, surely, that could be deducted from any money that is paid to them?

Mrs Brown: We do have excess capacity. Clearly, that was a finding of the Auditor General report and we are aware that we have significant excess capacity. The contract itself has clauses with

regard to the provision of technical advice by Fujitsu. We are exploring, with the State Solicitor's Office, with regard to the operation of that clause.

Mr R.F. JOHNSON: I am relieved, on behalf of the people of Western Australia.

The CHAIR: Could I ask you where we are at with the appointment of a substantive chief information officer for HIN, because the Auditor General commented that there was considerable churn in key figures at HIN, and you have recognised that. This resulted in lack of accountability and ownership. So, this matter, we have heard, is being progressed as a matter of priority. We did, as a committee, in our report make three recommendations, and one of them was to appoint a substantive CIO. Where are we with that, David?

Dr Russell-Weisz: I will just start in relation to the overall governance of Health. Professor Stokes put a new governance structure into the Department of Health, which included the moving of Health Information Network and Health Corporate Network, which were two entities, into Health Support Services, and, as we have already explained, changing the governance in relation to contract management, technical, financial, so we are more responsive to the business. With the new Health Services Bill, there will be five statutory authorities established, subject to passing Parliament. They will be governed by boards. Because we recognise the importance of this whole area, health support services, of which a huge component is what you would have called before the Health Information Network, we are changing that into a health service provider, so within two years that will be—within a transition period following the Health Services Bill passing, should it go through, it will be a statutory authority on its own, governed by a chief executive reporting to the director general.

At the moment, because we have so many reforms going on and our focus is ICT and Health Information Network and our whole health support services, the chief executive position will be—I will use the word "entrenched" within the deputy director general's position. We do not want to lose any of the gains that we have made over the last six months to 12 months. And then, two years on, we will appoint a chief executive to run health support services and a chief information officer at the time. We have made some changes just recently, over the last few weeks. I will ask Rebecca to take us through them and who has responsibility for the chief information officer at the moment.

Mrs Brown: So the changes that we have made recently are: the current chief procurement officer will be assuming other responsibilities, including responsibility for health support services and the chief information officer responsibilities. That is about recognising, going forward, that whilst we have made significant improvements around procurement, we want to continue to embed and cement those across that organisation more generally and also continue to provide that governance and oversight of the system more generally.

Dr Russell-Weisz: If I can make one comment from experience, again from the Fiona Stanley Hospital experience, we had to govern the ICT through the commissioning period and we brought in—it was not a chief information officer, but we brought in someone to run the ICT to oversee the commissioning of the ICT because there was so much to do. It was all about having the right leader. It was about having the right technical skills, so having a technical lead, but also a clinical lead. My view—and it is my view—is if you just have a technical lead, you can disengage the clinicians, you can disengage the business, but if you have the right lead and you can bring the technical, financial, contract management and clinical all together under that lead, you will have the right chief information officer. I think this is a journey we are now on in the health department. This is the right decision, I believe, for the next 18 months to two years, at which point we will then advertise a pure CIO—a pure chief information officer—but we still need it led by someone who sees the whole requirements of the business. It is not just technical.

The CHAIR: I just have a question around procurement and contract management and procedures. It seems to the uninitiated a bit shonky, I might say, and that is how the department allowed contractors to subcontract parts of the project to a provider who was not included on the common

user agreement or user arrangements. The Auditor General made this comment: resulting in payment of mark-up fees which were specifically not allowed under the contract, as well as paying rates higher than were allowed under the contract. I wondered what you would say about that and how you or the organisation can address that.

Mrs Brown: The concerns raised by the Auditor General with regard to mark-up fees in that particular instance, we would share those concerns, and that matter has been referred for review.

The CHAIR: When you say "review", has it been referred to the ACCC or —

Mrs Brown: Yes.

The CHAIR: Do you have any —

Mrs Brown: And my understanding is that their view more generally on the contract—in investigations they obviously have not found any evidence of misconduct, but clearly the use of the contract in that way was inappropriate, and in early 2014 advice was provided that those provisions could no longer be used in that way.

The CHAIR: Do you know the view of the ACCC in that case?

Dr Russell-Weisz: You mean the CCC.

The CHAIR: The CCC.

Dr Russell-Weisz: I mean, I think investigations are ongoing. At this stage we have not had any and we may not get that feedback direct to the Department of Health from the CCC, but if you are asking is there anything, to use your words, "shonky" between the employees or between the employees of the contractor, we have not been alerted to that.

Mr R.F. JOHNSON: But these variations that were unauthorised, these are by those three individuals within Health.

Dr Russell-Weisz: Yes

Mr R.F. JOHNSON: Is one of them still within Health?

Dr Russell-Weisz: One of them.

Mr R.F. JOHNSON: How much was he or she responsible for?

Mrs Brown: Delegations up to $100 000.

Mr R.F. JOHNSON: How far did they exceed that?

Mrs Brown: It would appear, based on the OAG findings—I think they exceeded $200 000.

Dr Russell-Weisz: It is $200 000. It was very small, still significant, but very—in comparison to employee —

Mrs Brown: And what we are investigating is whether, in signing off those variations, there either was a misunderstanding by himself in the way that they were presented, which does not prevent the fact that he should have checked, or whether the way in which the Auditor General has looked at it has aggregated them. But given that it is not considered overly material, we are considering whether there would be any concerns around misconduct.

[10.50 am]

Mr R.F. JOHNSON: That is the one that is still working within the Department of Health. The other two are really significant amounts of money.

Mrs Brown: Yes.

Mr R.F. JOHNSON: They are horrendously significant amounts of money. I would like to know the name of those people, in particular.

Dr Russell-Weisz: Employee A is William Leonard. Employee C, who is not an employee but a contractor, is Justin Denholm. I would say for employee C that it is important I make a comment: he was working for a contractor at the time. There is more investigation going on in relation to what contract he was working on; there is more work going on with that. Employee A is much clearer, and obviously it was a much greater amount. I want to be very cautious in relation to employee C.

Mr R.F. JOHNSON: But you are not sure where that person, Leonard, is working?

Mrs Brown: He is clearly not in the employment of WA Health.

Mr R.F. JOHNSON: Not even as an employee of a contractor to WA Health?

Mrs Brown: To our knowledge, and the best that we could check, no.

Dr Russell-Weisz: And we have checked.

Mr R.F. JOHNSON: I would hope so.

Dr Russell-Weisz: As much as we physically can.

Mr R.F. JOHNSON: I accept that.

Mrs Brown: We can ask vendors, but they are not obliged to tell us.

Dr Russell-Weisz: I think that employee C is not as clear-cut.

Mrs Brown: Employee C was not a public sector employee.

Dr Russell-Weisz: So he is not an employee.

Mrs Brown: He was employed as a contractor to the firm that WA Health had a contract with at the time.

Mr R.F. JOHNSON: Was this Fujitsu or another firm?

Mrs Brown: It was another firm.

Dr Russell-Weisz: It was another firm, not Fujitsu.

Mr R.F. JOHNSON: Do we know what the firm's name is? That was a separate contract, was it not?

Dr Russell-Weisz: We can actually provide that. We can get that on notice. I just now cannot know the name of that firm.

Ms R. SAFFIOTI: The problem in that case is why employee C had any role in signing off contracts.

Dr Russell-Weisz: Yes, absolutely.

Ms R. SAFFIOTI: That was the key issue.

Dr Russell-Weisz: That is the key issue for me: one, he was not an employee; two, the contractor should never sign off on any variation of work.

The CHAIR: David, we had a talk with the Auditor General earlier this week, who was not averse to this proposal, and I wondered what you thought. What would be your attitude or the department's attitude to having staff embedded or seconded from the Auditor General or Treasury/Finance to ensure compliance and to correct some of these obvious deficiencies that we have seen, which have been flagged for some time—almost since 2010. There have been some assurances that you are getting this thing right, but now we are into 2015. It is 2016! I am having trouble with dates and acronyms today. It must be that three-year-old grandchild who is staying with us! There was a contract management framework in February 2012 where it was said HIN should develop and implement a contract management process. There was the Birchman review in 2013, which said there was overspend, no contract payment and paying for significant space that was not needed. Then we have the operational directives in 2010 and 2014. It may be said that I do not know that

I have a lot of confidence, and maybe the public would not necessarily have a lot of confidence, about this. What would your view be to my saying we should get someone from the Auditor General's office into your area in the department to really make sure that we ensure compliance and get this thing on a good footing?

Dr Russell-Weisz: Chair, look, I have no objection to bringing in other public servants from other organisations with the right skills and providing assistance to Health. We are a complex organisation. I actually want to assure you that although you named a number of reports—which you are quite right were not acted on at the time, or some were acted on at the time—that had been through my predecessor, I will make sure that we continue on the journey of better governance and procurement for ICT. But if we could bring in other expertise, the only view would be if there was somebody from the Auditor General in our department and the Auditor General needed to do, as they are bound to do, another report into ICT during the normal course —

The CHAIR: Or your progress —

Dr Russell-Weisz: — of our progress recommendations. I would not want to compromise the Auditor General, because I would want him to be completely free. However, we have on many of our committees—further than ICT and many in what we do in our complex environment—members of Treasury and from other agencies on board. I will take any expertise I can get, but we need to build our own expertise. We have shown that by what we have done in relation to contract management, both in the department and in the area of health services, and as I have said before, I think the Health Services Bill goes a long way towards building the expertise in the area. We are too big a business now; we are an $8.3 billion business, from Kununurra to Perth, with 44 000 employees. We need to build a business in the local areas, not just in the Department of Health. So, I am open to that; I am open to anything.

Mr R.F. JOHNSON: We used to have in the old days a department called contract and management services—it was known as CAMS. In fact, I was the minister for them at one time, and I was Minister for Works and Services. They had tremendous expertise in tendering and in contract management; that is what they did and that was their job. Unfortunately, they were disbanded and some of the people went to work in Treasury and they were responsible for tendering and contract management. Are any of those people in Treasury who have an expertise and really know what they are doing in contract management seconded to the Department of Health; and, if not, why not?

Mrs Brown: Those responsibilities are with the Department of Finance—government procurement. The chief procurement officer was originally seconded from Finance, and we have a number of officers who have been on secondment or transferred into the Department of Health from the Department of Finance, which is where the expertise resides. We are very comfortable to continue to work with the Department of Finance, and any further secondments or support from the Department of Finance on building capability around contract management would be valued. We are their biggest client.

[11.00 am]

Mr R.F. JOHNSON: You must be; you were in the old days as well. You have always been the biggest spender!

Mrs Brown: Yes. Bear in mind that Finance is involved in all of our procurement anyway. Under the partial exemption that we have from the State Supply Commission, all procurements above $250 000 are conducted by the Department of Finance, now and going forward.

Mr R.F. JOHNSON: Okay. As from when?

Mrs Brown: They have been for some years now. A number of changes are being progressed at the moment but, clearly, at the time—between 2010 and 2013—we did not have sufficient support on ICT procurement or contracting. We have been building both that internal expertise and resources, and we are working with the Department of Finance and the Government Chief Information

Officer. To some extent, this is, unfortunately, a specialised skill set, particularly around the procurement. We did, even in this instance, rely heavily on the Department of Finance and the State Solicitor's Office.

Mr R.F. JOHNSON: But you did not have that support from Finance—the support that you obviously needed—during those years, 2010 to 2012. Did you have some support from them then or not?

Mrs Brown: In procurement processes, it is the responsibility of agencies to —

Mr R.F. JOHNSON: Why did they not oversee what was happening in the procurement in relation to the contract's variations?

Dr Russell-Weisz: I think that the Auditor General has said in his report that the original contract, when it was let, followed proper processes, so that was done. This was variations. We brought people in from the Department of Finance, and maybe they were not there. They certainly were not there in 2011–12 and probably 2013 as well because we then brought in the office of the chief procurement officer. We need to build our own contract management oversight. That is about procurement. Why would those people have made those variations? Where were the checks and balances above it? For those checks, I think we have separated those three areas to make sure you do not have technical people signing off on contracts and you certainly do not have contractors signing off on contracts. That was as much for us to solve and for us to be responsible for going forward with their assistance.

Mrs Brown: I think the other point to make is that, as the Auditor General has found, the initial contract was published on Tenders WA. The subsequent variations, of which some of them are both material in size and materially different than the original scope of the contract, should have gone to market. Had they gone to market, they would have then been published on Tenders WA. I understand that the Department of Finance is looking at new requirements around publishing contract variations on Tenders WA, but in this instance, the concern that the contract was used for other ways that were inconsistent with the scope, in addition to that, the magnitude of them, should have gone to market. That would have made them transparent, but, obviously, that is not what happened.

The CHAIR: Was it too, in relation to that, that the Department of Health had breached its exemption from the State Supply Commission requirements? If it had, what consequences resulted from that?

Mrs Brown: I would need to take advice, but I think it is clear that WA Health had breached its partial exemption requirements that come with that. The procurement program that has been in place since 2014 is about being compliant with our partial exemption. In terms of the consequences around that, obviously there are financial consequences and there are obviously the consequences for accountable officers at the time. My understanding—this would be a question for Finance—around compliance aspects with the State Supply Commission is that they are currently managed through a self-assessment process. Other than, obviously, the Auditor General coming in and making those assessments, it is a reliance on the agency to undertake that. Effectively, since early 2014, that is what we have been doing and will continue to do, and ensure our compliance with those legislative requirements.

Ms J.M. FREEMAN: I have come in very late and I am happy for you to say, "We have already answered that; please go and read the *Hansard*". I apologise for being late; I had something else on and I did say that I would try and get here. I would just like to do three things. I will start with one and then come back. Have you spoken already about how the new act —

The CHAIR: No; well, David touched on it.

Ms J.M. FREEMAN: — will have any impact on this process that has occurred and whether that will have an impact on ensuring that this may or will not occur in the future? Have you had any discussions about that?

Mrs Brown: Obviously, as you are aware, the bill is about providing clear roles and responsibilities and governance across the system. With regard to procurement activities, what the bill will require is that the department, as system manager, will have overall responsibility for the performance and management and assurance of all aspects of the system. That does include procurement. The department, through the legislation, is required to issue a policy framework, which is a binding, legal document on the health service providers, including health support services—the entity created to provide shared services. That policy framework will do two things: one, it will outline our requirements under the State Supply Commission Act and the partial exemption; it will also incorporate the work that has been done over the last two and a half years to put robust policies and procedures in place. It will set clear guidance to the system around the requirements or the rules around procurement and contract management. We will continue to progress, across the system and in partnership with Finance and the Government Chief Information Officer, opportunities to build capability across all our areas of procurement and contract management. We are going through a lengthy process of assessing the readiness of health services to take on these functions, of which, as the director general has outlined, there has already been considerable work across our health services around building procurement and contract management capability, and within health support services. What the legislation will also provide for is an audit and assurance role to be conducted by the department on a range of aspects and with powers of investigation, inquiries and audits with regard to all matters across the system, whether they be clinical or otherwise. The last point to note is that what the legislation will also do is, for those health service providers or shared health support services, they will become separate statutory authorities and therefore clearly accountable, within the broader accountability framework, for their activities, including under the Financial Management Act, Treasurer's Instructions, the State Supply Commission Act, and alignment with the Public Sector Management Act. We will have much clearer rules and responsibilities across the system and much clearer accountability aligned to those authorities.

Ms J.M. FREEMAN: I do not want to bog us down in this so I will probably ask questions today about some of this stuff. In the Auditor General's evidence, he talked about that there was a problem in terms of the need for a change in culture around this sort of reporting aspect. I asked him, "Is it just because of that issue that there are such big amounts of money in Health and that there is not a cultural issue of looking after the paperclips?" He said, "I simply cannot answer that. Health is characterised by a range of different cultural issues and you really do need to ask them. There is the 'we're saving lives' culture". He goes on to say that he is reminded about that when he does his audit reports to "find a balance between the accountabilities and the bureaucracies and whatever your operational activities are." Clearly, there was a culture of asking for forgiveness not permission, in the case of this IT inquiry; that is the feeling I get. It is: "It's just got to get done; it's got to get done"; therefore, we will ask for forgiveness and not permission. In terms of the department, do you think that there is a cultural issue in terms of how taxpayers' money is spent?

[11.10 am]

Dr Russell-Weisz: If I can answer that first. I think I partially answered this to the Chair, but I do not think there is a systemic culture of, "Look, we are saving lives and, you know, we do not have to look after the finances." I do not believe that is there now. I think there were pockets. I will use one example that probably has nothing to do with procurement. It is how we are funded now; it is activity-based funding, so every state is now under case-mix. We are awash with data. We are so much better at measuring how many patients we treat, what the complications are and what each episode of service actually costs. I think that has been a success over the last probably two to three years where we have in a sense joined our eastern states colleagues—we have probably overtaken a couple of other states—in relation to an activity-based funding sort of platform.

So, people know that every clinical decision is a resource decision. It is not just to say that it does not matter what it costs—where it might have been 50 years ago—let us just go ahead and do it. I think that culture has really improved, and if you look at this report, the variations were being made by officers, not an area health service. They were not sitting at Fremantle Hospital, they were not sitting in Fitzroy Crossing Community Health Clinic; they were sitting with the Health Information Network and making decisions on a data centre that was actually going to provide additional storage—one of the things they provided—to support the system. I do not know, because I cannot speak for those officers, but they were not just saying, "I am saving lives." I am not saying the culture we have got is perfect, but we have actually now got better data in our system and we have got comparative data. What has assisted me in the last eight months is saying, "Look, at Sir Charles Gairdner Hospital"—this is not in this area—"we can compare you with your hospital over east. Why are you doing so much better here but you are not doing as well in these areas?" That is because we have a better framework of that financial prudence, along with great clinical performance, and they have to be brought together. Maybe there is out there, "Just forgive me." It is a very big "forgive me"; it is a very big thing to forgive. That is why we have attacked it at a system level. We have said, "What are the systems that we need to put in place in contract management, financial rigour and technical rigour, and put in good scope around it, good governance and good procurement delegation so they will not happen again, because they should never have happened."

Ms J.M. FREEMAN: No; you have to ask why you did not have that before, I suppose.

The CHAIR: Janine, we have had other witnesses here for nearly an hour and a quarter. I think we really need to wind up.

Ms J.M. FREEMAN: I just wanted to ask one question. Did you ask, Chair, about the sign off on here that was done by the director?

The CHAIR: Not specifically about that letter in the report.

Ms J.M. FREEMAN: At the back of the "More than bricks and mortar" report there is a briefing note about an additional $20 million allocation. It states that the director general —

> … approves "in principle" the creation of 20 additional project FTE short term contract …
>
> … progresses the allocation of the estimated additional $20 M in the 2012/2013 Financial Year (above the current $60 M allocation) and an estimated additional $14.4M in the 2013/2014 Financial Year (above the $60 M forward estimate allocation) to deliver the HIN FSH ICT solution.

The director general signed off on that. When I asked the Auditor General, the Auditor General said it was used as operational and that is why that $20 million did not have to go up to the minister in terms of additional moneys—that is, the delegation to the director general is on the basis that it is operational, and it did not go to tender. My question to you as the director general—not what happened in the past—is that there was this additional $20 million for ICT above the current $60 million allocation, and an additional $14.4 million in the next financial year above the forward estimate allocation, so $34 million in total. The then director general just approved it and wrote the following —

> Approve $20 M allocation subject to full assessment of workplan and cash flow across 2012/2013 and 2013/2014. Financial requirements to be assessed by ED Resource Strategy.

The director general then signed off on it. Is this a sort of thing you would sign off on, or would that go to the minister?

Dr Russell-Weisz: Not recalling that, but that is operational. I think since then we obviously have a robust task force that was put in place that was chaired by my predecessor. I am chairing the current task force in relation to Perth Children's Hospital. Obviously, if there is a resource decision

of that ilk, I presume—I only presume that because of the delay and therefore we needed additional staff to actually do additional ICT commissioning. So it was operational.

Ms J.M. FREEMAN: It was staff and the allocation of —

Dr Russell-Weisz: But if the DG has got operational —

Ms J.M. FREEMAN: So you are saying it was operational?

Dr Russell-Weisz: It was operational for that year. I would probably be very reluctant to sign it off for the next year before I actually got the appropriation, and also before I sought permission from Treasury to do so. What were they doing? I would be asking: What is it for? Is it a change in scope? If it is a change in scope, then I would be seeking permission from the relevant agency, but if it is to provide additional resources to commission a hospital where I do have the money to be able to do that within that financial year, I probably would sign it off, but I would go through it in detail.

Mr M.J. COWPER: I have one last question. I am contemplating whether I should ask it, to be honest. The committee is here to try to get reassurance that what has happened in the past is not going to be continuing in the future, I suspect. At the end of the day you are now the director general and you have obviously inherited this lot. But I want to be able to leave this committee today knowing that we are on the right track, and I am not sure that I am convinced of that. During the course of the conversation we have had today, you have said, "we have put in", "we have so many references", "we have bought in", "we understand", "we will appoint", "we understand responsibilities", and "we believe we have made significant improvement". What you have been saying is in the third party. At the end of the day you are the director general in charge of a massive organisation and you need to instil confidence in the people of Western Australia that what you are doing is in their best interests. As I say, I am not sure that I am convinced of that. But may I suggest, by way of trying to be helpful, that you take the responsibility, because at the end of the day what is happening here is that the odium is going to fall upon the elected government of the day. That is the political reality of it.

Dr Russell-Weisz: I am very clear where the responsibility lies, and that is with me. So, since I took the position on, I am very clear where that lies, whether it is on ICT or on clinical services. Not to harp back to the changes we are making in governance and legislation, but that goes to the heart of the issue. It is a complex system for it all to be filtered up to one body, and the previous directors general would have said that. It is a hard ask. However, very clearly it is with me. I would like to assure you of what we have done, and we could provide on notice, if the chair would ask for it, a summary of our current ICT priorities so you can see the sort of bible I walk around with and that I refer to on what our current priorities are, where they are, where the funding is and how we are managing it. We can provide the governance framework through the ICT executive board, the ICT program board and the terms of reference. We can provide the procurement delegation schedule that shows what I can approve, what my deputy can approve and what other people in the organisation can approve. We can show our ICT strategy and we can also show some of the progress in many other areas in ICT. If you would like to see some further documentation, I am happy to provide it.

The CHAIR: We would love to receive it.

Dr Russell-Weisz: Rebecca, do you want to comment? Have I missed anything?

Mrs Brown: No. I suppose the only comment I would make is obviously that the director general assumes all accountability, but I think the other critical point is that a number of other public servants are now clear on their accountabilities, and most importantly, the differentiation between the use of consultants and contractors, the obligations on public servants to manage those contractors, and the obligations on public servants to understand who they are engaging with and whether they are or are not contractors. I think it is fair to say, and the Auditor General has pointed to this, that this is a contract with a vendor and the findings of the CCC in 2014 also pointed to

issues around the general management of contractors. What we are now very clear on in WA Health is the roles of public servants and the roles of public servants in managing contractors at all levels.

Mr M.J. COWPER: So the ultimate reality is that Fiona Stanley, rightly or wrongly, now has an odium about it, with the problems that it is facing coming into commission. That is certainly not something I would like to see perpetuated about this fantastic, wonderful new hospital we have in Western Australia.

[11.20 am]

Dr Russell-Weisz: If I can make a comment on that, I think it was the most complex facility that we have ever built. I would say this, but I still think it is an extraordinarily good hospital. It is very popular. We are hitting now, on some days, 340 or 350 patients per day coming through its ED, and providing more heart–lung transplants —

Mr M.J. COWPER: I think you are right, and I agree with you, but we need to win the trust of the community back. When I say "we" I mean you, me and everyone in the whole health system.

Dr Russell-Weisz: We do. I see the negative stories, and I do get a bit down about those negative stories. We need to know about things in all our systems and all our health services—we need complaints, because we need to make sure we act on them. But the ICT issues at Fiona Stanley—we did take some decisions to put in a digital medical record in Fiona Stanley. We do have a totally electronic intensive care unit now—a totally electronic unit. We have pharmacy automation, we have a pharmacy robot, we have medications management. We do not hear about that, but those were decisions made, and in fact it is a much more contemporary, digital hospital—not completely digital; we needed longer to do that—than I think sometimes actually gets into the public arena.

The CHAIR: Thanks, David; thank you, Rebecca, for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days of the date of the letter attached to the transcript. If the transcript is not returned, it will be deemed to be correct by us. New material cannot be added by those corrections, and the sense of your evidence cannot be altered. Should you wish to provide additional information, as you have given an undertaking to do, include that supplementary information with your submission to the committee for consideration. We look forward to receiving your transcript and that supplementary information, and thank you very much for your time today.

Hearing concluded at 11.22 am