

Hard hat on health

Health Infrastructure Minister John Carey MLA reflects on the challenges of implementing WA's hospital building and maintenance program



Health Infrastructure Minister, John Carey MLA.

As WA's first health infrastructure minister, my key focus is on overseeing the biggest hospital building program in the State's history.

Our government is delivering massive projects such as a new women and babies hospital, a brand-new hospital for the Peel region, and a new Emergency Department (ED) at Royal Perth Hospital.

The \$4.9 billion we're investing in health infrastructure also includes smaller, but no less important builds in remote and regional WA. Like the recently completed doubling of capacity at the Fitzroy Crossing Renal Health Centre, and new hospitals for Mullewa, Laverton and Tom Price.

We are the largest health jurisdiction in the world, and our enviable lifestyle and nation-leading economy mean we have the most rapidly growing population in the country. It also means the work will never be done when it comes to delivering the infrastructure to ensure Western Australians can access the high-quality care they need, when and where they need it.

The Government recognises that, in a post-COVID environment, the delivery of major infrastructure has become much more challenging. That is especially the case for hospital infrastructure because there is a more limited pool of builders, and projects are often constructed in a 24/7 live hospital environment.

It's why in the months since taking on the portfolio, I have been talking about the reforms and innovations we need to drive future health infrastructure. I've drawn lessons from my earlier days as Housing Minister – an area that has seen significant change during and post-COVID.

When I first took on Housing, nearly all our social housing builds were brick and tile. Today, about half use modular or other alternative construction methods. We drove a number of changes to get more homes out the door quickly, including establishing Builders Panels, and standardising and streamlining internal processes from design through to construction to speed up delivery.



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As the health infrastructure minister, I was brought in to re-examine how we can best deliver projects, including those that were constrained. The truth is that no major construction project is delivered in the same manner as it was done pre-COVID. After rapid reviews undertaken by the new Office of Major Infrastructure and Delivery (OMID), we have taken a fresh approach to a number of major builds.

We're no longer redeveloping the existing Peel Health Campus and will instead build a brand-new hospital for the region, allowing for faster delivery without disrupting current operations, and giving us the opportunity to repurpose the existing campus for other healthcare needs in the future. Instead of redeveloping the existing Royal Perth Hospital ED, we're building a new ED in a new six-storey block. Again, this will be faster and avoid disruption to ongoing clinical services.

Our program of reform also includes changing how we procure work. An example is how we packaged the redevelopment of Meekatharra Hospital and the expansion of Albany Health Campus as one tender, to make the program of works larger and more attractive to contractors, especially modular builders.

We've increased the use of Expressions of Interest and market sounding to test delivery options, timing and packaging before going to tender. And the Government has moved away from a one-size-fits-all contracting approach to adopt delivery models tailored to each project's complexity, risk profile and market conditions.

The redevelopment of Geraldton Health Campus has a Managing Contractor; we're seeking Early Contractor Involvement for Meekatharra and Albany; and we're progressing Peel and Royal Perth Hospital through an Alliance model.

My focus remains as much on our existing health assets – half of which are more than 30 years old – as it does on new projects. Money from our \$50 million maintenance blitz is rapidly being spent across three older hospitals. And following an audit into health maintenance, the Government has committed to a program of reform to improve procurement across the public health system.

Since taking on this new portfolio, I've been getting out to several projects now underway – including in regional locations such as Laverton, Mullewa, Bunbury and Geraldton. In doing so, I never lose sight of the fact that without the dedicated staff who are providing world-class care every day, these buildings would be empty shells.

Staff and clinicians will be central to the changes we're implementing, and we will shortly be engaging in a new clinical consultation framework that ensures clinical and operational expertise continues to drive infrastructure specifications for health facilities in a new delivery environment.

It's our government's ongoing commitment to empower our doctors, nurses and other health staff by upgrading and expanding the capacity in the health system. ■