

NO PRIVATISATION OF MIDLAND HEALTH CAMPUS BILL 2011

Second Reading

Resumed from 23 November 2011.

MR M. McGOWAN (Rockingham — Leader of the Opposition) [4.25 pm]: It gives me pleasure to stand and speak on the No Privatisation of Midland Health Campus Bill 2011 that was introduced into Parliament by the shadow Minister for Health and Deputy Leader of the Opposition, the member for Kwinana. I am also pleased to acknowledge the members of the health profession who are in the public gallery today to observe this debate, because I know it means a great deal to them that this bill be properly debated by the house and that their concerns about the proposed privatisation of the Midland health campus by the government be heard.

The context of this debate is that back in 2004 the report of the Reid review was presented to the then government. It proposed a reorganisation, particularly, of hospital facilities and buildings around Perth and it suggested that some of the problems being faced by the health system were because some of the facilities were old and outdated, and not up to the task expected of them. It suggested that some locations were not as good as they could be, and that either new or redeveloped health facilities needed to be put in place in communities around Perth. The Reid review was endorsed by the Gallop Labor government and enormous amounts of money were allocated to carry out the proposed outcomes of that review. As a consequence of that review, endorsed by Hon Geoff Gallop and his successor Hon Alan Carpenter, and I might also add by the current Premier, there was an arrangement to construct new hospitals or to redevelop existing hospitals around Perth.

Therefore, we have seen the construction of the Fiona Stanley Hospital in Murdoch in the southern suburbs, which is a facility designed to be a new tertiary hospital—the first new tertiary hospital in Western Australia in a long time. Obviously, construction is progressing. It is an excellent initiative and I am sure it will be well received by the people of Perth. On top of that, in my own electorate of Rockingham, Rockingham–Kwinana District Hospital was renamed Rockingham General Hospital, and it was massively expanded with new facilities and a range of new services for the people who live in the broader Rockingham, Kwinana and Mandurah communities, as a new facility for people of that region. On top of that, the idea was that the old Swan District Hospital, which had passed its use-by date, be replaced by a new hospital service out in the Midland area. As a consequence of those actions, we have a new hospital being constructed in Midland, which we welcome. We welcome a new hospital being constructed in Midland for the people of that region. On top of that, we welcome the proposed new children's hospital, which is another part of the jigsaw puzzle that was set out back in 2004. I remember the massive amounts of money allocated in the budget to carry out that entire reorganisation. The new hospital works going on around the state as a result of that Reid review back in those days was probably one of the biggest works expenditure programs in the history of Western Australia, and perhaps of any state government in Australia.

That was a good process. It was carried out on the basis that we should have an excellent and outstanding public health system here in Western Australia, and obviously we were keen to carry that out. The Labor government was going to carry that out on the basis that they were public hospitals. The hospital in my own electorate that I am very familiar with, Rockingham General Hospital, is a public hospital. It is well acknowledged as an excellent and outstanding facility for the people of Rockingham and Kwinana, and it has played a major role in those communities since 1975 when it was opened as a public hospital. It has received many awards. It carries out its role as a public hospital, and that has been a good arrangement for a long time and many people indeed have enjoyed the experience of attending the hospital. We would have liked to see Midland health campus treated in the same way as other hospitals have been in Western Australia—that is, operate as a public hospital as was expected.

We note that the government did not reveal to the people of Western Australia before the last election that it would come out with a private arrangement for the Midland health campus. That was not its policy commitment. I also note that the Queensland government, which lost office in dramatic circumstances on the weekend, went into an election campaign in 2009 without revealing its privatisation ambitions in Queensland. Admittedly, the circumstances were more dramatic over there, but it is still the same principle—there was a major privatisation program in Queensland of public services assets. It did not reveal that before the 2009 election and, last weekend, we saw the consequence of that misleading of the Queensland public. This government in Western Australia has done exactly the same thing, albeit on a smaller scale—I acknowledge that—with the Midland and Fiona Stanley hospitals. There is no mandate for what has gone on; there is no mandate for this privatisation program.

The people of Western Australia do not want their public services privatised. I do not think they like it. I understand that the people of Western Australia want to see services run to a standard and not to a profit. That

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has been the Australian way for a long time; it is part of our history and part of our ethos. We have not gone down the route, as other countries have, of mass privatisation, sell-offs and the provision of public services by private operators in the same way as Great Britain or the United States. I think that we are a better country for that; Australia is a better country than those places and our services are better. We have a strong social democratic ethos in this country that everyone should have good access to quality core services in health, education, law and order and the like, and that, where possible, those services should be publicly provided. That has been the Australian way for a long time. Our public hospitals have been a great institution in this country. Our public hospitals are very popular, I might add. As an elderly person once said to me, “You know if you’re really sick, go to a public hospital. You’ll receive the best treatment and if you’re in trouble, that’s the best place for your life to be saved.” That has been my family’s experience of public hospitals through a number of incidents and that has been the common experience of many Australians. We stand for public hospitals; we stand against the privatisation of those public services.

In recent days we have seen some embarrassing incidents involving this government and its privatisation ambitions. Last week, the Minister for Water was revealed, I thought, as fairly incompetent in the provision of some water services in Western Australia. Secret deals, unrevealed contracts and unrevealed arrangements were brought to public attention last Thursday, which the Minister for Water had great difficulty in explaining. Yesterday, we saw the Minister for Corrective Services at one point endorse the use of prisoners to provide services at Fiona Stanley Hospital and then back away from that. The Minister for Health then endorsed the provision of public hospital services at Fiona Stanley by prisoners from Rangeview Remand Centre next door, before he went to ground, I might add. I do not think the Minister for Health actually backed away from it, but the Minister for Corrective Services did. We asked him today to unveil the contract to see whether there is the opportunity for those prisoners to work next door at Fiona Stanley Hospital. We asked the minister to reveal the contract and the relevant correspondence, and he refused. He said, “All in good time and that time will be my time.” That was what the minister had to say. The minister will decide if and when that contract is released, even though he said yesterday that he would release it.

We are saying to the government that that is the second point on these arrangements. There is no accountability on the part of government for the provision of public services when we see behaviour such as that of the Minister for Corrective Services today. The Minister for Corrective Services’ behaviour bears out our point: when the government provides public services, it needs to be open and accountable to the public of Western Australia. The minister was not open and accountable to the public of Western Australia and that is our second reason for opposing this arrangement. We believe that public services have, for a long time in this country, been run to a standard and not to a profit. We think that there needs to be accountability, but that is not there when we see performances such as that by the Minister for Corrective Services.

We also have high regard for the people who work in these public institutions. It is not an easy job working in a hospital. A lot of the people who work in that environment are not well paid, despite the fact that it is a difficult job. Anyone who spends a little time in a hospital—admittedly, my experience in hospitals is probably less than the minister’s—will understand that it is not an easy job. Many of the people who work in hospitals are not highly paid and we believe that they should be as well rewarded as possible. In a wealthy society such as ours, people who do those difficult jobs, which often involve life and death events and some awful aspects of human sickness and illness, deserve to be well rewarded. We think that people who work in those public hospital environments would be better rewarded when the facility is not driven by the profit motive than they would be working in an alternative facility.

In the interests of staff, accountability, the Australian public, and not being misleading about its promises before the election, the government should at least take what it is proposing to an election, as opposed to simply implementing it without a mandate. That should be the minimum standard that the government adopts on this matter. The No Privatisation of Midland Health Campus Bill 2011 sets out the difference between Labor, on this side of the house, and the Liberal–National government in the provision of the most basic of public services. This bill does that, so that if government members vote against it, they will be voting in favour of the privatisation of those core services in the Midland area. We have deliberately brought this matter into Parliament to demonstrate the difference, once again, between the Labor and Liberal Parties in this state. We believe in the fundamental provision of those core services in public hospitals and it is apparent that members who vote against this bill do not.

MR F.A. ALBAN (Swan Hills) [4.37 pm]: I rise in opposition to the No Privatisation of Midland Health Campus Bill 2011. There are some who would have us believe that the new Midland health campus will be built and operated under a completely new model, although public–private partnerships have been around for some time. In Australia, federal and state governments have introduced private participation in more than 50 public hospitals, through different models, and the Midland health campus is not unique in this respect. In 2002, the

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member for Belmont, when he was Treasurer, released a report that highlighted the opportunity to use public-private partnerships to deliver community infrastructure. The Department of Treasury and Finance document, signed on 1 December 2002, was called “Partnerships for Growth”. The document stated —

Some forms of infrastructure are more suited to PPP arrangements than others. The Western Australian Government considers that the following forms of infrastructure are best suited to partnerships with the private sector:

It lists transport and health facilities. The document also states —

Services which complement physical infrastructure can create opportunities for PPPs. These may arise in conjunction with an agreement to provide the physical infrastructure, —

As the Midland hospital will be —

or may be an independent arrangement.

...

It is recognised that there are some areas of infrastructure and ancillary service delivery where the private sector has advantages over the public sector, and vice versa.

The same document under the heading “PPP is not privatisation”, which is where the deceit falls, states —

PPPs differ from privatisation in that:

- public owned assets are not sold off to the private sector

Mr M.P. Whitely interjected.

Mr F.A. ALBAN: I think the member should listen; this is from a document that was signed by his Treasurer. The document continues —

- in many cases new assets which are initially funded by the private sector are eventually transferred to public ownership
- core services continue to be provided by the public sector

These are, again, the Treasurer’s words. I am reading from a document signed by the then Treasurer —

- the public and private sectors share ancillary service delivery obligations
- the Government, on behalf of the public, sets standards of ancillary service delivery
- the public sector is paid according to its performance in reaching agreed ancillary service standards
- the Government as a partner will always play a key role —

I repeat, a key role —

in ensuring that the use of assets and the delivery of ancillary services remains in the best interests of the community

... (PPPs) have been used throughout the world to describe joint approaches to infrastructure and service delivery between the public and private sectors. Western Australia has for some time now actively engaged the private sector in the provision of physical infrastructure and ancillary services.

... the opportunities for strategic partnerships with the private sector enter a new and exciting phase.

This is what the former Labor government said —

This means that the Western Australian Government recognises and will actively pursue PPPs as a way of delivering infrastructure and ancillary services, within the boundaries established under this policy.

This was in 2002. What has changed?

Last year I was in India on a state delegation. A few of my constituents rang me, or left messages, and said, “Frank, you are famous.” I thought, “Here is my big opportunity!” I was told I was mentioned on every radio station in Western Australia, and there was also the kind of advertising material that I am holding in my local media and in *The West Australian*. It said —

Swan Hills MLA Frank Alban has been invited to explain why he supports Colin Barnett’s privatisation agenda.

That is deceptive. I had not been invited, which was quite strange. I found out eventually what was happening and attended this forum. What an interesting forum it was! I thought Western Australia was a democratic state of

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this country. The moment I walked in the door I was spoken to by a person who said I had five minutes to speak. I thought, “That’s wonderful! What kind of a forum is it?”

Mrs M.H. Roberts: They had called the meeting. It is pretty usual to have speaking times.

Mr F.A. ALBAN: Is it—five minutes!

The interesting part, member for Midland, is that the other side of the debate had maybe seven speakers, including the member for Midland. I attended along with Hon Helen Morton, Minister for Mental Health; Disability Services. She was far more qualified than I to speak. I asked the person who met me, “Is it okay, since I am the only speaker on the government side of the argument, for the minister to have five minutes as well?” I was told, “No. You have five minutes all-up.” What a wonderful country we live in today! What a democracy! I have been mocked by the member for Kwinana saying, “You didn’t say anything!” Member, just listen, because I intend to say what I did not say on the night. I know some Labor Party members were there. I believe it is totally disrespectful to publicly say, “You have been invited”, perhaps hoping that my delegation was staying in India beyond that date and I could not attend. If I had not attended, they would have said, “There you go—look at this gutless Liberal”, which obviously did not happen because I attended.

I am not sure who counts numbers at forums such as this. It was in the Midland Town Hall; a wonderful building. I saw the usual contingency of Labor members. I reckon the Labor Party was lucky to have 100 members there at all, plus all the general hangers-on. I had not seen anything so disgraceful in all my life. We are supposed to live in a democratic country. If there is an argument, as happens here, both sides should be clearly represented. Not this mob. I have never seen so many Labor members of Parliament wag their tails like little puppy dogs on cue for the union movement!

The people of Midland and the surrounding catchment deserve a new hospital. They do not need union ideologies and politics. This is not privatisation—the hospital is not being sold to anyone. It is PPPs—all members know how it is. On that day there was what I believe to be slandering of other hospital workers. Swan District Hospital workers were saying “the other hospitals”—referring to fellow Western Australian workers in private hospitals—“are not doing their job properly; we are doing it” —

Point of Order

Mrs M.H. ROBERTS: I have allowed the member who is on his feet, and should probably now be sitting down if he knew the standing orders —

The ACTING SPEAKER (Mr P.B. Watson): Sit down, please, member.

Mrs M.H. ROBERTS: — to talk quite a long time about this meeting that occurred. Although it is all very interesting, it is actually not particularly relevant to the bill before the house. So far, he has not made any argument for why he supports, or is not supporting, the No Privatisation of Midland Health Campus Bill. He has talked a lot about a particular public meeting and how he feels particularly aggrieved by the people who organised it and how he was not happy with the meeting, but that does not deal with the substance of the actual bill.

The ACTING SPEAKER: There is no point of order, member. I would like the member for Swan Hills to get back to the bill and not just read from notes.

Debate Resumed

Mr F.A. ALBAN: The relevance of this was that this motion was raised on that night. The very motion that is being debated this afternoon was raised on that night. My own view is that hospitals are for the sick, not for the unions. We run our schools for our kids and for our teachers, not for the cleaners. Public-private partnerships are not about saving money; they are about achieving value for money, which is in everybody’s interest.

I also make the point that there was an amount of scaremongering at this function, still to do with the workers. There was a concern that the workers at Swan District Hospital, which has 150 beds, would struggle to find a place in the new hospital. I make the point that the new hospital will be at least double that size and will need at least double the number of workers. By way of explanation, all permanent staff have the option of continuing to work in the Western Australian health sector or being redeployed in another Western Australian health opportunity. The opening of new Western Australian health sites and the expansion of other sites and services means demand will grow for staff throughout the metropolitan area. I do not think for a moment that any one of the workers at Swan District Hospital will be short of a job. As a matter of fact, it might be the opposite.

I also mention another issue that was raised at the forum. The second biggest issue, apart from staff and redeployment, was that private hospitals had dirty ceiling fans. Apparently a particular hospital had dirty ceiling

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fans. Although ceiling fans were popular in the 1970s, I would have thought that in this day and age it would have been appropriate to take the ceiling fans down and perhaps have air conditioning like in other hospitals. I cannot for a moment think that dirty ceiling fans was such a big issue.

The claim was made on the evening that the union was representing the working class. This issue of no privatisation of our hospitals is about the workers—the working class. Yes, there was a time when the Labor side represented the working class. Now it has a new generation —

The ACTING SPEAKER: Member, can I remind you that you are not allowed to read from notes. You can refer to them but not verbatim.

Mr F.A. ALBAN: These are my notes. Thank you, Mr Acting Speaker. And they are notes, by the way.

The ACTING SPEAKER: I am just saying you cannot read from notes. You can refer to them.

Mr F.A. ALBAN: Okay. I am referring to them.

It was an education for me because at that forum —

Dr K.D. Hames interjected.

The ACTING SPEAKER (Mr P.B. Watson): Minister for Health, you got up and talked about the standards of the house today and you are doing exactly the same thing that you said people should not do.

Mr F.A. ALBAN: I believe there is now a new generation of snake-oil salesmen. They are now middle-class opportunists, several of whom were cited on the night, who use their positions in the unions to feather their own nests. Three members of United Voice set up that forum. Some members will have safe seats in this Parliament and others are seeking to run for seats. Good luck to them.

The ACTING SPEAKER: Member, I would prefer that you got back to the bill.

Dr M.D. Nahan interjected.

The ACTING SPEAKER: Does the member for Riverton think that is funny?

Mr F.A. ALBAN: No; I have not lost my spot.

Several members interjected.

Mr F.A. ALBAN: The Midland community and the surrounding areas are looking forward to a new hospital—the first new hospital in 50 years. We do not want any stories, fairy tales or scaremongering. The expanded services are on their way, which, as I mentioned, will double the number of services at Swan District Hospital. Midland will benefit from the extra building work—and Midland can do with a favour—for its tradespeople, its service workers and business and retail sector, which has had a hard time lately.

Mr M.P. Murray: Under this government.

A member interjected.

Mr M.P. Murray: You can't blame us for that as well.

Mr F.A. ALBAN: It is strange that the member for Collie–Preston should raise it. I was a councillor for the City of Swan during the previous government's term, the member for Midland's term.

The ACTING SPEAKER: Members! The member on his feet has the call, but if you are going to encourage interjections, member, I will not be able to protect you.

Mr F.A. ALBAN: Thank you, Mr Acting Speaker. I was a councillor for six years during the term of the member for Collie–Preston's government. Does he know what happened in Midland in that term of government? It was the same as has happened in the rest of Western Australia, so the member should not try to get smart.

A large proportion of my electorate does not use Swan District Hospital. I think the proportion is that one-third goes to Swan District while two-thirds go to Joondalup Health Campus. I do not think it is appropriate that my constituents should need to go to Joondalup hospital. Now we can look forward to a brand-new hospital being built in Midland. I do not think my constituents are interested in ideology or politics. They want this government to build a decent hospital.

Several members interjected.

Mr F.A. ALBAN: I have not finished yet.

Several members interjected.

Mr F.A. ALBAN: Thank you for the applause!

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As I said earlier, the new hospital will have 307 public beds. There will also be 60 private beds. I am reading from my notes because it is information I have gathered. This hospital will have a significantly expanded emergency department, a 24-hour anaesthetic service, high dependency and coronary care units and many other services not currently available at Midland hospital. Best of all—I repeat, best of all—this will be managed by the most respected hospital management group in Australia, which, I believe, has 130 years of experience.

I have more to say, but I will pause on that for a moment to talk about the disgust I felt for the union movement when my electorate office was picketed while I was there. It is not that I mind picketing.

Dr A.D. Buti: You hate unions, do you?

Mr F.A. ALBAN: No. I do not object to picketing. I have been a member of a union, so I do not have a problem with them. But the comments on their placards were “Do not give money to the Catholic Church; don’t let the Catholics run our hospital.” How disgraceful in this day and age.

The ACTING SPEAKER: Member, I suggest you get back to the bill. I am not sure that the Catholic Church has anything to do with this bill. I want you to get back, otherwise I will sit you down.

[Interruption from the gallery.]

The ACTING SPEAKER: Members of the public, we encourage you to come into the public gallery, but I must ask you to keep quiet, otherwise I will have to remove you, I am sorry. Thank you.

Mr F.A. ALBAN: I have no problem admitting I am a Catholic and I believe there are also many Catholics on the other side of politics.

The ACTING SPEAKER: Member, get back to the bill, please.

Mrs M.H. Roberts: It has nothing to do with it.

Mr F.A. ALBAN: It has; you were picketing with anti-Christian and anti-Catholic sentiment. The St John of God organisation is a Christian not-for-profit organisation.

Ms M.M. Quirk: You’ve been misrepresented.

Withdrawal of Remark

Mrs M.H. ROBERTS: Not only have I been misrepresented, but I also have been insulted. The member clearly stated that I, the member for Midland, had been picketing with anti-Catholic sentiment. I take great umbrage at that remark and I ask him to withdraw it.

The ACTING SPEAKER (Mr P.B. Watson): There is no point of order but I would like you to withdraw it.

Mr F.A. ALBAN: I did not intend to say that. It was the ALP and the unions who were picketing. The member for Midland certainly was not there. But the insult was aimed at all Catholics, member for Midland, and I was thoroughly insulted by it.

Debate Resumed

Mr F.A. ALBAN: St John of God Health Care is a Christian, Catholic not-for-profit organisation that has the community’s highest respect. Currently, it is the preferred tenderer and has designed a modern, highly functional hospital, which it will also be responsible for building.

Dr A.D. Buti interjected.

The ACTING SPEAKER: Member for Armadale!

Mr F.A. ALBAN: In essence, the Midland campus will be one of the most eagerly awaited projects in Midland, as well as in the north eastern region. My constituents will be looking forward to this hospital. They are not terribly interested in all the politics and are certainly not interested in the scaremongering.

Mr P. Papalia: Have you got down to the section marked “Conclusion” yet?

Mr F.A. ALBAN: A while ago the member for Warnbro complained about interjections. He is the serial interjector of all time. For the record, I will read one more quote and I may need a few minutes’ extension.

[Member’s time extended.]

Mr F.A. ALBAN: I will read from the member for Kwinana’s second reading speech because he said, “Oh, you’re too scared to talk for a couple of minutes”, so I am taking full advantage this evening. The member for Kwinana said —

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The current Swan District Hospital is a functioning hospital, with staff dedicated and working together —

They are —

to deliver high-quality health care to the people of Midland —

They have done that for quite some time —

and the districts that surround it. These services go throughout the eastern suburbs of Perth and into the Wheatbelt. It is these staff, and their commitment to these areas, who are now in jeopardy.

I do not know what word I can use other than “lie”, but those jobs are not in jeopardy. I mentioned earlier that the building of the new hospital will bring twice as many jobs to the area, and those people working at Swan District Hospital who deserve consideration will be given due consideration.

Dr A.D. Buti: How does that work?

Mr F.A. ALBAN: It will work by there being twice as many jobs available in the new hospital as there are in the present one. The Midland health campus will be a public hospital in a public–private partnership, with the private sector designing, building and operating this facility. It will be available to the public of this region, and it will be one of the greatest projects Midland has looked forward to.

MRS M.H. ROBERTS (Midland) [4.58 pm]: In rising to support the No Privatisation of Midland Health Campus Bill 2011 I do so both as the parliamentary representative of the Midland electorate and as a person who, over time, has been deeply concerned about privatisation of government agencies and contracting out by government. In my experience, contracting out of government services leads to a culture of irresponsibility, deniability, blame shifting and inertia. I was appalled at the contribution made by the member for Swan Hills today. He made no coherent argument to promote the privatisation of a public service, but he has shown that he is anti-union and anti-worker and that he could not care less about those people in the community who are entirely dependent on public health services.

He has also tried to misrepresent the opposition. He has tried to misrepresent those people who want to see Midland hospital stay in public hands. He has tried to portray us as people who are somehow opposed to the Catholic Church and private hospitals. We are not. I am particularly not. I am a Catholic and I support the private hospital system, but I also support a strong public system. The public health system is essential for the majority of people in this state. For those people who can afford a private service, they are welcome to use it; I am welcome to use it. That is the choice that many people can make, but a lot of people in the community cannot make a choice and are totally reliant on the public hospital system. Perhaps more people in my electorate than people in the electorate of the member for Swan Hills are entirely dependent on the public hospital system, but that does not mean that he should vote accordingly and say, “We’re all right in Swan Hills; I have only 30 or 40 per cent of people in my electorate who are dependent on the public system. I don’t care if those people don’t vote for me. I’ll just go for those who can use the private system.” He has failed to deal with the actual issue at hand with this bill.

We have introduced this bill because, as the opposition and as the Western Australian Labor Party, we are opposed to the privatisation of Midland hospital. We want to see it remain entirely in public hands. That was the plan when the Labor government committed to build a new hospital in Midland. The Labor government had the option of doing some renovations and repairs to Swan District Hospital at its current location or looking at a greenfields site in Midland and building a new hospital. I was thrilled when Hon Jim McGinty, the then Minister for Health, made the announcement that the government would do the latter. Swan District Hospital was exactly that; it was like a country district hospital 40 to 50 years ago, and since then it has grown like Topsy. It had extensions put on here and there and further little facilities and buildings plonked on the site. Essentially, it was like a country hospital, because it was at the periphery of the then metropolitan area and was utilised by a small number of people. The reality is that the population in the eastern corridor has grown quickly in the past 20 years. These days my electorate is very much an inner metropolitan electorate, but 20 years ago suburbs in my electorate essentially did not have housing. I point to areas such as Jane Brook, for example, or Stratton, previously known as Wexcombe, where there were a few farm houses and some cattle properties. Cows were being milked on those sites 20 years ago, whereas now that is a heavily populated urban area. In the electorate of Swan Hills, areas such as Ellenbrook and Vale have all been developed in recent years. A major public hospital is needed to service the eastern region. Frankly, I am sick of second-class treatment from this government, which seems to think that second-rate services are okay for Midland. Government members have premium facilities in their own electorates and servicing the western suburbs, but it seems that something on the cheap and something on the never-never appears to be good enough for the eastern suburbs. I do not agree at all.

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In the tirade from the member for Swan Hills, he made all kinds of insulting remarks about people representing the union movement. In this instance, those people who represent the union movement represent some of the lowest paid people in our community—people who do an honest day's work for an honest day's pay. What is the member for Swan Hills' answer to this? His answer is that there will be even more jobs for them at the Midland hospital. He says that there will be twice as many jobs. We will see whether there are twice as many jobs. He failed to address the working conditions of those workers. I have spoken to workers at the Peel Health Campus who have not been happy with the privatised arrangement there. Their wages have been less than those paid to people in the public sector. Their working conditions have been worse than those of people who work in the public sector. I do not want that for Midland. I do not want that for a range of reasons, but first and foremost I do not want those people working hard in such an important area of public responsibility to not be paid fairly and equitably. I do not want them to be screwed in terms of their working conditions. Those people need to be paid well and they have to have good working conditions.

Mr F.A. Alban: Were they paid adequately when you were in government or has this just happened lately?

Mrs M.H. ROBERTS: The member for Swan Hills made a particularly inane contribution and now he wants to interject during mine. He has missed the point of what I am saying. The point I am getting to here is this: when people at some hospitals are paid under one system and are paid better and have better conditions, yet at another hospital—let us say the future Midland health campus—the working conditions are worse and the pay is less, where will people want to work? Presumably they will want to work where they are paid more and the working conditions are better. If we have a situation such as what occurred down at Peel in which people have worse working conditions and are paid less, people will not choose to work at Midland.

No doubt we live in a time when accountability is often talked about in this place and other places; it is paid a lot of lip-service. The public loses the accountability of government when services are privatised or contracted out. Under a public system with public hospitals and public schools that are publicly run with a public sector workforce, there are great accountabilities. Our whole system of government is built upon accountabilities. For example, government departments and agencies must report annually to the house. Ministers are accountable in the house to answer questions about those agencies and departments. They have that information at their fingertips. There is a direct accountability. However, when core government services are contracted out, there is a loss of accountability to the community and to this house. Information that was once publicly available becomes the province of a private company. Information that was once public becomes commercial-in-confidence information and not even this Parliament gets access to it. There have been numerous examples in recent times in which opposition members have asked for certain documents, contracts and the like, and we are told not only that we cannot have the information, but we cannot even have the contract that set up the arrangement. When we cannot have that, there is no accountability.

Further, when people deal with a publicly run public institution, they can go to the Auditor General or the Ombudsman and raise their complaints there. Those same accountabilities do not exist for a private company. Private companies are beyond the scope of parliamentary questions, the Ombudsman and the Auditor General. When there is no accountability to this house or when the opposition raises questions, there is no accountability to the public. I do not support that because it leads to issues being either swept under the carpet and ignored or massaged into a pretend response. Those who need public services the most also need those types of accountabilities in place, and I want to see accountabilities in place for the public money that is expended. I want public accountability also for the workers who are employed at the hospital and for the people who use the hospital's services.

I put it to the house that the privatisation of services is promoted because of ideology and not as a measure of good practice, and that it provides an absence of public responsibility and accountability rather than a better and more efficient service. The question must be asked: does private enterprise run a public institution better than the public sector? The government's argument is that because private operators are governed by the need to maintain profitability, moderated somehow by competition with other firms, tendering out government work to private companies is a more efficient use of our public resources. Those suppositions, of course, are full of flaws. A company that is governed by an absolute need to return a profit to shareholders will not spend all the public money that is provided to it. It will always hold back because it has to; it has no choice. That means that a significant proportion of money that the government sets aside for the service, whether it is for cleaning services, the provision of meals or gardening, will not be spent on those services but will go towards providing a dividend for shareholders. How efficient can that be? How efficient can a practice be when up to one-third of the money received is not spent on the services but is spent on speedboats, four-wheel drives and plasma televisions for company owners and shareholders? I would dearly like the government to explain to me how that is an efficient use of the money paid by the taxpayers of Midlands.

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One of the arguments put forward by those in favour of privatisation is that prices are kept down and margins shaved by competition. If that is the case, we have not seen very many examples of it so far. When a hospital contract has been let by this government, who does it go to? It goes to Serco. If a prison contract is let, who does it go to? Serco. It is a one-horse race. Serco seems to be the answer to all these large privatisations. I will use an analogy that the member for South Perth might appreciate. If Black Caviar was the only horse in the race, how fast would it go? Things might be different if the market in Western Australia were different and we had more operators, greater competition and the size of our economy and public sector were greater. However, in an isolated economy such as Western Australia, there is only so much work to go around and only so many companies that are able to provide it. So far, Serco is one of the main companies that is getting the contracts.

There is not the true competition that those who promote privatisation talk about and there is nowhere to go when the company fails to deliver. We have seen that happen before. The private sector failed to deliver when Hon Richard Court tried this approach. That government was blinded by ideology and deaf to the possibility of learning from that experience. Sadly, the Barnett government is determined to follow suit. The lessons learnt from the privatisation of Royal Perth Hospital cleaning services were increased costs, reduced services and an outbreak of bacterial disease.

[Member's time extended.]

Mrs M.H. ROBERTS: The message for government after that initial experience should have been to not privatise and contract out hospital services because it is not in the public interest and because front-line services will be under-resourced by the constant need to ensure a profit margin. Private operators do not have to meet the same level of responsibility and public accountability that is in place when a hospital is run by the government. We have seen time and again that when services are contracted out, the government shifts the blame to the company and the company shifts the blame back to the government. When we ask for the company to be accountable and provide information, it is not provided because it is considered to be commercial-in-confidence. The only time we hear about accountability is when the contract is negotiated. Generally, we cannot see the contract. In this instance we have been asking for the government to demonstrate the case. The government says that it is better to give this contract to the private sector rather than do it in-house. Let us see the public sector comparator. Why can we not see that? Why is the government hiding that, not just from the opposition —

Ms M.M. Quirk: Who is to say it has been done?

Mrs M.H. ROBERTS: Who is to say it has been done? Perhaps we should take that on a wink and a nod from the minister. I do not believe that is good enough or provides sufficient accountability for the community. I do not want Midland health campus to be run by a company that provides a profit for shareholders rather than by an organisation that spends the whole public remit for the provision of that service on the service itself. The people of Midland are very reliant on their public hospital. I will talk particularly about the oldest suburbs in my electorate. Midland and Guildford, both of which I represent, are some of the oldest towns in this state. Generations of people in those communities have had access to a fully public hospital. When the Labor government committed to building the new Midland health campus in the heart of Midland, which was much more accessible by public transport with fabulous new facilities, we committed to building a public hospital. The federal Labor government also committed \$180 million to that hospital, which was almost unprecedented. I would like to have seen the federal Labor government say that it would give the state that money only if we committed to providing a fully publicly run hospital. Sadly, the federal government would not do that. One reason it would not do that was that it was providing similar money in similar circumstances to the states, including Queensland. Last weekend we saw what the people of Queensland think of the privatisation of services like hospitals: they do not like it and they do not want it.

Dr M.D. Nahan: I hope you believe that.

Mrs M.H. ROBERTS: Not only do I believe it, but I know it is true. I expected the Liberal Party members who are interjecting to say the kind of things they are saying.

Dr K.D. Hames interjected.

Mrs M.H. ROBERTS: I have no issue with them interjecting, and their interjections are just what I anticipated they would be because they care only about the people at the top; they do not care about the people at the bottom. Members opposite have no concept of what it is like for struggling families.

Several government members interjected.

Mrs M.H. ROBERTS: If members opposite had any concept of what it was like for middle-income families, let alone struggling families, they would not sit there with their mouths zipped as their government plunges towards

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a 60 per cent increase in electricity prices, a 40 per cent increase in water prices and a 40 per cent increase in gas prices.

Point of Order

Dr K.D. HAMES: The member raised a point of order on relevance during the previous debate and clearly her points are irrelevant.

The ACTING SPEAKER (Ms A.R. Mitchell): Member, back to the topic, please.

Debate Resumed

Mrs M.H. ROBERTS: I was responding to opposition interjections. This motion is about the importance of publicly run public facilities and what that means for people on low incomes. That is why I responded to the interjections as I did.

I believe this government is out of touch. It is out of touch with real people who are struggling to pay their household bills, with real people who are struggling to pay their bills when they go to hospital and need to go to a public hospital. This government is also out of touch with workers in the hospital who —

Dr K.D. Hames: I will go for the same time you go for!

Mrs M.H. ROBERTS: That is a poor interjection from the Deputy Premier and it is beneath him.

Dr K.D. Hames: We are in private members' business and you agreed to keep things short. You have another matter you want to deal with.

Mrs M.H. ROBERTS: The Deputy Premier is currently wasting my time.

Dr K.D. Hames: We will stick to our side of the bargain; you need to stick to yours!

Mrs M.H. ROBERTS: I am the member for Midland. I do not know whether that is lost on the Deputy Premier, but this is probably the single most important issue in my electorate and he is trying to shut me up! I take great offence to that—really great offence!

Dr K.D. Hames interjected.

Mrs M.H. ROBERTS: You are trying to sit me down —

The ACTING SPEAKER: Thank you, members!

Mrs M.H. ROBERTS: — on the most important issue in my electorate.

The ACTING SPEAKER: Member for Midland and minister!

Dr K.D. Hames interjected.

The ACTING SPEAKER: Minister Hames! I suggest we get back to the topic and only that topic, without going away from it. Minister for Health, if you would just cease the interjections.

Mrs M.H. ROBERTS: Madam Acting Speaker, I do not want to canvass your ruling, but I am astounded that he has not been named. He continually interjected on me. He has made me very angry because he is telling me to sit down and, if I do not, he will speak for an equal time. That is his prerogative as the Minister for Health, but it is my prerogative as member for Midland to talk about the most important issue for my constituents. I will talk here for as long as I need to take. The minister might not like that, and he might choose to respond by boring the house and speaking for ages, but that is his prerogative.

Dr K.D. Hames: It is a very important issue for me as well!

Mrs M.H. ROBERTS: Perhaps if he had not interjected —

Dr K.D. Hames interjected.

The ACTING SPEAKER: Minister!

Mrs M.H. ROBERTS: Are you going to call him to order or not, Madam Acting Speaker?

The ACTING SPEAKER: I make those decisions, member.

Mrs M.H. ROBERTS: I look forward to your doing so.

The fact is I probably would have finished my remarks by now if it had not been for those kinds of interjections—the insulting interjections I have had from the Deputy Premier. He might be sensitive about this, because his government lied by omission. If we want to use Catholic terminology, it is called lying by omission. When a party goes to an election and says that it is equally committed to the Midland hospital, a public hospital

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committed to by the Labor government, and it does not tell the community that it is going to privatise the service or it is going to contract out those services, that is basic dishonesty where I come from and it is called a sin of omission; it is lying by omission. That is what members opposite did not tell the public when they went to the last election. I am speaking up for my electorate. I am speaking up for those people who are dependent on public health services in my electorate and beyond my electorate—people in country areas, people in the wheatbelt who are utilising the Swan District Hospital Campus now and who will be utilising the Midland health campus in the future. I am speaking up for the people who will be working in that hospital who will be paid less and whose working conditions will be reduced, and for the community and taxpayers of Western Australia who will see their money go into a privatised service in which the public gets a lesser service and will pay more for it, and in which some proportion of the money that the government hands over to the private contractor goes towards profits for shareholders.

MR A.J. WADDELL (Forrestfield) [5.25 pm]: I would like to start by pointing out a fact in my life. I was elected in 2008 on a very tight margin of only 96 votes. That has certainly characterised my time in this place, and representing such a marginal seat has focused my mind very closely. However, I have to say that I have been operating under a false premise. I was robbed. I was robbed of about two per cent of the votes in my electorate, because if this government and members of the party opposite had been open and honest with the people of Forrestfield and had declared their hand about what they would do to our public hospital system, I guarantee as an absolute fact that I would have been delivered to this place with a couple of thousand extra votes. I can tell you, Madam Acting Speaker, that there is no hotter topic in my seat than the privatisation of Midland hospital. It is raised with me, unprompted, on a regular basis. Every time someone sees a piece of material on the hospital, their response is: “Yes, I’ll be happy to sign up for that.” This will be an issue at the next election.

The reality is that the Liberal Party deceived the people of Western Australia. It told a big fat porky by not letting them know it was going to rob the people of Western Australia, the people of the eastern suburbs, and the people of the seat of Forrestfield of a decent public hospital.

I hear interjections from time to time that Midland is a public hospital. All I can say is: if it walks like a duck, talks like a duck and quacks like a duck, it is a duck! If a private operator is walking away with a bagful of dollars as a result of running a hospital, it is in the private sector and that is a private hospital.

The question the Minister for Health needs to answer is: why he is selling out Western Australians? Why is the minister selling out the Western Australian public health system? Why is the minister so unsure of himself and his ability to effectively run a health system that he has to sell out our public hospitals in this way? This is really an ideological issue. This is one of those things that divides us. Members opposite believe that the private sector is more efficient than the public sector. That is what underlines in red ink the government’s belief on this matter. There can be no other explanation. The minister cannot demonstrate those efficiencies to us and how that is true, as he has never brought into this place a business case; he has never shown us a public sector comparator. The minister hides behind the veil of commercial-in-confidence and he does not let anyone know what is going on. The minister says that the opposition has to take it on faith that this will be run more efficiently than the existing public sector health system. I am not a person who is prepared to take the minister on faith, because I honestly believe that the Australian public health system is in fact one of the best in the world today. It is relatively well run. I do not doubt for a moment that there are efficiencies to be found, but those efficiencies can be found by competent public sector managers. If a job is capable of being done at 80 per cent of the cost, it can be done by the public sector at 80 per cent of the cost. If the private partners in this arrangement are walking away with a profit, there is only one thing we can be certain about and that is that that money could be utilised somewhere else in the state’s coffers, either on building schools and putting more police on the street or in delivering further services in our hospitals with more beds, shorter waiting times and better emergency response times. The reality is that the government is giving away taxpayers’ dollars to a private operator because the government does not have faith in itself. It does not believe that it is an adequate manager. It does not know how to do the job it was elected to do. I might add that it was elected on a lie.

Everyone in this place will say that they listened to the member for Swan Hills go on about the United Voice front and that we are all union stooges. I see the member for Riverton nodding. I have never been associated with United Voice. I have never been a member of United Voice.

Dr M.D. Nahan: What’s your union?

Mr A.J. WADDELL: Right now I am not a member of any union.

Several members interjected.

Mr A.J. WADDELL: It is a fact; right now I am not a member of any union.

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The ACTING SPEAKER (Ms A.R. Mitchell): Member for Forrestfield! The topic is not about which unions you belong to, member for Riverton and member for Forrestfield. Member for Forrestfield, I suggest that you address your comments to the Chair, not to other members in the house, and return to your speech.

Several members interjected.

Mr A.J. WADDELL: The point is that this is a campaign about the privatisation of the Midland health campus. United Voice has an interest in this issue because it is looking after its members, who are some of the lowest paid workers in Western Australia. These people are also voters. There is no reason to be ashamed of that. I am fully supportive of its campaign in that respect. It is not just the staff at the hospital who are concerned; the potential patients also are concerned. The people in my electorate are looking at a long period of association with this new hospital. It will be the premier hospital in our area. They have worries. They do not want a cut-price service; they want the real deal. That is what this campaign is about. That is what we are on about. We are saying without any doubt that we support keeping public hospitals in public hands. Let me underline that. That is what we believe. It is not about us supporting a particular group. It just happens to be that, in my view, we are on the side of right. We are on the side of the public on this particular issue. I can give the house this guarantee: I will fight to ensure that the people in my area get the best health service, I will hold the Midland health campus to the tightest scrutiny I possibly can, and I will fight to ensure that we keep as much of our public health system in public hands after the government has continued to rip the guts out of it.

This government needs to come clean. It needs to be held accountable. “Accountable” is a very important word, and the government is trying to remove it from the dictionary by putting distance between what happens at this hospital and itself. It knows that if it handballs it to someone else, it will not be held accountable when the errors inevitably occur because the private operator has cut corners to increase its profits. I will hold the government accountable. I will ensure that people know that the Liberal Party deceived them by not letting them know that this was its intention. I think the minister should come clean. He should acknowledge that he deceived the people of Forrestfield. He should acknowledge that he has further plans and that he is ducking and diving. He should acknowledge that he intends to rip the guts out of the rest of the public health system because his party is ideologically bent on this and does not care about public health at all.

MR A.P. JACOB (Ocean Reef) [5.34 pm]: I will not support the No Privatisation of Midland Health Campus Bill 2011 for a couple of reasons. I thought I would put that out there in the first instance. The reason I will not support the bill is that it is incredibly misleading to the point at which its title is untrue, which is quite interesting given the debate we had about the Teacher Registration Bill earlier today. In fact, according to the opposition’s terminology, it should be the No Privatisation of Midland Health Campus Bill of 2012, but that is a separate issue. The government does not have a proposal to privatise Midland health campus. What the opposition and others are misleadingly attempting to imply is that the government is in some way, shape or form selling off state assets by selling off assets in the health system. Quite simply, that is not true. The opposition knows that that is not true. It knows that that is not what has been proposed, but it never lets the truth get in the way of a good story. What the government is proposing is a public–private partnership.

Dr A.D. Buti interjected.

Mr A.P. JACOB: The member ran for a party that was 100 per cent behind public–private partnerships three and a half years ago.

Dr A.D. Buti interjected.

The ACTING SPEAKER: Member for Armadale!

Mr M.P. Whitely interjected.

The ACTING SPEAKER: Member for Bassendean!

Mr A.P. JACOB: In fact, I suspect that members opposite will suddenly support that model again in the very distant future when they one day find themselves back on this side of the house, but that is a separate issue.

That is one of the reasons I will not support this bill, but the main reason I will not support the bill is that, quite simply, I do not wish to deprive the very good people of Midland and the surrounding areas of what I believe is an increasingly superior model of delivering hospital and healthcare services to those in our community. I am baffled why WA Labor has such a problem with this structure, because it is an egalitarian party and that is the foundation that it likes to build itself on. Everybody will rock up to the same front door under this model. It will not matter who they are—whether they are on a disability pension and rock up for 100 per cent public health care or whether they are on a six or seven-figure salary and have the highest level of private care. People will rock up to the same front door and they will get seen more or less by the same staff, but some people might have a few little options along the way that they will have to pay for.

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I have firsthand experience with this PPP model. I am speaking of one of the most important hospitals in this state, Joondalup Health Campus, which is near my electorate. I will briefly touch on some of the comments that the member for Midland made, because my wife has worked at Joondalup Health Campus since she qualified as a registered nurse. I find it quite offensive that this model was described as providing a second-rate or second-class level of service. Members need to remember that it is a service industry. People provide this service, and members opposite denigrate those people who provide this service by calling it second class over and over again. I found that quite insulting, and I suspect that if the member for Joondalup were here, he would probably quietly agree with me. We have a fantastic local hospital in Joondalup. Quite simply, it employs local community people from all walks of life to care for local community people regardless of their socioeconomic standing. I do not think those aspersions represent the aspiration we have for a community hospital right in the heart of Joondalup. I suspect it is one of the largest employers, if not the largest employer, in the area. As the member for Forrestfield said, our very own local people are running this system.

Dr K.D. Hames interjected.

Mr A.P. JACOB: No, I know; he is busy chatting.

I will refer to *Bloom* magazine, which I suspect members will not generally see from most public hospitals. Joondalup Health Campus puts out publications quarterly. It works hard to keep the community informed.

Ms J.M. Freeman interjected.

Mr A.P. JACOB: No, it is not, member. That is the whole point; it is paid for by Ramsay Health Care.

Ms J.M. Freeman interjected.

Mr A.P. JACOB: No, it is not, member. Ramsay runs a private hospital alongside it. It does not matter. I will give the member a very quick example. My wife and I have just had a baby; in fact, the back page of the magazine indicates that 2 367 babies were born at Joondalup Health Campus in the past 12 months. An awful lot of those patients were private patients and an awful lot were public patients. It does not matter what level of health care people can afford; they go through the same front door, they are seen by the same staff and they get the same level of service, but there are a few little options along the way. That is the fantastic thing about it. I believe that Ramsay generally manages to make a profit mostly from the private side. In fact, there are some benefits in the private sector running the public contract and having the private sector —

Ms J.M. Freeman interjected.

Mr A.P. JACOB: I will talk about a few things that members opposite raised. If members opposite stop interrupting, they will get more time for private members' business today. I am sure that would be good.

I just go back to some of the things about people in the local community. When I flick to any page on this magazine, I see local people. I will not mention their names, but I know that both these people on this page are my constituents and that they live in my local area. I know that they are very hardworking people who have put their entire lives into health care and local health care. As a member in the Joondalup area, I ask members to be careful about the aspersions they cast on the public-private model, because there are people who work in hospitals in our community—they may even vote for Labor—who will not appreciate the services they offer down there on the ground being described as second class because some of the administrative functions might differ slightly.

I respond to some of the questions that were just shouted across the chamber asking where is the efficiency proof. I do not want to speak for too long today, because I think the minister wants to raise a couple of things. I have two very quick examples of this public-private partnership model really delivering efficiencies and of the community benefiting from these efficiencies. When the Liberal-National government came into power, there was a \$100 million funding black hole for Joondalup Health Campus's expansion. It had been talked about year upon year. Despite this issue that we faced when we came into government, the project is currently under budget and ahead of time. We have made savings and we are delivering it ahead of our timetable. I am very happy to take some interjections. When was the last time we had a public project of this size and capital investment—hundreds of millions of dollars—that not only came in ahead of time, but also found savings at every stage of the construction process? That is a fantastic model and a fantastic example of this model delivering.

I want to pick up on the member for Forrestfield's comments because he implied that if the contractors find these savings, they just take big moneybags and run off and take them to their shareholders. In fact, he did everything but accuse those shareholders of being overseas oligarchs. Here is what actually happened to savings we made on the Joondalup Health Campus budget. One of the first things the savings were sown back into, to bring it back to my earlier example, was a special care nursery. When my son, Joshua, was born, he had to stay in the special care nursery. I was there today visiting a friend whose baby had just been born at Joondalup Health Campus.

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Incidentally, there is not a public or private special care nursery. It does not really matter; people are seen in the same special care nursery. However, although the nursery was not in the initial expansion plans for Joondalup Health Campus, the private operator managed to find savings in the expansion project and just sowed those savings and ploughed them straight back in. The community has been given a much-needed service that otherwise had not been looked at in the expansion plan. It is a key addition, because we are currently experiencing a massive baby boom and the nursery is making a really big difference right there in the community.

I have another example in which these savings have made a huge difference for the local community and in which the public-private partnership model has absolutely shone. When planning first started for the expansion of Joondalup Health Campus, there was talk of including a cardiac catheterisation laboratory. The minister and I discussed this many times. In fact, when members opposite from my area talk about Joondalup Health Campus being a tertiary hospital, I think they generally mean that it has cardiac cath lab services. We originally hoped to include one there, but thanks to that \$100 million funding shortfall, which was a legacy we received, the minister found himself pushed to include it in the planned expansion. So what happened; did we not end up getting one? No; Ramsay Health Care came to the party. Ramsay Health Care, the private operator, is funding a cardiac cath lab out of its own pocket on site in Joondalup. The community wins again. The community gets a superior service because the government has partnered with the private sector. As I said, I am just absolutely baffled why members would be voting for this bill. It is a new world. The efficiencies are actually there. I have given to —

Several members interjected.

Mr A.P. JACOB: I am voting against it! Members know what I mean; I am voting against the bill—very strongly against the bill. In fact, I am voting against the bill on behalf of the good people in the eastern corridor who I think have a right to the fantastic healthcare benefits, and the project benefits, that public-private partnerships can clearly bring. We have the very clear example of Joondalup Health Campus delivering in the northern suburbs in very difficult circumstances. I am so happy to be voting against this bill and to be supporting the people in the eastern corridor getting the services that they actually need.

MS R. SAFFIOTI (West Swan) [5.45 pm]: I would like to start by reading out a letter from a Ballajura resident who asked me to raise these issues in Parliament. The letter reads —

MY DEAR LADY,

I wish to register my protest towards the privatisation plans for hospitals and schools being envisaged by the BARNETT Government. I work at Royal Perth Hospital as a food service attendant in the retail catering department. Privatisation will directly affect me and my fellow workers. Private ownership of hospital catering will reduce the number of staff while increasing workloads and less remunerations. I want to get the facts out and for there to be a proper debate about the BARNETT Government's privatisation agenda, not just in Parliament. Essential government services should be publicly owned and run. Public ownership of essential services is crucial because this provides for a system of accountability and responsibility. The public sector is needed so it can focus on providing quality high standards of services. Privatisation of essential services has failed in the past. I was involved when catering at R.P.H was in the hands of —

They were two private companies; I will not name them —

... both overseas companies that pull the plug on the running of the catering department because they could not make it profitable. I believe government should run schools and hospitals. W.A. is a rich state and we can afford to provide quality hospitals and schools for our community. Privatisation will undermine the quality of services provided everywhere. Doctors, nurses, cleaners, catering staff, admin staff, all work together to provide high standards of care. I do hope you will raise your voice on mine and my co-workers' behalf in Parliament so that this privatisation madness may be stopped.

I think that letter pretty much encompasses what has been raised today. No-one is arguing against private hospitals, but we are arguing against the privatisation of public services. The government cannot say it is not privatising; it is privatising the entire hospital. I want to go back to the Reid review, because I was part of the Reid reform group. We set out a comprehensive plan to build up our secondary hospitals throughout the suburbs and, of course, the new Midland health campus was a key part of that. It was not envisaged that it would be a privately run hospital. As has been asked, why did the Liberal Party not tell the public that it would privatise that hospital? Why is the government privatising it? Today we heard the Minister for Health say that he was not quite sure what he would do with the children's hospital; he might privatise it —

Dr K.D. Hames: I did not say that at all; you've totally misinterpreted my position.

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Ms R. SAFFIOTI: The minister said he would make a decision and announce it during the election campaign.

Dr K.D. Hames: I said I was opposed and you just said I did not know. I said I do not agree with it, but it will be a government decision.

Ms R. SAFFIOTI: Yes, but the minister is the Minister for Health.

Dr K.D. Hames interjected.

Ms R. SAFFIOTI: Does the minister support the privatisation of the children's hospital?

Dr K.D. Hames: I did not say that either.

Ms R. SAFFIOTI: Does the Minister for Health support —

Dr K.D. Hames: I do not; I said that —

Ms R. SAFFIOTI: Why not?

Dr K.D. Hames: I said that before.

Ms R. SAFFIOTI: But why not?

Dr K.D. Hames: I can tell you in my speech.

Ms R. SAFFIOTI: Therefore, it is okay to privatise Midland health campus —

Dr K.D. Hames: I'm not answering; I said I will tell you in my speech.

Ms R. SAFFIOTI: The government is very conflicted; sometimes privatisation is good and sometimes privatisation is bad. If the government believes in privatisation, why is it not privatising the children's hospital?

Mr P. Papalia: That is a bad look.

Ms R. SAFFIOTI: Is it a bad look? The Liberal Party never told the people of Midland and surrounding suburbs that it would privatise this hospital.

Ms J.M. Freeman: They did not want to go into an election telling people that they were going to privatise —

Ms R. SAFFIOTI: The children's hospital.

Several members interjected.

The ACTING SPEAKER (Ms A.R. Mitchell): Thank you members! Member for Warnbro, I might remind you that you are on three calls.

Ms R. SAFFIOTI: This is what I do not understand. The government should tell us now what it is doing with the children's hospital. If it believes that privatisation is so good for the Midland health campus, why is it not privatising the children's hospital? Why is it taking a different approach? On this side of the house we believe that essential services should not be privatised, and that is the view of the public.

Sorry, member for Riverton?

Dr M.D. Nahan: I didn't say anything.

Ms R. SAFFIOTI: Yes, you did.

Dr M.D. Nahan: No, I didn't.

Ms R. SAFFIOTI: Yes, you did.

Several members interjected.

Ms R. SAFFIOTI: We do not believe essential services should be privatised. On this side of the house, we do not believe in privatising our health services; it is as simple as that. Why can the government not run hospitals? I always find it strange that Liberal governments do not want to run anything that they have been elected to do. We saw that with the Richard Court government when it privatised the Main Roads maintenance contract, which led to problems throughout regional WA. It sold off Westrail Freight and we are still trying to fix that problem. It also entered into arrangements with Joondalup and Peel hospitals, which has not been all beautiful sailing, as known by the member for Mandurah, who has unfortunately lost his voice today and cannot get up and contribute to this debate. The member for Mandurah wanted to point out that when things go bad with these contracts, they go very bad and the government loses power and control over what it is doing. That happened with Peel hospital. The member for Mandurah asked me to relay that point: with privatisation, the government does not have the control it needs over government services.

As I said, the issue of accountability was raised. The past week has been absolute mayhem for the government side. Yesterday morning, Serco was going to provide prisoners to Fiona Stanley Hospital—was that right?—but

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by yesterday afternoon that was not going to happen. Contracts have not been made public. Why not? If the government is telling us that these contracts are value for money, why not prove it? If the government is so proud of what it is doing and is so proud of privatisation, I cannot understand why it does not come into this place and table the contracts. Why does the government not just table the public sector comparator? I simply do not understand. It is obviously something that the government is very proud of. The government will make it a key election theme; government members will go out and say, “We’re privatising essential services.” Is that not what they will all be doing because it is such a good policy from the Liberal government?

Several members interjected.

Ms R. SAFFIOTI: Government members should put it on their ads. I cannot wait to see “We’re privatising hospitals” on their ads!

Several members interjected.

Ms R. SAFFIOTI: The issue is about accountability in contracts. Why does the government not come into this house and produce that information?

The shadow Minister for Health also raised with me workers’ entitlements and guarantees in that regard. I think that the member for Swan Hills said that every worker at the current hospital will be given a new job. Is that what the member for Swan Hills said?

Several members interjected.

Ms R. SAFFIOTI: Twice as many—so will every worker be given a job?

Dr K.D. Hames: I’ve made public statements two or three times now. I will get you a copy.

Ms R. SAFFIOTI: The Minister for Health can just tell me now.

Dr K.D. Hames: Yes, I’m happy to use your time! What we said is that if anyone at Swan District Hospital wants to get a job in the new hospital, obviously they can. Some may wish to remain. Some of the doctors going through and senior medical staff may wish to work there for a short time and then come back to the system; so, there’ll be an arrangement for those. Those who don’t want to do either of those will be given a job within the public sector in an alternative location.

Ms R. SAFFIOTI: How about their entitlements, minister?

Dr K.D. Hames: All their entitlements will either be cashed out if they want or be retained if they want.

Ms R. SAFFIOTI: Will they be transferred?

Dr K.D. Hames: Yes.

Ms R. SAFFIOTI: We will see how that translates.

Dr K.D. Hames: If they go to the new operator and are employed by the new system, they would cash them out, although some, particularly some of the junior doctors, may choose to do that as sort of part of a rotation, in which case we’ll have an arrangement where we hold their entitlements and they go back onto those when they come back. We’re discussing that now.

Ms R. SAFFIOTI: As we on this side of the house said, there is less accountability with privatisation. When contracts go bad, and they always do, basically the public is left to fund the problems. We have seen that time and again. We saw it when the Richard Court government went around privatising everything that it could get its hands on. Basically, every time contracts came up for renewal or there was an issue, there was a problem in managing those contracts. As I said, this side of the house believes that essential services such as health should be in public hands. I simply cannot understand why the government would want to privatise an entire hospital. I cannot believe it. If the government wants to prove it with some evidence, let it do that. We believe that essential services such as health should remain in public hands. We look forward to seeing during the next election campaign the ads run by the Liberal Party outlining its privatisation agenda.

DR K.D. HAMES (Dawesville — Minister for Health) [5.55 pm]: I cannot believe the hypocrisy shown by members on the other side of the chamber in this debate on the No Privatisation of Midland Health Campus Bill 2011. It is absolutely mind-blowing!

The member for Midland quoted some things straight from the Labor’s former Deputy Premier —

Several members interjected.

Dr K.D. HAMES: Let me get one sentence out, for goodness sake!

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Mr R.H. Cook: It was the member for Swan Hills, not the member for Midland. You gestured towards Frank.

Dr K.D. HAMES: The member for Swan Hills—my apologies!

The member for Swan Hills talked about what the former Leader of the Labor Party in this house would do in contracting out services. The former leader made the point that this is not privatisation. Part of his document talked about the problem of selling privatisation versus contracting out to the public, which made it very clear that this sort of work was contracting out, not privatisation. The former government went into negotiations with Joondalup to considerably expand that public–private partnership, growing it even bigger. When the leader of the previous Labor government, Hon Alan Carpenter, had the option to cancel the contracting out of cleaning services in schools, he refused to do so. There are many examples of support on the other side of the house for contracting out of services. Indeed, every other Labor state in Australia—or previous Labor state in Australia—is undergoing these same sorts of public–private partnership. Although members opposite choose to try to blame the Labor Party’s election defeat in Queensland on the contracting out of services, when I watched the television coverage go through the decimation of the Queensland Labor Party, a former Labor minister was still boasting about privatisation and the public–private partnerships it had to deliver services in Queensland.

Several members interjected.

Dr K.D. HAMES: He retired, so he was not contesting his seat, but was still proud of what Labor had done.

I have before me an evaluation from February 2003 of the former Labor government’s contracting out policy. This evaluation goes through things such as how that government was finally aligning with the other Labor states and had finally brought in a document that referred to the contracting out of services. As the member for Swan Hills said, the document discusses how hospital services provide an excellent opportunity to do that.

Mr J.C. Kobelke: Will you take an interjection?

Dr K.D. HAMES: No, because I will get lots of them. Perhaps later in the debate I will. I am normally happy to take the member’s interjections, as he knows.

Mr J.C. Kobelke: I went on your website and it showed that Labor had a commitment not to privatise essential services in hospitals. That was on your website from the last government.

Dr K.D. HAMES: Whatever the member says about that matter, the document that lists the previous government’s commitment to contracting out services went through his cabinet with him sitting in there. It went through the member’s cabinet!

Mr J.C. Kobelke: It was not for services in public hospitals; there was a clause there!

Dr K.D. HAMES: I wanted to go to —

Several members interjected.

The ACTING SPEAKER (Ms A.R. Mitchell): Members!

Dr K.D. HAMES: I do not know whether members opposite know, but the shadow minister and I had an informal agreement that because the opposition has other private members’ business coming up, I would keep my comments relatively brief. I apologise to the member for Midland for upsetting her before. What I was trying to say is that I know other members want to speak on other issues in this house. But I have had lots of members attack me and my government about this, so I need the opportunity to defend myself. I will not do what I said I would do; I will just debate the issue, but I need a bit of quiet to allow me to get into the history of Midland and Swan District hospitals and what happened.

The member for Albany, who has had a long issue with Albany Regional Hospital, had many promises of hospital redevelopment, but it was not until the death knock before the election that the Labor government of the day promised to build a new hospital. The former Labor government planned to carry out a major upgrade and maintenance of the existing Swan District Hospital during a large portion of its last term in government. I was aware of this. I had been looking at opportunities as shadow Minister for Health and I did not think that that was the best option. I thought the best option was to go to the new site in Midland. I heard that the Minister for Health was about to release the Labor Party’s policy. I heard through the grapevine that it contained the rebuilding of Swan District Hospital, so I deliberately went out with our policy of building the new —

Mrs M.H. Roberts: That’s not true.

Dr K.D. HAMES: It is true.

Mrs M.H. Roberts: You came out first; that bit is true. What is not true is that we were about to announce rebuilding on site. Cabinet had already committed to going to the new site.

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Dr K.D. HAMES: The member knows that I had access to lots of information along the way. It was my understanding, and I had detailed inside information that suggested, that that was going to be in the document. We put out our document. The document that was due to come out from the minister a week or two later did not appear. That document came out about eight weeks later, and what did it include? It included a commitment to the new site for the new hospital.

I think it is a fantastic location. I think it is a fantastic hospital. The reason we did not tell people before the election that we were going to contract out the provision of services at this hospital—this thing that the member for Forrestfield especially calls “the lie that would have got him two per cent”—is that we had not made the decision. I had no intention of contracting out the services of Midland hospital because I had not even thought about it at that stage. The Department of Health and Treasury presented us with the best models to manage this hospital. This was not driven by Liberal Party ideology—not in the least. This came to me as a proposal that would provide the best standard of service at the best cost to the taxpayer, and I agreed that this was a reasonable option to follow. That is how we came to this point, not through Liberal Party ideology.

Having come to that decision, what reference did we have to follow? Where did we come across the concept that that was a good idea? We got it from the Joondalup Health Campus. The member for Joondalup has got up in this house and told us what a fantastic service it is. Some members come along to openings of expansions of Joondalup Health Campus, not recognising that it is one of the best hospitals we have. The former Treasurer would know that its employees are paid at a lower rate than those working at our public hospitals. Joondalup gets a discount per patient of about 15 per cent compared with what a public hospital gets, yet it still makes a profit. Are these private hospitals grubby little hospitals? When we look at the private hospitals, clearly, they are not. They provide a great standard of service, have a very low rate of infection and are great for people to work in. We never hear any complaints from the workers in those hospitals. Then we go to the Joondalup Health Campus and look at the standard of service it provides; again, it provides a fantastic service. I accept that there was an issue with Peel, and I was not happy with the level of wages its workers were receiving either. I had a fair influence in ensuring that their standard of wages increased. That is an issue with contracting out of services. That is probably part of the reason why it took so long to reach the contract details with Joondalup and the same will occur with the new Midland hospital. We need to ensure that we have some control so that people working in those hospitals are paid adequately.

I turn to the shadow Minister for Health’s second reading speech. He said that experience in Western Australia and other jurisdictions demonstrates that private service providers fail to consistently deliver high standards of quality, safety and equity of access. Where on earth did the shadow minister get that from and where are his figures to back it up? Wherever I look at the services provided by hospitals, whether they be private or public—private partnerships, the quality has been excellent. In particular, as members on this side of the house have said, the shadow minister denigrates those staff, those workers and those people who are working in the private hospital system and public–private partnerships.

I want to refer to some figures on infection rates. Part of the argument was that if there was to be privately run hospital in Midland, we would get a lesser standard of service, cleaning would be a problem and there would be higher rates of infection.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: That is different. The member is trying to draw a comparison with Royal Perth, and it is clearly not a good one. I have said publicly that I accepted that that was the wrong thing to do and that that was a failure. We know that increased infections occurred through that system at that hospital. That does not apply—I will give the member the evidence if she wants to see it—to systems in which we have a public–private arrangement with hospitals. I have a comparison of methicillin-resistant staphylococcus aureus infection rates across the public hospitals in the public–private partnerships and the same with staphylococcus aureus infections. I have before me the rates per 10 000 multi-bed days. The highest MRSA infection rate was 2.4, which was at Osborne Park Hospital. For Sir Charles Gairdner Hospital, the rate was 1.2; Royal Perth was 1.6; Joondalup was 1.34; and Peel was 0.27. In that case, Peel had the lowest rate of MRSA of any hospital.

Ms J.M. Freeman: Do you really believe that?

Dr K.D. HAMES: It is true. I do not understand what the member is saying.

Now I move to staph aureus bloodstream infections. The lowest in this case was Osborne Park at 0.22, so it was the highest for one and the lowest for the other. The highest was Sir Charles Gairdner with 1.49; Joondalup was 0.27; and Peel was 0.35. Those rates are very low when we compare Australian and international rates. Our hospitals have a very high standard of health, a very high standard of care and a low rate of infection. For people who work in the public hospitals to suggest that for some reason the cleaners who are working at Joondalup

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Health Campus or in the new Midland health campus may not be able to do as good a job as the others is patently nonsense.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: I say to the shadow minister that we have discussed this issue of the length of my speech before. Perhaps he can do something about the interjections.

I want to make a couple of final points which relate to union membership. Why is the Labor Party so focused on hospitals being publicly run as opposed to the private sector running them, or even private hospitals? What is the difference? Why is it so focused on opposing that, particularly when it did not oppose it in recent years and when it was not like that in government? I forgot the example in Midland where the renal dialysis services were contracted out to a private operator by the Labor Party. I think it has a little to do with membership. Hospitals such as Joondalup employ staff who are members of United Voice or the Health Services Union, yet the Labor Party says that the membership working in a public hospital is somehow different from the members of the same union who work in a privately run public hospital. It is understandable why that should be the case. So why then is the agenda being driven? What is the main driving force for it? I reckon it is to do with percentages. When we look at a public hospital and see the percentage of staff that belong to the Health Services Union or to United Voice, we can see it is somewhere between 50 and 60 per cent. The figure in a hospital such as Joondalup Health Campus or St John of God Health Care is about half that.

Ms J.M. Freeman: Where do you get those figures from, minister? How do you get those figures, minister, when most of them pay their fees out of their pay?

Dr K.D. HAMES: Shadow minister, please, can you exercise some control?

The ACTING SPEAKER: Member for Nollamara!

Dr K.D. HAMES: I know that the member for Nollamara is a staunch union advocate, and I admire her for that, but there are times and places!

There is therefore a clear difference in the percentage of staff to membership in one hospital versus another. Why therefore is the head of United Voice out there in the community—apart from wanting to run for a seat—driving to keep it a public hospital? Why do we have the HSU also mounting the same campaign? It is because they can get more members in a public hospital than they can in a private hospital. Clearly it is dollar driven and membership driven, and not driven by anything to do with the Labor Party's previous commitments in government.

Ms J.M. Freeman: You're wrong!

Dr K.D. HAMES: Ha, ha!

I have one final little point to cover. The member for West Swan read out a letter from Royal Perth Hospital saying it was a big issue. I reiterate that this is not happening to Royal Perth Hospital, it is not happening to Sir Charles Gairdner Hospital, it is not happening to Fremantle Hospital, and it is not happening to the new children's hospital. The member asked why I do not want to contract out services to the new children's hospital. It is because we have one whole hospital with about 220 or 230 beds being replaced by an identical hospital just down the road with 240 beds. It seems entirely logical for the smoothness of care of the children of this state to move from one to the other, and not to get into arguments, debates or issues with the contracting-out of services. Midland is different. We will spend \$360 million of public money on building over 300 brand-new public beds. For the first time there will be private beds in that area since Undercliffe hospital shut. We will therefore have new private beds. The plan is, over time with the expansion in that region, that the hospital will build a whole new private hospital a couple of hundred metres down the road. The proponents are now looking at buying the land for a new private hospital. Therefore, for the first time in a long, long time we will have a magnificent private hospital in Midland. Members opposite talk about them running off with their moneybags to the shareholders. I just remind them that St John of God, the preferred tenderer, is not a company that has shareholders; it is a non-profit organisation. I got something off its website that refers to where the profits of St John of God Health Care go. The website states that the profits go into updating and expanding technology and facilities; expanding existing services; expanding new services; and providing social outreach and advocacy services to people experiencing disadvantage to improve health and wellbeing. That is where the profits will go to from this hospital, and chances are they will go to the people of Midland who thoroughly deserve, under this government, to have a decent hospital looking after the best interests of their health.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [6.13 pm] — in reply: I will be very brief in summing-up this debate today. I want to first of all make the observation that whenever we rise in this place to make comments around the privatisation debate, we are seldom confronted with legitimate arguments to rebut

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those which we put up. What we get is a schoolyard chant of, “You did it. You did it. You did it.” That was no more obvious than in the speech by the member for Swan Hills. Perhaps for the first time in his political career he undertook a bit of research and read some of the old documents. The problem is he failed to actually pick the right part—if there was any part to choose—from the document on which he wanted to prove his case. What he did was quote from a previous policy document that referred to public–private partnerships, such as the development of a private building within which a public service is run; that is, the private sector develop the physical infrastructure and the public sector provides the service from within it. The problem for the member for Swan Hills is that it has nothing to do with what the government is proposing in this bill. Here we actually have a government that has set aside—even though it is in the budget forward estimates and therefore, by the Premier’s own admission, it does not exist—\$180 million for this particular project. For the first time since we mercifully ditched the Howard government, we have a federal government that is providing capital investment to a hospital provider of another \$180 million to develop this particular facility. It is therefore not what the member for Swan Hills described; it is something entirely different. It is a building paid for by the public sector that will be run by the private sector. That is the complete antithesis of what the member for Swan Hills described so learnedly in his initial comments!

This is not about scaremongering of workers, as the member for Swan Hills tried to say. This is genuine concern by workers that soon they will, as the minister politely suggests, have to cash out their entitlements to go and work with the new private operator. Sure, as the minister says, they can go and try their hand elsewhere in the public sector. They might even find opportunities to work elsewhere in the health department in some other part of the state. However, as we know, these are workers who are very dedicated to the patients they serve and they are very dedicated to the institution in which they work. We have seen often, as in the case of Peel Health Campus—where workers, by the minister’s own admission, are paid dreadful wages—they stay. Why do they stay? It is because they care. Why is that important? It is because this is about a care industry; it is not about profits. It is something that we on this side of the chamber strongly believe should be done to a standard and not to a profit or a contract.

The member for Forrestfield rightly pointed out that this is an exercise about accountability. This is about making sure that governments have absolute control over the way these services are delivered so that we know when they get broken that we can fix them; and that when we need something different we can change them. Those on the other side of the chamber often talk about the successes at Joondalup hospital, and I will come back to those specific anecdotes in a moment. However, one of the things we lose once something becomes privatised is that accountability. For instance, the member for Swan Hills, as obviously a concerned local member for the community, or the minister would be able to see reports about what goes on in their hospitals that the member for Ocean Reef currently cannot see. The member for Swan Hills would be able to understand more about the function of his hospital, and indeed when things go wrong, than the member for Ocean Reef would.

Dr K.D. Hames: He gets things on it.

Mr R.H. COOK: When I say the member for Ocean Reef, I mean either the member for Ocean Reef or the minister on his behalf. There are certain obligations that a publicly run facility has that a public, but privately run, facility does not. It is important that we have that information. Of course, the minister and the member for Ocean Reef often talked about the fact that there were delays in the redevelopment of the Joondalup Health Campus, and indeed that there were added expenses associated with that. Why do those members think that was the case? Why do they think it took so long to actually redevelop this hospital? It is because the government had to sit down and have lengthy conversations with the private sector partner that was involved in the Joondalup Health Campus to ensure that the private sector partner got its little bit of opportunity out of it as well. That opportunity was about having more skin in the game, expanding their private facilities and extending their contract. It is not straightforward to simply say that having a private sector partner is a benign element in the way these hospitals work. The previous Minister for Health’s staff and former staff—I remember speaking to them at the time and I have spoken to them since; they are no longer in the minister’s office and were reflecting on their time there—talk about those negotiations as being the most difficult they undertook simply because there was a private sector partner sitting in the way of the expansion of that hospital to deal with the huge demand brought about by the expansion of the population in that area. It is the expansion of which the member for Ocean Reef often speaks. We also heard from other members, including the member for Ocean Reef and the minister himself, about how good things are at Joondalup Health Campus. I addressed this somewhat in my second reading speech, which I do not think the minister has a copy of, because, as much as I checked the quote from him, it is not in this particular second reading speech. I can perhaps furnish him with that later.

Members opposite talk about how great things are at Joondalup hospital and therefore why privatisation is good. That is a very ahistorical and selective view about what is going on. In my second reading speech, I acknowledged that things are going well at Joondalup Health Campus, but that is not because it is privatised; it is

in spite of the fact it was privatised. It is because Kempton Cowan and his team at Ramsay Health Care are doing a bang-up job. They are doing a very good job. Let us not forget that the two previous owners of the Joondalup Health Campus did not do a bang-up job. They did not do well. That campus was deeply entrenched in a poor reputation and in certain events that took place at that campus. It was a very troubled workplace indeed. I commend the CEO, Kempton Cowan, and his team for the work they have done and continue to do at that hospital. But, as I said, that is not as a result of the campus being privatised; it is in spite of it being privatised. We all know about the other place where a similar model of privatisation exists, which is, of course, the Peel Health Campus, which is a very unhappy workplace. I must say, minister, that the rotation of CEOs through the doors of that campus was continuing as recently as the last fortnight. Essentially, that is not what those on the other side of the chamber would like to point to as a shining example of privatisation work. Under the previous CEO, who has recently left, they managed to address some of the pay parity issues associated with that Peel hospital. But my understanding is that they still fall behind, with the wage for an enrolled nurse at Peel hospital sitting at around \$23.60, while government rates are \$25.77. I acknowledge the minister's comments that it is much better than it used to be, but they continue to fall behind.

There are some legitimate reasons for people on this side of the chamber having concerns about the privatisation process. Some of those come down to ideology. We heard the member for Rockingham, the Leader of the Opposition, speak about some of those very real concerns. We believe that core public services should be run by the public for the public. We have strong anxieties that once these things are privatised, staff wages and conditions suffer. When we privatise these services, we lose accountability and we lose the capacity to control the future for these sorts of organisations. When we privatise, we lose the harmony that occurs in hospitals and across our health system with people working together in a care industry to make sure they are delivering the best possible health care for the public they serve.

The minister reflected for a moment on the Queensland situation. One of the strong similarities between what has happened in Queensland and in WA is that the former government in Queensland was accused of having no mandate to privatise the services, yet privatise it did. This minister has no mandate to privatise these services either. He never went to the people of Midland and said, "Elect my side of politics and I will privatise your hospital." The people of Midland were never given that choice. The people of Western Australia were never allowed to make that assessment. The government simply chose to go down that path, albeit on prompting from the Department of Treasury and Finance—we know where the hearts of many in the bureaucracy lie in relation to these things. The minister never had a mandate to undertake this privatisation process. He never went to the people of Jandakot, Riverton or Southern River and said, "We will privatise large chunks of the new Fiona Stanley Hospital." I dare say the attitude in the community would have been very different towards Liberal Party candidates had they been honest enough to lay that before the feet of the people of Western Australia.

Today in question time we asked the minister what his plans are for the new children's hospital; what is he going to do there? We asked him to make a commitment today—put it on the table. He should let people know what his position is. We heard the cascade of slippery words from the minister: "Well, I'm against it, but, hey, I am just the Deputy Premier and the Minister for Health. The government might get on and do it one day but that's not my fault. I'm with you on this one. But, hey, it's a Liberal government; it might do anything." We saw what it did after the last election. It is anyone's guess what will happen after the next one. We know this government's form when it comes to what it says on one side of the election and what it does on the other side. Why should we believe a word the minister says now? This is the same minister who said he would deliver the new children's hospital by 2014. This is the same minister who said he would deliver the new Midland hospital by 2014, only to say in November 2008, "Oops, now it's 2015." Why should we spend a moment wondering whether he is being honest with the people of Western Australia now? Why would we sit back and think, "Well, they're on the level at the moment"? The government has form.

Given the opportunity, the government undertakes privatisation where it can and this is what divides this chamber. We believe that these core public services should remain in public hands. We believe that we owe it to the people of Western Australia to make sure that they receive the best possible health care for their dollar. We believe that our schools should be the best schools that our public service can deliver. We on this side believe that those core elements of a public service upon which the community depends should be delivered by the public for the public. That is what divides this chamber. That is the clear distinction between Labor and Liberal in this state. We stand by the public; we stand for the public; and we will not allow this government to continue its privatisation agenda unchallenged. We will come back here day in, day out, challenging the fact that the government has no mandate to privatise, and declaring that we on this side of the chamber believe it is wrong and it is doing the people of Western Australia wrong by putting forward its privatisation agenda.

This very important piece of legislation will save the public hospital services of Midland and the Midland districts that rely upon those services. This legislation will save the workers and the hospital staff who do a

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fantastic job in some very tired hospital infrastructure at the moment. This is that bill that will save the hospital services for the people of Midland and that is the reason all members in this place concerned about the future of health care in the eastern suburbs and the western wheatbelt region should support this bill.

Question put and a division taken with the following result —

Ayes (25)

Ms L.L. Baker	Mr J.C. Kobelke	Mr E.S. Ripper	Mr P.B. Watson
Dr A.D. Buti	Mr F.M. Logan	Mrs M.H. Roberts	Mr M.P. Whitely
Ms A.S. Carles	Mr M. McGowan	Ms R. Saffioti	Mr B.S. Wyatt
Mr R.H. Cook	Mr M.P. Murray	Mr T.G. Stephens	Mr D.A. Templeman (<i>Teller</i>)
Ms J.M. Freeman	Mr P. Papalia	Mr C.J. Tallentire	
Mr J.N. Hyde	Mr J.R. Quigley	Mr P.C. Tinley	
Mr W.J. Johnston	Ms M.M. Quirk	Mr A.J. Waddell	

Noes (28)

Mr P. Abetz	Mr G.M. Castrilli	Mrs L.M. Harvey	Dr M.D. Nahan
Mr F.A. Alban	Dr E. Constable	Mr A.P. Jacob	Mr C.C. Porter
Mr C.J. Barnett	Mr M.J. Cowper	Mr R.F. Johnson	Mr D.T. Redman
Mr I.C. Blayney	Mr J.H.D. Day	Mr A. Krsticevic	Mr M.W. Sutherland
Mr J.J.M. Bowler	Mr J.M. Francis	Mr J.E. McGrath	Mr T.K. Waldron
Mr I.M. Britza	Mr B.J. Grylls	Mr P.T. Miles	Dr J.M. Woollard
Mr T.R. Buswell	Dr K.D. Hames	Ms A.R. Mitchell	Mr A.J. Simpson (<i>Teller</i>)

Pairs

Mrs C.A. Martin	Mr W.R. Marmion
Mr A.P. O’Gorman	Dr G.G. Jacobs

Question thus negatived.

Bill defeated.