

QUEEN ELIZABETH II MEDICAL CENTRE AMENDMENT BILL 2013

Declaration as Urgent

Resumed from 22 May on the following motion moved by Dr K.D. Hames (Minister for Health) —

That the Queen Elizabeth II Medical Centre Amendment Bill 2013 be considered an urgent bill.

DR K.D. HAMES (Dawesville — Minister for Health) [10.09 am]: Madam Acting Speaker —

The ACTING SPEAKER (Ms J.M. Freeman): You cannot speak again.

Dr K.D. HAMES: I have not spoken yet. There is a misunderstanding about the bill.

The ACTING SPEAKER: Minister for Health, I think I have just made a ruling.

Dr K.D. HAMES: The member for Mandurah was early into his speech. I see the Acting Speaker is getting advice.

The ACTING SPEAKER: Yes, I am.

Mrs M.H. Roberts: This is about the urgency, isn't it?

The ACTING SPEAKER: I have been advised that members can only speak once to the motion, and as you moved it, you cannot speak again, I am told.

Dr K.D. Hames: I can't respond?

The ACTING SPEAKER: On that basis, the question is that the motion to make this an urgent bill be agreed to.

MRS M.H. ROBERTS (Midland) [10.10 am]: I just highlight the fact that the government has very little business on its Notices and Orders of the Day. This is yet another example of it not having its act together and not having a proper legislative agenda when it recalled Parliament. It means that to help the government out, we have to declare bills urgent just so that there is some business before the house. That indicates that, very sadly, after four and a half years in government and having been freshly re-elected, it is already short of ideas, short of plans and certainly short on having done any work in the past couple of months to get legislation before the house in a timely fashion. Therefore, we have these extraordinary circumstances of just about every bill needing to be declared urgent.

Question put and passed.

Second Reading

Resumed from 22 May.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [10.12 am]: I rise to speak on the Queen Elizabeth II Medical Centre Amendment Bill 2013, and advise that I am the lead speaker for the opposition. As I said during debate on the urgency motion, this legislation is in no way urgent, despite the protestations of the member for Wanneroo, who I do not think was even in this place for the debate yesterday. I explained to the chamber yesterday that if this legislation were urgent, member for Wanneroo, it would have been dealt with before the last election. If the member for Wanneroo had been paying attention, he would have realised that this is the very same bill the government introduced last year that lapsed through lack of interest by the government. Then Parliament was prorogued, and the minister has now brought it back on. In bringing it back on, however, I notice that we did not rush into the process during the first sitting week; it has taken a few weeks for the minister to wake up and realise there was unfinished business. So, we are now in the unusual position of having declared this bill urgent, when it is—I think by any measure we use in this place—not at all urgent. But we are happy to assist the government in this fairly sad state of affairs that is the management of its business, and from that perspective we are very happy to consider this bill this morning.

For members' information, this bill responds to a report into the operation and effectiveness of the Queen Elizabeth II Medical Centre Act 1966. A statutory review was undertaken in 2010 that looked at various aspects of the legislation to make sure the act was operating commensurate with its needs. The obvious observation to make is that since 1966 substantial changes have been made to the way the Queen Elizabeth II campus works. There has been a substantial increase in the number of tenants on the campus, and there have been substantial changes in the intensity and nature of that work. The role of the Queen Elizabeth II Medical Centre Trust may have been pretty simple and straightforward when the act was originally put together, but its role has changed significantly since then. The demands on members of the trust have changed significantly and, as a result, the statutory review made some fairly commonsense and straightforward recommendations.

These recommended changes can be summarised as follows. First, it makes the observation that the operations of the trust need to be modernised; therefore, the legislation needs to be amended to allow the trust to operate in a

different manner. One of the initial observations was to change the quorum from the current four of the five trust members to three members; that is a fairly straightforward change. For members' information, the trust is made up of five members: two nominated by the owner of the land prior to the development of that campus, which is the University of Western Australia; two from the government of the day; and the university nominates a fifth person to take the role of chair. Currently, four trust members make up the quorum, and the 2010 statutory review recommended that this be amended to three. That is a fairly straightforward amendment, and we see no reason not to concur.

The second change this legislation will make is to allow for decisions to be made without the need for a face-to-face meeting. Obviously, from time to time the trust will need to make decisions that cannot wait until the next meeting. In the governance of any organisation, it is now normal for special provisions to allow decisions to be made between meetings of the governing body. The recommendation is that changes be put in place to allow circular resolutions or urgent decisions to be made by email in between the ordinary workings of the trust. Again, we have no trouble with this a fairly straightforward and simple amendment.

The third change this legislation will make will allow members of the trust to be remunerated from the trust, consistent with determinations of the Public Sector Commissioner. As I said, the task of trust members has changed significantly since the act was originally struck. Nowadays, particularly in the case of the chair whose roles and responsibilities are quite onerous, it seems appropriate to us that members of the trust should be remunerated consistent with that. I note that for the most part, trust members will still not be paid; that is, those who come from the public service will not draw remuneration associated with their time on the trust. My understanding is that those from UWA who carry out their role on the trust as a normal part of their day will also not be paid additional to their salaries. This is not a particularly large change, but it is an important one, particularly for the role of the chair, who I understand has a great deal of obligations between meetings. The statutory review observed —

- 4.1.5 If the availability of strong sound professional members are to be assured to lead the Trust and optimise the Trust's output, then urgent consideration needs to be given for Trust members to be fairly remunerated for their time and skill provided, and responsibility assumed, otherwise the Trust is unlikely to attract people with the skills and commitment necessary to achieve the Trust's legislative mandate and potential.

Obviously, that is an important observation and one with which we agree. As I said, the role of the trust has changed significantly. To give members an idea of what trust members oversee to govern the QEII campus, in 2010 the reviewers observed —

- 2.3 In particular currently committed new development projects for the Reserve for the 5 year period to 2016 include:
- New Children's Hospital
 - Telethon Institute of Children's Research
 - Western Australia Institute of Medical Research
 - Path West
 - Cancer Centre Stage 2
 - Multi-deck car park
 - Central Plant
 - Mental Health
 - Western Power Substation

And the development of Ronald McDonald House to accompany the development of the children's hospital. The report goes on to observe that in the coming decade the trust will have to give consideration to the foreshadowed redevelopment of the King Edward Memorial Hospital for Women on the QEII site as well as a new neuroscience facility. It is important to attract the right sort of people to this hospital campus and for that reason we have absolutely no problem with the proposal from the government that members of the trust be remunerated consistent with determinations by the Public Sector Commissioner.

The final change that this bill introduces goes to the issue of the penalties that the trust can charge to support the by-laws that it makes to govern the QEII site. The by-laws go to issues such as traffic management, vandalism of buildings and smoking in inappropriate places. Under section 20 of the act, the trust has the right to make by-laws to govern the behaviour of people on the campus. That is obviously important because in such an intense area of human activity, we must have by-laws to manage the facilities properly. Obviously, that is an important power that the trust manages. However, the vast majority of the penalties that the QEII trust charges for transgressions of its by-laws come from parking fines. This is perhaps where we deviate from the government

and break the consensus on this bill. While the report makes the observation that the section relating to breaches of the by-laws was last amended in 1985, the report fails to make the case that a change to the maximum penalty—this bill recommends that the maximum penalty for breaches of by-laws be lifted from \$50 to \$200—is required. It simply makes the observation that these maximum penalties have not increased since 1985 and, therefore, why do we not give them a bit of a hoick. The report states —

This section of the Act was last amended in 1985 and this monetary limit has not been escalated consistent with inflationary trends over the years.

The quantum of this monetary limit now lacks relevance as a material deterrent in the enforcement of the By-laws and inhibits the effective management, control and administration of QEIMC by the Delegate on behalf of the Trust.

This assertion has been made by the report's authors, but they offer no evidence that this is the case. They ask us to increase these fines to increase the deterrent for people who transgress and break the by-laws, but, as I said, the report makes no observations about whether it increases deterrence. As I said, in the briefings, both written and verbal, that we have received they have studiously avoided the issue of parking fines. They refer to vandalising, littering, smoking and so forth, but do not mention parking. They do not mention it because they are embarrassed by the amount of money they are making out of it. The amount of money creamed by this government and the QEII Medical Centre Trust since the change of government in 2008 is extraordinary. This is the last area where the trust needs to accrue further finances. It is essentially rolling in cash as a result of the increases in parking fees that have occurred since this government came to power.

The QEII Medical Centre collected \$2.1 million in parking fees alone from January 2011 to 30 June 2011. For a six-month period in the second half of the 2010–11 financial year, it collected parking fees of \$2.1 million. In the following financial year from 2011 to March 2012, for the first three-quarters, it made \$2.6 million.

Dr K.D. Hames: The first three-quarters—what is the comparison? Is it six months versus six months?

Mr R.H. COOK: Unfortunately, in the information I received from the government I did not get a year-on-year comparison.

Dr K.D. Hames: That is nine months.

Mr R.H. COOK: It collected \$2.6 million. As we know, parking fees have significantly increased.

Dr K.D. Hames: That is less.

Mr R.H. COOK: Is it?

Dr K.D. Hames: For a three-month period it is \$1.05 million.

Mr R.H. COOK: No, a six-month period.

Dr K.D. Hames: Yes, but take it down to three months. Six months is \$2.1 million, so half of that is \$1.05 million. For the nine months we would expect to get three lots of that, so we would expect to get \$3.15 million, when it got \$2.6 million.

Mr R.H. COOK: No, for six months it got \$2.1 million and for nine months it got \$2.6 million. In some respects, the minister is right. This was during the period of what we might call astronomical parking fee increases when, for instance, in January 2010 the government was keen to increase the staff parking fees at Royal Perth Hospital from \$2.70 a day to \$4.10 a day. QEII was going to experience the same sort of exercise. For instance, in January 2010 the parking fees for staff were \$1.50 a day and for visitors they were 60c an hour. By January 2012 the increases for staff at QEII had gone from \$1.50 a day to \$4.10 a day, and for short-term visitors from 60c an hour to \$2.50 an hour. There is no reason at all that the Queen Elizabeth II Medical Centre Trust should be coming to us, saying that it needs to increase the revenue that it charges for parking because, quite frankly, it is rolling in cash. As I said, the statutory review that provided a report in 2010 has provided us with no evidence that the level of deterrence has decreased and, therefore, that the penalties need to be increased from \$50 to \$200. Therefore, we invite the government, in the minister's second reading response, to provide the chamber with this evidence of the need to increase the by-law penalties at QEII Medical Centre. Why do the parking fines need to be increased from \$50 to \$200? Is it the trust's intention, upon the passing of this legislation, to increase the parking fines from \$50, which we assume must be the maximum at the moment, to \$200; and, if so, what is the justification for that? What studies have been done that show that \$50 is no longer a deterrent? Why is it that visitors to the hospital now need to be fined \$200 because they overstay their parking time? Let us remember that these are often people who have come in for an appointment early in the morning, only to find that the waiting times in the clinic that they have gone to have blown out for that day and they did not realise they had overstayed the time on the parking meter, or they are people who are in a panic to see a relative and may have parked illegally on this occasion. What is the evidence to show that the \$50 fine is no

longer working as a deterrent? Why does this government want to essentially increase parking fines from \$50 to \$200, and why is it that the government feels the need to slug visitors and workers at this hospital with an extra fine?

We know that this government is addicted to increasing fees and taxes for WA householders. We know that the government tried to increase parking fees at all government hospitals significantly, notwithstanding the minister's climb down in September last year following the campaign by both health unions and the Labor opposition to oppose those hefty increases. Why is it that we now need to increase parking fees to \$200? Has there been a huge blowout in the amount of littering at QEII? Has there been an increase in speeding on the campus? Have people screwed up parking tickets that were given to them, saying, "Fifty dollars—that doesn't bother me"? As I said, the statutory review provides absolutely no evidence to support this. So, we seek information from the minister, in his second reading response, about exactly what is so inadequate about a \$50 parking fine. Perhaps, on the minister's salary, he thinks, "That's not much. Perhaps we'd better increase it." I can assure the minister that for a lot of people who are visiting this hospital, either to visit relatives or to see a specialist, \$50 is a lot of money, and the minister now wants to increase it to \$200. What is the justification for that?

Dr A.D. Buti: Two hundred?

Mr R.H. COOK: That is right, \$200. The government wants to increase parking fees —

Dr K.D. Hames: A maximum of \$200.

Dr A.D. Buti: That's amazing—\$200. It is unbelievable that they would even contemplate something like that.

Mr R.H. COOK: Yes, I agree, member for Armadale. It is an extraordinary amount of money. Obviously, we will look forward to the response from the minister to say, "No, it's not the trust's intention to increase it from \$50 to \$200. It is the trust's intention to increase it to only \$75." If that is the case, we look forward to debating an amendment that will hold that down. But why even increase it? That is the key question here. What is lacking in the deterrence? What has been the increase in illegal parking that the government can point to that justifies this increase? Of course, the minister cannot provide that evidence because, as we know, there has been significant disruption at QEII with the redevelopment of the parking facilities at that campus. The minister has increased the number of parking bays available, thank goodness, through the development of the multistorey car park—a very good idea. Now, this is where it gets interesting. Now —

Dr K.D. Hames: Now!

Mr R.H. COOK: I am starting to sound like the Minister for Energy. The minister should not mock him like that; it is inappropriate!

As we know, the QEII Medical Centre Trust gets payments from the privatisation of parking at that hospital. Under a deal struck by this government with a private equity firm for the development and operation of the multistorey car park, the QEII Medical Centre Trust no longer has to worry about those car parks in relation to collection of fees and, I assume, fines. Again, we will seek some clarification of this from the minister. By that process, the government collects a lease or a rental from that private equity firm to run car parking on the campus. The fact that the minister brings into this place legislation to increase the parking penalties from \$50 to \$200 gives rise to the suspicion that perhaps this is part of the obligations that the government has with the privatised parking operator to increase penalties consistent with the deal or the contract that the government has with that private operator. So, we seek further clarification from the minister: is the rise in parking penalties from \$50 to \$200 part of the privatisation contract that the minister struck with the private equity firm?

Dr K.D. Hames: Can you say that again?

Mr R.H. COOK: Is the increase in parking penalties from \$50 to \$200 part of the contract arrangements the minister has made with the private equity firm?

Dr K.D. Hames: No. I put that on the record.

Mr R.H. COOK: The minister receives a number of reports from time to time about hospital parking. Perhaps the minister will privatise the entire policing of hospital parking—or that may still be done by government workers. But what role do parking fees play in the management of that car park? Does the privatised operator of that car park levy fines on people who park at that car park by delegated authority from the QEII trust and, therefore, will it be increasing its parking penalties as well, consistent with this legislation? Although we do not wish to detain this legislation any longer than possible, because, as we have said, we are in agreeance with a lot of what this legislation does, and it does some very important things, clearly, there is an issue regarding by-law penalties and, in particular, parking fine penalties, and we want the minister to clarify these things.

I will summarise the issues we are seeking to clarify. First, we want to know what is the evidence that the \$50 deterrence in relation to any of the by-laws is no longer working. Second, we want to know why it is not working, in particular with parking fines, and the reason why we therefore have to increase these fines to \$200. Is it the trust's intention to increase the fines from \$50 to \$200; and, if that is not the case, why is the government now seeking to increase the fine to \$200? Are the parking fines under the by-laws related to the contract that the government has with the private operator of the car parks in that area? Is it tied up in the contract with the private operator, and how does the private operator charge for parking fines? How will this legislation impact upon the fines that the private operator will probably charge in that part of the hospital? Apart from those issues, this legislation is necessary. The operations of the Queen Elizabeth II Medical Centre Trust need to be brought up to date. We are very pleased to be part of the process of modernising the way QEII Medical Centre operates because, as members of this Parliament would be aware, the substantial upgrade of the QEII site is part of Labor's vision struck under the Reid review for health services in this state. As I have said in this place before, we are rather pleased that the government has seen fit to carry on with Labor's vision for health services in this state. Every time the minister gets up to announce another hospital development that he claims as his own, we are usually in furious agreement because they are in fact ideas that were born from the previous Labor government.

We will not delay this legislation any longer than is necessary, but we do wish to clarify those important points.

DR K.D. HAMES (Dawesville — Minister for Health) [10.41 am] — in reply: I am glad to have this chance to respond to the debate on the Queen Elizabeth II Medical Centre Amendment Bill 2013. In fact, in doing so I will make a few comments about the urgency of the bill, because a lot of comments were made by opposition members, including during the general debate on this matter, and I want to make a couple of things clear.

Usually, in a new period of government after an election, particularly when that election is held at the start of any one year, there is a hiatus. Parliament does not return at its usual time in February or March; the start of the new Parliament is inevitably delayed. Even if we go back and deal with old legislation—particularly under instruction from the Premier, which is the right thing to do—it still must go through the usual process to make sure that the government still wishes to proceed with that legislation. We therefore have to prepare a cabinet submission, take it to cabinet, argue the toss for the reintroduction of that bill, whatever form it is now in, and have it reintroduced to Parliament. Usually, that takes four to six weeks after the forming of a new government, and then the government gives plenty of opportunity for the legislation to be ready to be brought on for debate. The Premier and the government decided that, because there are very many new members of Parliament, we would come back a little earlier than is usual with a new government to give every new member the opportunity to stand in this house and make their maiden speech without the usual pressures of having to pass legislation in a hurry. I think that worked very well. It gave all new members an opportunity to have their say, to learn the procedures of the Parliament and to become familiar with their new role in managing issues in this house.

Mr R.H. Cook: I wouldn't say your management of this house has been a good lesson on how to manage this bill.

Dr K.D. HAMES: I think it has been excellent.

Usually, we would not have come back in early May. As the member for Kwinana himself knows, we would have come back in late May, perhaps only last week, and we would still have been doing all those maiden speeches. We would not then have needed to bring forth legislation until probably the next sitting of this house. Coming back early has therefore left a little hiatus to give members an opportunity to do that.

What are we doing in bringing back legislation? The member says, "Look at this legislation; it can't possibly be urgent." The legislation itself is not urgent, but it was introduced to this house last year. The reason for it not proceeding was not from any lack of interest. The member will recall that in the lead-up to the election we had some extremely important bills that had a far higher priority. We did not have the opportunity to debate that legislation, but the opposition has had that time since last year to study this legislation in detail and to know exactly what it was. The reason that this bill needs to be declared urgent is that usually it has to lay on the table of the house for two weeks to give opposition members an opportunity to familiarise themselves with it, get their briefing and understand what it is about. Clearly, we do not need to do that with this bill because it was introduced last year. The opposition has had ample opportunity to study it. The only reason it is being declared an urgent bill is that it does not need to wait for those two weeks.

Mr R.H. Cook: When did you offer the briefing?

Dr K.D. HAMES: Probably only recently, because we introduced it just before the government —

Mr R.H. Cook: Just last week!

Dr K.D. HAMES: Nevertheless, it has been there for a long period for the opposition to study. The opposition could have sought an earlier briefing, but why would it? We were coming up to an election. The opposition probably hoped it would have an opportunity to bring forth the bill itself and give its own briefing.

Mr R.H. Cook: That would have been a fine outcome.

Dr K.D. HAMES: It is not urgent because it is urgent; it is urgent because we do not need it lying on the table of the house for two weeks. This government has come back earlier than usual to give our members the chance to have a say, but we must have work to proceed with and this is a logical bill to deal with. It is not controversial. There are some issues the opposition has raised that I am happy to discuss, but it is by no means legislation that needs to sit and wait for two weeks while we do not have any other specific work to do in this Parliament, other than the work we have already been doing.

With regard to the specifics of the bill itself, I thank the member for his support. He has gone through the contents of the bill in detail and what is required to be done for the future. As the member knows, a review was done in 2010 that made some recommendations on things that needed to be done to make the trust work more efficiently.

Remember, Sir Charles Gairdner Hospital was built on former University of Western Australia land. As part of that, an agreement was reached that a trust would be formed, comprising members of the university and members of the government, that would have oversight of the management of all buildings on that site—not just government buildings. Remember, there is a dental centre there. Crawford Lodge is there.

Mr R.H. Cook: Lions Eye.

Dr K.D. HAMES: The Lions Eye Institute is there and a range of other services. Shortly Ronald McDonald will be going on that site.

Mr R.H. Cook: No, Ronald McDonald House will be going there.

Dr K.D. HAMES: House, yes. Ronald McDonald may be there as well!

Mr R.H. Cook: I think Ronald McDonald has important duties elsewhere, like poisoning children!

Dr K.D. HAMES: That is right! It always seems extremely incongruous to me. I was very reluctant, I have to say, for a while because of the image that it gives, but the work that they do at Ronald McDonald House —

Mr R.H. Cook: Hang on! You're the one who sells fast food in the cafeterias in hospitals, remember!

Dr K.D. HAMES: Madam Acting Speaker (Ms J.M. Freeman), how can I not respond to that sort of interjection? Are you going to let me?

Mr R.H. Cook: You're the one who let the rivers of fat flow through the fast-food outlets of hospitals!

Dr K.D. HAMES: It is true that the former Minister for Health, Hon Jim McGinty, issued instructions to all the hospitals that they would be able to sell only non-fast-food items. They were not able to sell blocks of chocolate and they were not able to sell pies, chips or any of those things that we recognise as being not good for us. But of course the delicatessen across the road could sell all those things. I received lots of complaints. The complaints came from a variety of sources, some of them from volunteers but mostly from elderly women who worked in those shops selling stuff and raising money that was put back into the hospital. So, they were very upset at the range of food they had to sell—only tiny bars of chocolate, if at all. They could not sell chips, pies or any of those things. The other complaints came from the doctors. There were young residents working flat out on 12-hour shifts seeing patients who wanted to race in and get something to eat. Do they want a muesli bar? No, they do not.

Mr R.H. Cook: They should!

Dr K.D. HAMES: Do they need something hot and maybe a bit unhealthy? They could be living —

Mr R.H. Cook: What happens if the deli across the road starts selling cigarettes; are you going to start selling them in hospitals as well?

The ACTING SPEAKER (Ms J.M. Freeman): Minister and member for Kwinana, while this debate is very entertaining, very instructive and clearly a point of contention between the two of you, it is not of relevance to this bill. Minister, if you would like to quickly curtail your response to the interjection from the member for Kwinana and, member for Kwinana, if you would like to stop your interjections with respect to that and get back to the bill, that would be helpful. Thank you.

Dr K.D. HAMES: Thank you, Madam Acting Speaker. I thought you would have given me a bit more leniency than that!

Extract from Hansard

[ASSEMBLY — Thursday, 23 May 2013]

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Dr Kim Hames; Mrs Michelle Roberts; Mr Roger Cook; Mr Paul Papalia; Dr Tony Buti

The decision was made by me when we came into government that we did not need to be a nanny state and that it was reasonable to give people choice—if people wanted to buy a block of chocolate for their ageing grandmother who was sick in a ward and who loved chocolate, they should be able to do so.

Mr R.H. Cook: What if she wanted a nip of sherry? Should they be able to buy a little bottle of sweet sherry for their grandmother as well?

The ACTING SPEAKER: Member for Kwinana, we have done this. We need to move back to the bill.

Mr R.H. Cook: Sorry, Madam Acting Speaker. It is just that he is wrong.

Dr K.D. HAMES: Anyway, it has been done, and it is greatly welcomed by both the staff in the hospital and the people who are selling the goods. If people want to be healthy, they can be healthy.

To get back to the content of the bill, it was decided to reduce from four to three the number of members who are required for a quorum, remembering that there are only five members on the board of the trust, in order to ensure that there will always be a sufficient number of members available to make decisions and to conduct business. Members may not be able to attend a scheduled trust meeting because of unavoidable or pressing personal or business commitments, a requirement for parliamentary or ministerial attendance, personal health constraints, vacation and family commitments, and other inadvertent events. That seemed to be a reasonable request to the government, and it was obviously supported by the opposition.

It has also been decided that because of the complexity, and sometimes the urgency, of trust affairs, meetings can be conducted electronically. This became particularly relevant during the massive redevelopment that we have seen in recent years on that site with the new children's hospital and so on—I will talk a bit more about that later—when sometimes urgent decisions needed to be made and it was not always practical to get people together in person. It therefore seemed to be a logical extension to allow meetings to be held electronically. We do that all the time. I have an upcoming meeting of health ministers that will be done by telephone hook-up, and that is a very important thing to be able to do.

The next issue is remuneration. The meetings generally go for two to three hours and are held each month. Members of government departments are not paid for attending meetings, so even with this change, staff of the government will not be paid for attending meetings, although there are two or three staff who will be entitled to be paid. The agreement is that the remuneration of members will be in accordance with the relevant government schedules. I have some examples of the remuneration that is paid to members of other boards and committees, and it varies quite a lot, I have to say; there should be more consistency. For the Animal Resources Authority, the chairperson is paid \$700 for a meeting of four hours or more, and \$460 for a meeting of less than four hours, and members are paid \$300 for a meeting of less than four hours. For the Fluoridation of Public Water Supplies Advisory Committee, the chairperson is paid \$220 and members \$150 for a meeting of less than four hours. For the Maternal Mortality Committee, the chairperson is paid \$220 and members \$150 for a meeting of less than four hours. It is much the same for the psychology board and for the Perinatal and Infant Mortality Committee. The Pesticides Advisory Committee is a good example. The chairperson of that committee is paid \$330 for a full day and \$220 for a part day, meaning less than four hours, and members are paid \$220 for a full day and \$150 for a part day. If they attend 12 meetings a year, their total remuneration is in the order of \$1 000 to \$3 000. That is not a lot of money, but it does provide some recognition, I think, of the fact that these people are putting in time on what is in effect a committee of government.

Mr R.H. Cook: Would you not agree, minister, that the sort of work that these people are doing now is probably a bit above, or more senior than, the work that is being done by the Pesticides Advisory Committee, without meaning to denigrate the work of that committee?

Dr K.D. HAMES: Sure. The members of the Rottnest Island Board get about \$12 000 a year. When we add up the remuneration of the two or three members of the trust, we are talking about \$20 000, \$30 000 or \$40 000 a year. I know that the member has some questions about how that will be billed. It will be paid for out of the trust funds, and the trust does have the capacity to pay that sort of amount without needing to increase other fees to cover that cost. I must say also that the functions and responsibilities of the trust have changed significantly over recent years and the requirements are now more complex.

I will now go through some of the things that are happening on this site. I acknowledge that during the term of the previous government, the opposition initiated quite a few of these things. On some things, such as the timing and location of the new children's hospital, we were in competition. We actually had good fun in the lead-up to the election, trying to outdo each other in terms of when construction would start and when it would finish and what it would achieve. So I am very pleased to see the rapid progress of the new children's hospital that is occurring at this stage.

Mr R.H. Cook: I think your policy was to have it completed by next year, was it not?

Dr K.D. HAMES: What happened is very interesting.

Mr R.H. Cook: Will they be serving fast food at that new hospital?

Dr K.D. HAMES: What happened was that we committed to have it finished by 2015. But that was without the knowledge, which had not been provided publicly by the government of the day, that two of the existing buildings—the L and M buildings—would need to be demolished first. We did not know that those buildings would have to go in order to get that hospital on that site. It was only when we came into government that we discovered that. The government of the day had promised that hospital by 2016. Sorry. I have got those figures wrong. The government of the day committed to build it by 2015. We were committing to 2014. But we found that because the L and M buildings were in the way, it would not be possible to do it by that date. As I said, we did not have that knowledge at the time. Subsequent to that, we found, firstly, that no design had been done, and, secondly, that the proposed size of the hospital that had been done in sketch form did not include all the spaces that would be needed within a brand-new hospital of that style. That meant that the hospital would not fit on the spot that had been proposed. Therefore, the location of the hospital had to be moved to where it is now, which meant negotiations with the Department of Regional Development and Lands, and then we had to add in the need to move the existing power plant and the smokestack, which would have been incongruous stuck in front of the new children's hospital, out to the back of the site. So the whole process became far more complex. But we ended up with a 2015 completion date, which is the same date that Hon Jim McGinty had committed to.

Mr R.H. Cook: The reason why you said you could do it more quickly is that you were going to do it by PPP rather than normal procurement.

Dr K.D. HAMES: Yes, we were. But that was not the thing that was going to make it happen more quickly.

Mr R.H. Cook: That is what you claimed.

Dr K.D. HAMES: No. We just worked out that it would take three years to build a hospital, we were going to get on with it quickly, and that is when we should be able to finish it. But we could not actually start when we thought we could start because there were buildings that had to be demolished first. So we found out that that completion date would not be possible, and we said that publicly.

We also decided to add in the relocation of the Telethon Institute for Child Health Research from near Princess Margaret Hospital for Children to the site of the new children's hospital.

I see that there is a new Madam Acting Speaker in the chair! So I might get a bit more leniency now! I said that a fraction too quickly, I think!

Mr R.H. Cook: Let us just agree that the provision of fast food at the hospital is an important part of this legislation.

The ACTING SPEAKER (Ms L.L. Baker): Member!

Dr K.D. HAMES: We decided, after a lot of lobbying, I might add, from Professor Fiona Stanley, that the children's research institute and the new children's hospital would be co-located, because by providing additional research space within the fabric of the building, it would not only create new synergies and opportunities for children's research, but also enable collaboration with other research bodies. So that was a big step forward.

The government has committed considerable money to the brand-new Western Australian Institute for Medical Research building, as I think did the federal government. That is now well underway. The PathWest building is a brand-new building, stage 2 of the Cancer Centre was recently opened, and the multideck car park has been completed, which was a specific initiative of our government. I will go into that a little more when we go into parking issues relating to this site. There was an absolutely critical need for additional parking on this site. For years and years local residents have been complaining. The council has been working hard to block access to streets, because a lot of staff did not want to park at the hospital and pay fees. There was the same problem with visitors when they found it difficult to find parking—there was nowhere near enough parking—as they were also parking in all the side streets in front of people's houses. There was an absolutely critical need for new parking. On top of that, of course, we were taking out large areas of parking by building the new buildings. The Princess Margaret Hospital replacement has added to the problem, as this new hospital is taking over space that had otherwise been available for parking. To meet the requirements of that site, it was absolutely critical that we provided new parking opportunities.

The central energy plant was not only in the wrong place but also getting old and tired. There was a need in probably the next five years for a new energy plant, so we bit the bullet. A considerable amount of money—I think in the order of a few hundred million dollars—was added to the total project to build a brand-new energy plant at the back of the hospital. Remember, it has to supply power to the new PathWest centre; to the new Cancer Centre; to the new WAIMR building; to a neuroscience research centre, which is being coordinated by

Professor Bryant Stokes and is currently in the design stage; and down the track to King Edward Memorial Hospital, which will be moved to that location, as committed to by both sides of this house. So it needs to provide a lot more power, as well as be a modern power plant. It has been moved to the back of the hospital away from the children's hospital. That is now complete, of course. Sorry if I am boring you, Madam Acting Speaker (Ms L.L. Baker).

Mr R.H. Cook: I think you are boring everyone.

Mr A.P. Jacob: No!

Dr K.D. HAMES: No; it is of great interest to members on this side.

Mr R.H. Cook: What did he say, member?

Dr K.D. HAMES: You got him!

Mr A.P. Jacob: I was just being supportive.

The ACTING SPEAKER: A bit of order, members!

Dr K.D. HAMES: Madam Acting Speaker, I will continue my scintillating speech!

We also upgraded the mental health unit, which is critical to that site; there was a major upgrade to the Western Power substation for the reason we have spoken about before; and Ronald McDonald House will be relocated. A lot of work has been done on that site; hence, the critical need for the trust to be much more efficient and modern and to make sure that it has the opportunity to look after all those things that it needs to do on that site. As I said, we have further things coming down the track, such as the new women's hospital, the neuroscience research centre and an education research precinct, which is being developed as well.

The last major area of change in this bill is probably the most controversial—that is, infringements and fees. This came to us from the trust. I might just wait until the Leader of the House has finished speaking to the shadow minister, so that he can hear these comments regarding his presentation.

The ACTING SPEAKER: A musical interlude.

Dr K.D. HAMES: I am talking to him, so I will wait until the Leader of the House finishes.

Dr A.D. Buti: Sing a song.

Dr K.D. HAMES: I could, but I want the shadow minister to hear these things because the bulk of his presentation was around the issue of parking fees. I want him to be fully across what I am saying.

Mr R.H. Cook: My apologies, minister.

Dr K.D. HAMES: The request from the trust in the first presentation of legislation to this house was actually an increase in the penalty to \$1 000, not the \$200 we have here. Arguments were presented to us as to why it should be \$1 000. The bulk of the arguments did not concern specific areas of infringement, although I did just text to see whether anything specific had come across the table. But, no, as the shadow minister said earlier, it was just in the context of comparison with other localities that a fee of \$50 was not seen as a deterrent for anything. The trust felt the deterrent should be in the order of that available to other bodies, and it quoted some examples. For example, under the Local Government Act, local government laws can be made for an offence to be punishable on conviction by a penalty not exceeding a fine of \$5 000. In the City of Perth local laws regarding parking or damage to parking equipment, bowling over a ticket machine carries a fine of \$500; a matter as simple as parking a car and causing an obstruction has a fine of \$200; stopping and parking in parking zones in which the person is not entitled to park has a fine of \$120; stopping or parking generally has a fine of \$100; obstructing or impersonating an authorised person has a fine of \$100; defacing signage has a fine of \$100; stopping in a bus lane has a fine of \$100; and parking in a no-parking area has a fine of \$75. The trust gave further examples under the Burswood Park By-laws, which were done right back in 1988, so a long time ago. The fine for disorderly behaviour is \$1 000. Lighting a fire carries a fine of \$1 000, so if a person lights a fire in Burswood Park, that person can be fined up to \$1 000. If someone lights a fire at our local hospital, the maximum fine they face is \$50, but if they light a fire in the park at Burswood, they can be fined \$1 000. Members must admit that there is a fair degree of incongruity there. The last example at Burswood is for the offence of carrying or discharging a firearm or spear gun or other offensive weapon, which carries a fine of \$1 000. I gather that there were a couple of instances in the time period—I did not check what that time period was—of people actually having firearms.

Mr R.H. Cook: But they would be subject to normal laws, wouldn't they?

Dr K.D. HAMES: One would think so.

Mr R.H. Cook: If someone comes in with a firearm to A&E, that's not their responsibility.

Dr K.D. HAMES: Anyway, that is what the by-laws are, not necessarily for lighting a fire but for having a firearm. If someone lit a bonfire outside the kids' hospital, the most that person could be fined is \$50. It is a bit incongruous. The Parks and Reserves Act states —

A Board may, by such by-laws, impose pecuniary penalties, not exceeding a fine of \$1 000, for breach of any by-law and prescribe sums not exceeding \$200 payable by way of penalty by persons who proceed in the manner described ...

Under the Botanic Gardens and Parks Authority Act, regulation penalties must not exceed \$2 000. The trust quoted to us all these potential fees and wanted to increase the potential fine at the hospital to \$1 000. Quite like the opposition has at our \$200, our party room balked at that fee of \$1 000 and felt it was too much. We had another look at it and discussed it with the party room; hence, there has been a significant reduction from the requested fee of \$1 000 to \$200. I do not think that is unreasonable. That is not an automatic total. Any fine has a range of penalties. The trust is particularly concerned about wilful damage to property on-site and about things such as people lighting fires, so it requested that those fines be increased. I have already mentioned the list of things it was talking about.

Mr R.H. Cook: Just on that point, because you say that they actually came to you and said that they wanted to charge \$1 000 —

Dr K.D. HAMES: Up to.

Mr R.H. Cook: — one assumes that they are not going to charge \$1 000. What was their proposal for the increase in parking fee fines?

Dr K.D. HAMES: We did not specifically say what the parking fee was going to be. Remember, there is a parliamentary committee that reviews all the fees of government and reflects on whether they are reasonable. Anything above CPI that the trust wants to be considered has to go before the parliamentary committee. I forget who chairs that committee now.

Mr R.H. Cook: They found last time that the trust was guilty of charging excessive fees, which I think you didn't support, because you decided to not support the disallowance.

Dr K.D. HAMES: That was an issue related to the general parking at the new parking centre. As I said, we had advice from the solicitor's office. I did not agree with what the parliamentary committee said, because that was a totally different matter that related to government's ability to charge a fee that did not specifically reflect the cost of the car parking and whatever—but that is a different issue. This is just a standard fee for parking in a non-parking zone, which would go before the committee as a normal "raising of fees" matter within the system. As I said, the trust's concern was not around parking. It did not even raise the issue of parking as there was no suggestion that it was one of the major issues it needed to deal with. I expect it will want to put up those fees to reflect what happens elsewhere to a degree. The trust will have to get that change past the committee. It is totally different from what we needed to do with the car park as an overall charge of fee. The trust will bring those fees forward in due time and this Parliament will have time to reflect on whatever those fees are. The trust's major concern, as I said, was not to try to harvest money from people for the trust, but to stop people doing the wrong thing—as a deterrent to stop people parking illegally. We do not want people parking illegally, but, more particularly, doing more offensive things such as lighting fires and causing wilful damage to people's property, such as someone walking around the car park and bashing other people's cars, and whatever things happen on such a site.

I have now covered the issues in terms of what is required under the bill. I understand that the opposition has an amendment related to parking fees. I will now spend some time talking about the parking fees that apply, and particularly reflect on the massive gain to which the member referred.

Mr R.H. Cook: You dealt with that pretty effectively in your interjection.

Dr K.D. HAMES: I think my interjection was pretty good; hence my reason for raising it again. The member talked about the massive increase in take of parking fees by this government between barely 2011 and moving from 2011 into 2012. The take for six months in 2011 was \$2.1 million. The member then talked about the massive gain of half a million dollars for the next comparative period, which was nine months from 2011 to March 2012. That is a total of \$2.6 million. If we do the maths, that works out to \$1.05 million for a three-month period, which means the take for that nine-month period should have been \$3.15 million instead of \$2.6 million. Therefore, there was a significant reduction in take for the comparative periods. The reason for this is quite clear: we took away a lot of car parking. When we built the new children's hospital, far less parking was available. People had to park at Graylands Hospital and the Shenton Park campus and buses brought staff into the hospital because we had taken over not only all the land where the children's hospital was built, but also the car park area to build the multistorey car park. A lot of parking was taken away, so the actual take by the trust in that time was

far less. As members are aware, we have two options when we want to build a new car park. One is to fund it by government, which is always a good idea if we have the money, but we have seen the difficulties with our budgets and increasing costs and debt that this state has. Consequently, if an alternative method can be found, that should be used. The alternative method here is to have the private sector fund the hospital and collect the parking fees, which provides it with a profit that covers the cost of capital and the running of the centre. Remember that that has already been done at Royal Perth Hospital. The multistorey car park at Royal Perth Hospital—I cannot remember who built it—certainly continued to operate under the previous government, and it is managed by the private sector so the people using it already pay a parking fee. Therefore, it is reasonable to expect that people who want to park at Sir Charles Gairdner Hospital pay a fee that is roughly commensurate with whatever else is available around the city centre.

Mr R.H. Cook: Are you saying that the multistorey car park at RPH is not on government land?

Dr K.D. HAMES: Yes. The member knows where it is, I presume. It is out the back between the hospital and the railway and it is run by Wilson Parking.

To allow for a return on investment by the company managing the car park, the parking fee needs to be at a certain level. The other problem is that when it costs \$15 a day to park in the city and \$6 or \$7 a day to park at the hospital and there is no regulation on who parks there because we have to allow patients to use it, the people who work in the city can park there for \$7 a day and catch the CAT bus into town. Therefore, it is cheap and easy parking. We need a comparable fee to discourage that behaviour. If we did not have it set at that comparable level, we could never have built the multistorey car park. We could have if we had borrowed however many millions it cost to build it—I think it cost \$20 million—but our borrowings for a range of other things, particularly hospitals, were more important than borrowing money for a car park. This was a logical and alternative method. We had to get those fees up to that level and we did it slowly and progressively.

The request that came to me from the Public Transport Authority in the first place was that the parking fees be commensurate with the fare for people to travel through two zones, and that would have put it at \$7.50 a day—but in today's money it would have been \$8 or \$9. I said that I would not do that and was happy to leave the fee at \$7.50 because that met our requirements to fund the car park. I was not interested in going higher than that, recognising that it is a cost to our nurses who have to stay there and to patients who have long-term medical problems and their families, who sometimes have to stay all day either for treatment or to visit family members having treatment. Incidentally, member, we are putting in some dedicated bays for those long-term-stay users, and the fee for those bays is much lower. We are now increasing the amount of bays set aside for that purpose, which is a commitment I gave to our backbenchers—who might be listening—if we continued in government.

Mr A. Krsticevic: I am listening.

Dr K.D. HAMES: Yes, very good. We have also lowered night-time fees because nurses who have to work at night have no choice but to use that facility. They cannot be expected to go to Shenton Park or Graylands and be bussed in or to catch public transport to work, so we have recognised that with a lower night-time parking fee for staff. This is working very well, and the Australian Nursing Federation got us to agree that we would not reduce the Shenton Park parking space for a considerable period—for one or two years. However, the numbers using that parking have significantly dropped and people are finding it far more convenient to park at the hospital rather than to park at Graylands and get bussed into town. We will continue to meet our commitment. I am pleased that we have made parking more convenient and have priced it at a reasonable level that is acceptable to staff.

I think I have covered all the issues raised by the opposition —

Mr R.H. Cook: The other point was how the private parking fines are managed in relation to this issue. Are they levied by the private operator or under delegated authority from the trust?

Dr K.D. HAMES: Yes, I meant to check on that, but I forgot. Perhaps I will get my people to check on that between now and consideration in detail.

Mr R.H. Cook: The sun will still come up tomorrow, so I am happy to get that information later, if necessary.

Dr K.D. HAMES: My understanding is that there is a fee that we guarantee will be charged for those people who are there. We negotiate on some of these variations, so when we want people to have lower parking fees, there is a penalty for us in doing that, but that is part of the contract noting out those net amounts. However, I will get more details on the charging mechanism for Capella Parking, which runs the hospital parking facility. I did know at one stage, but I cannot recall exactly what it is now. I hope that by the time we get further on in this debate I have that information.

Question put and passed.

Bill read a second time.

Leave denied to proceed forthwith to third reading.

Consideration in Detail

Clauses 1 to 7 put and passed.

Clause 8: Section 20 amended —

Mr R.H. COOK: I will keep standing for a little while, if that assists the minister.

Dr K.D. Hames: I have something here that explains partly the penalties. Capella cannot infringe people for parking offences, only the trust can, so the trust has those things in place. The trust's parking monitoring staff monitor parking within the Capella site and off-site, and they are the ones who put forward penalties, not Capella. That does not explain the member's question about how they are charged. I think what happens is that it is under a contract and they have a contracted amount depending on the people who stay in their parking; but that is what I am double-checking.

Mr R.H. COOK: Essentially, we have a system whereby Capella will collect on behalf of Queen Elizabeth II Medical Centre Trust the parking fees from the people parking in the car park, but the QEIIIMC trust actually does the job of fining people for transgressions of the by-laws.

Dr K.D. Hames: That's the advice I have just got, which is good, because Capella aren't running around ping-pong people for parking.

Mr R.H. COOK: And subsidising its revenue streams.

Dr K.D. Hames: Clever staff doing that.

Mr R.H. COOK: That is useful. I thank the minister for the information. The minister spent some time on his feet responding to our concerns.

Dr K.D. Hames: I did, didn't I?

Mr R.H. COOK: I did not say an excessive amount of time; I thought it was an appropriate amount of time. However, the Minister for Health's answer has not allayed our concerns about the parking fee and parking fine increases. I note that the minister had received information from the trust on recommendations for increases, and that that was in the order of \$1 000. One of the questions we put to the minister is: what is the intention of the QEII Medical Centre Trust in relation to fines? If it is given an opportunity to increase it from \$50, what does it think is an appropriate level? One can assume that given that the trust came to the minister and said that it wanted to charge up to \$1 000 for breaches of by-laws, and, in fact, it was looking to increase parking fines to \$200; that is, as we stated during the second reading stage, a concern for the opposition because we believe it is excessive.

For members' information, two subsections of section 20 of the Queen Elizabeth II Medical Centre Act 1966 deal with penalties that the trust can levy. As the minister said in his response to the second reading debate, the trust needs to be able to stop people doing a range of things, including setting fires and carrying spear guns, although I am sure these things come under the common law or the Criminal Code. However, if we do need to stop people carrying spear guns onto the QEII campus, the only opportunity for people to be charged is under this section of the act, and only the second of two mentions of the \$50 maximum for breaches of by-laws needs to be changed and not the first, which is about car parking.

For members' information, section 20(1d) of the Queen Elizabeth II Medical Centre Act 1966 refers to the more general opportunities that the trust has to make by-laws, "with respect to vandalism, ingress, egress, security, trespass, hawkers, vending machines, the presence of animals and bill posting" and so on. So that would meet the minister's needs and also resolve his concerns that he clearly shares with us.

I look forward to moving an amendment, but I will not have time given the minister's interjection, which took up some of my speaking time.

Dr K.D. HAMES: I have no other specific responses to make to this. I gather the opposition intends to move an amendment, so we will consider that amendment. We have debated at some length the issue of the amount that was proposed, which is \$1 000. That amount is consistent, as I have said, with car parking penalties in many other locations. They are there to act as a deterrent to things people may do. Just to remind the member, those fines include \$500 under the Local Government Act; \$500 for damage to parking equipment under the City of Perth by-laws; \$1 000 for disorderly behaviour under the Burswood Park By-laws; \$1 000 for lighting fires; and \$2 000 under the Botanic Gardens and Parks Authority. That is the range of penalties that normally apply. The trust does not necessarily have a great desire to collect money from people who do the wrong thing, but it wants to deter people from doing the wrong thing. If people are to be deterred from doing the wrong thing, a sufficient penalty is needed to make it worthwhile. If someone gets a \$50 fine for parking in a disabled parking bay when

they are not disabled, that is not adequate to deter people. If people are in a hurry, they might just say, “Well, it’s only 50 bucks; why should I worry?” Compared with other things they might do, it is only a minimal fee. A lot of these penalties are never actually prosecuted, and people do not commit these offences because significant fines act as deterrents. This fee increase is to be a deterrent. As I said, the trust wanted a much bigger deterrent. We hope that we collect no fees. We hope no money is collected as a result of this fee change because we hope that no people will break the law. That is obviously fairly unlikely. However, the aim is for people not to park so as to cause obstructions, not to light fires at our hospital, not to carry weapons around the hospital and not to cause wilful damage to any property in the hospital. We do not want people to do those things; hence, the purpose of the fines is to act as a deterrent. It is probably fair to say that we have significantly watered down the deterrent by changing it to \$200. To leave it at \$50 would be just pointless. If we leave it at \$50, it might as well be taken down to zero, because it will not stop anybody doing anything.

Mr R.H. COOK: What an absurd argument to make. The minister suggests that \$50 is not an amount that people would struggle with and it is pretty much like putting the number down to zero. That is an absurd comment to make. We know that the trust has all manner of powers and opportunities to introduce by-laws for a whole range of things. The minister talked about damage to parking machines. That is not what we are talking about. We are talking about people who just overstayed at the parking meter. Just so people can be very sure, two points in the legislation allow the medical centre to fine people. One is on the generality of parking fees, and the other is in relation to a whole range of other matters that they can make specifically, and that goes to the issue of, as the minister incorrectly said, damage to vending machines. Therefore, we are not talking about those more serious elements of penalties for by-laws; that provision is still there and we do not challenge it. We simply say that we see no evidence presented to this Parliament today by the minister, other than the fact that “other people do it” and that \$50 is not an adequate penalty for overstaying time limits when parking. As I said, the QEII trust has plenty of other powers under the act to make other by-laws and to govern people’s behaviour. As the minister has said, it will be increased to \$200 and we do not challenge that; that is straightforward. All I say is that we have not seen any evidence that \$50 for a parking fine is not adequate. We have not seen any evidence that increasing the parking fines will mean that people behave better and do not incur parking fines. Therefore, the minister having not justified those things, the opposition will not support that part of the bill. To progress the debate, I move —

Page 4, lines 13 to 15 — To delete the lines.

Mr P. PAPALIA: My interest has been piqued by the comment made by the minister in his last contribution floundering around attempting to justify this exorbitant increase in parking penalties. It gave some insight into the shallow nature of this justification. This entire argument is played out more widely than in the car parking penalties at QEII; it is played out in a whole range of areas and it ultimately, almost invariably, plays out in a disproportionate fashion on the people who can least afford it and who are least likely to be deterred from wrongdoing through an increase in penalties alone. The reality is, as indicated by the member for Kwinana, that the minister has provided no justification for this increase in penalties. Who does the minister anticipate will receive these penalties? Does he suggest that the population will be any different from the one that is currently subject to penalties by fine at the children’s hospital or Sir Charles Gairdner Hospital? Does he suggest that some other cohort of Western Australians will come into the hospital car parks and be penalised because they overstayed to visit their sick child or their dying relative? Does he suggest that there is some other cohort? Does he suggest that someone will seek to take advantage of the Western Australian health system and use its car parks illicitly? Is that what he suggests? If he does not, he is probably indicating that people currently overstay their car parking times once they have desperately searched for a parking spot. Having a child with type 1 diabetes, I can attest how difficult it is at times to get access to a car parking spot at Princess Margaret Hospital for Children. When people are in a rush and there is urgency, they really have higher priorities than worrying about what penalty they might receive in a car parking fine. Often people do not overstay at a car park through a conscious decision to break the law, they do it because there are higher priorities than shifting a car when their child is sick or when someone close to a person is being treated for cancer. If we impose a \$150 increase on the penalties for no other reason than this really tenuous link to deterrence, all we will do is further hurt the same people we are hurting now. The part of the population that is disproportionately represented in its use of the public health system, and whose children are disproportionately represented in the access of services of hospitals like Princess Margaret Hospital, also happen to be disproportionately represented in a whole lot of negative measurements of society’s outcomes. We might be starting people off on the slippery slide of an inability to pay the fine, which then results in increased penalties, which then results in them ultimately collapsing under the weight of a number of penalties and forcing them, inadvertently I concede, into a situation in which they might, again, contribute disproportionately to our justice system by encountering the justice system unnecessarily. So if the minister is going to stand in this chamber and make the claim that deterrents work, which is effectively what he is doing, he needs to present some evidence; also, he should give us some evidence as to who he anticipates being forced to pay these penalties if he believes it is anyone different from those who currently have to.

Dr A.D. BUTI: I am very interested in what the member has to say.

Mr P. PAPALIA: I will not go on much longer other than to say, otherwise do not do it. Do not just do it because someone on the board of the trust reckons it should be much higher. That is not good enough. They do not know. I can tell the minister now that they are not reading the research and looking at the evidence; they are not considering the consequences down the track. I think this is a nice insight and a good opportunity to look at the superficial justification for increased penalties on a whole range of offences. Surely car parking has to be at the very bottom of the scale of offences. Surely, if it is going to be put up 300 per cent or whatever it is, we should be asking for some evidence that it might actually work. Let us also see some evidence of who it is going to hurt. If it is being said that it is not going to disproportionately impact on people who can least afford it, people who, under the crushing weight of the Barnett government's increases to the cost of living, are at the lower end of the economic scale—the people who can least survive the massive increases that have already been imposed on their cost of living—then let us see some evidence of that, because I reckon they are. I reckon it is too easy for the minister to stand in this chamber and say we need greater deterrents. Why, and where is the evidence it will work? Where is the evidence that it is not just going to hurt people who are already being unnecessarily hurt?

Dr K.D. HAMES: I think we have just seen some evidence of the superficiality of the member's argument and the extrapolation that inevitably occurs from his assessment of people's comments and motives, compared with the real story. To suggest that our government coming in and putting up fees as deterrents is something unique and peculiar to our government forgets the weight of history of former Labor governments that have done similar things and increased fees and penalties at regular intervals in a whole range of areas. Some of those would have come before this Parliament in the past in the same way fees now come before the Parliament to determine whether the increases are justified. The member talks about this increase to a moderate level of a deterrent that is far less than the deterrents that already exist for so many other places; I wonder how many would have come through during his time—for example, the Burswood Park deterrent of \$2 000 —

Mr P. Papalia: What year?

Dr K.D. HAMES: The act was in 1998, so that change was in our year.

Mr P. Papalia: So when I was elected in 2007 —

Dr K.D. HAMES: My bet is that it would take me no more than half an hour to find many, many examples of similar action to this under former periods of Labor Party government. This member chooses to forget that any previous Labor governments ever existed or did anything, which to some extent —

Dr A.D. Buti: The Premier complained about us going back into history, but you like to do it when it suits you!

Dr K.D. HAMES: No, it is a matter of reverting to hypocritical statements.

Dr A.D. Buti: When I said that, I was asked to withdraw it.

Withdrawal of Remark

Dr A.D. BUTI: Madam Acting Speaker, I ask for your ruling on this. When I referred to hypocrisy without actually saying that the Premier was a hypocrite this week, I was asked to withdraw.

Dr K.D. HAMES: Further to that point of order, my understanding is that I am allowed to talk of hypocrisy; I am not allowed to call the member for Warnbro a hypocrite.

THE ACTING SPEAKER (Ms L.L. Baker): That would be correct.

Dr A.D. Buti: I didn't call the Premier a hypocrite.

Dr K.D. HAMES: Thank you. So that is the rule. For example, I am allowed to say he deviates from the truth, but I am not allowed to say he is a liar. There are words within words.

Debate Resumed

Dr K.D. HAMES: I just make the point that this is something not administered by government.

Mr P. Papalia interjected.

Dr K.D. HAMES: Fine; I am not in any rush.

Mr P. Papalia: I was going to talk to you, but —

Dr K.D. HAMES: No; I would rather the member for Warnbro let me speak, and then come after; it is much easier. Madam Acting Speaker, I am sure, would be much happier if we do that.

This is not government fees and collecting funds for government; this is a trust. This is a combined management of government officers and university officers who believe that a deterrent fee, because that is what it is, or a punishment fee for people who do the wrong thing, is needed—whatever we want to call it—that is reflective of costs in other parts of the state and in other locations. That is what they have asked for. We have significantly modified that down from the \$1 000 they felt was comparable with other locations to \$200 because of exactly the concerns the member for Warnbro expressed, which is what they are for. Section 21 of the act refers to the other more general things people can do wrong, whereas section 20 largely refers to issues around parking and this clause allows the trust to go up to a \$200 penalty. But that is not to say it is there. The member is extrapolating and saying it will be fining someone who is desperately ill who desperately needs to have somewhere to park, and they will suddenly be hit with a \$200 fine; that is not the case. For the life of me, I do not understand how he extrapolates this bit of legislation to that outcome. It is not the case.

Mr R.H. Cook: We asked you to assure us that that wasn't going to be the case, and you couldn't provide us with that assurance.

Dr K.D. HAMES: No; I said those things will come before a committee of this house to say what exactly those potential increases should be. I expect they may have the penalty for overstaying parking pretty much similar to what it is now, whereas they might have the penalty for someone parking in a disabled or ambulance zone going much higher. Can the member imagine the chaos caused if someone going into Sir Charles Gairdner Hospital—remember, this is where we are talking about, not Princess Margaret Hospital for Children —

Mr R.H. Cook: Have you been provided with that advice?

Dr K.D. HAMES: Which advice?

Mr R.H. Cook: That that is the way they are going to proceed.

Dr K.D. HAMES: No. This is not some committee of some rabid government members desperate to get extra dollars for government; this is, in most cases, senior clinicians and university lecturers making decisions about what they will recommend.

Mr P. PAPALIA: If the minister wants to keep speaking, I am happy to listen to what he says.

Dr K.D. HAMES: I am happy for you to go; I will keep my spot.

Mr P. PAPALIA: I am not going to speak for long; I just wanted to respond to the minister's accusation. The reality is that what I was focusing on is the lack of evidence with these claims. Just because someone is an executive at a university or a senior clinician, it does not make them an expert on the consequences of their claim that an increased deterrent will be more effective than it currently is. That was the observation. I was not actually stretching the point; the minister said they need an increased deterrent and that the trust board had recommended it. I would suggest that every one of them, if they go to the hospital, has an allocated car park; I do not think they would be worried about receiving a fine. Their proximity to the challenge or the problem is probably not that great; they are probably removed from it in reality. I am sure their income levels are such that they are not going to be impacted upon whether they get a \$50 or \$200 fine for overstaying a car park, which they will not because they will have a car park. But the point is valid in that if we just accede to every single request for an increased penalty because it will increase the deterrent and result in the outcome we think—gut feel—it will, then we will continue to see a failure to have any impact on people breaching laws or doing the thing we do not want them to do. A bit more analysis needs to be done of what it is being proposed. Okay, the minister is comfortable that it is not going to happen, which is fine; I will concede. He is the minister and he will wear the consequences, which is fine. But it was an appropriate thing for us to raise, and will be an appropriate thing for us to raise on a regular basis whenever the government comes into this place and makes inappropriate, unjustified claims about the consequences of increased deterrents. It has never been backed by evidence; it is not now backed by evidence and the outcome will invariably be failure.

Dr K.D. HAMES: I appreciate the much more moderate statements by the member on that occasion. It is true that it is quite reasonable for him to bring these things before the house. It is also true that I trust what the trust will do and, at the end of the day, I will bear the consequences if I am wrong. The backup I have is that if the trust introduces significant increases beyond what people would reasonably regard as adequate, it goes before not only the committee, but also me. I have to tick off increases above inflation and then they go automatically to the parliamentary committee to consider. I can assure members that I will be keeping my eye out. People who park in the car park pay for a certain time and if they stay longer, the same as in any car park, there is a pretty standard penalty rate. Mostly people do not get a ticket and that is why they are penalised, but there people have to get a ticket because they cannot get out of the multistorey car park unless they pay the fee. If someone stays a long time, they pay whatever the amount is for the time they have been there. We will put aside special areas for people who have a ticket that states there is someone with a chronic illness whom they have to see or that they have cancer. They will need special access to that low parking area, which will probably be in the order of 50 to

100 parking bays. The last thing I want is an able-bodied person who has cut his finger to park in a special access bay without incurring a reasonable penalty for doing so or to not be penalised for parking in a disabled park when they do not have a permit, which is something that I absolutely hate. I would fine them much more than \$200 if I could because that is disgraceful.

Section 20 of the Queen Elizabeth II Medical Centre Act relates to a range of by-laws, including —

- (h) providing for the protection of parking and standing areas and all equipment pertaining to them against misuse, damage, interference or attempted interference ...

That is bowling over the parking meter, running through the boom gate and those sorts of things people tend to do. It includes also —

- (i) regulating the parking and standing of vehicles in any parking or standing area and prohibiting any person from parking or standing any vehicle in a parking area or standing area otherwise than in accordance with by-laws made under this subsection;

That would cover parking in the ambulance bay; blocking the ambulance bay so that ambulances cannot get in and drop patients off; and parking in this special area for people who have the need for longer stay for severely injured patients. The act further states —

- (j) requiring persons in charge of vehicles or animals within the reserve to obey the orders and directions of specified persons or members of specified classes of persons given for the purpose of controlling traffic;

I do not know whether that is very important, but maybe that is to cover someone walking around with a Rottweiler and letting him go racing around people coming into the hospital. Another by-law is —

- (p) prohibiting the driving of vehicles in any part of the reserve at a speed in excess of that specified ...

That would cover some young hoon doing wheelies in the car park. There are offences that are of a more significant nature and a \$50 fine just does not cut the mustard. I think it is quite reasonable. We reduced the penalty from \$1 000 to \$200 for the exact reason the member gave for why we need to be careful about not simply letting bureaucracy put up these fees; we did not want someone getting a \$1 000 fine for breaching the by-laws of that car park. People would probably think \$1 000 is a bit expensive for some of those offences I have mentioned. Certainly, it was the strong view of the members of our party room that that would be the case. They made it very clear they wanted that figure cut. I will not labour the point on this clause. Needless to say, we understand the concerns of the opposition but believe that the figures are reasonable.

Amendment put and negatived.

Clause put and passed.

Title put and passed.

Leave granted to proceed forthwith to third reading.

Third Reading

Bill read a third time, on motion by **Dr K.D. Hames (Minister for Health)**, and transmitted to the Council.