

Extract from Hansard

[ASSEMBLY — Wednesday, 19 September 2012]

p6173c-6189a

Mr Roger Cook; Mrs Michelle Roberts; Acting Speaker; Mr Bill Johnston; Dr Janet Woollard; Ms Rita Saffioti;
Mr Christian Porter; Dr Tony Buti; Dr Kim Hames

**ROYAL PERTH HOSPITAL AMENDMENT BY-LAWS (NO. 2) 2011,
QUEEN ELIZABETH II MEDICAL CENTRE (DELEGATED SITE)
AMENDMENT BY-LAWS (NO. 2) 2011,
HOSPITALS (SERVICES CHARGES) AMENDMENT REGULATIONS (NO. 7) 2011,
WOMEN'S AND CHILDREN'S HOSPITALS AMENDMENT BY-LAWS (NO. 2) 2011, AND
METROPOLITAN HEALTH SERVICE AMENDMENT BY-LAWS (NO. 2) 2011
— DISALLOWANCE**

Cognate Debate— Standing Orders Suspension — Motion

On motion by **Mr R.H. Cook (Deputy Leader of the Opposition)**, resolved —

That so much of the standing orders be suspended as is necessary to enable private members' notices of motion in relation to the Royal Perth Hospital Amendment By-laws (No. 2) 2011, Queen Elizabeth II Medical Centre (Delegated Site) Amendment By-laws (No. 2) 2011, Hospitals (Services Charges) Amendment Regulations (No. 7) 2011, Women's and Children's Hospitals Amendment By-laws (No. 2) 2011, and Metropolitan Health Service Amendment By-laws (No. 2) 2011, to be debated cognately and for one question to be put to the house in relation to all of these motions.

Motion — Cognate Debate

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [4.03 pm]: I move —

That the disallowance motions detailed as private members' notices of motion 9 to 13, as follows, on the notice paper, be agreed to —

That the Royal Perth Hospital Amendment By-laws (No. 2) 2011 under the Hospitals and Health Services Act 1927, a copy of which was laid upon the table of the Legislative Assembly on 22 February 2012, are hereby disallowed.

That the Queen Elizabeth II Medical Centre (Delegated Site) Amendment By-laws (No. 2) 2011 under the Queen Elizabeth II Medical Centre Act 1966, a copy of which was laid upon the table of the Legislative Assembly on 22 February 2012, are hereby disallowed.

That the Hospitals (Services Charges) Amendment Regulations (No. 7) 2011 under the Hospitals and Health Services Act 1927, a copy of which was laid upon the table of the Legislative Assembly on 22 February 2012, are hereby disallowed.

That the Women's and Children's Hospitals Amendment By-laws (No. 2) 2011 under the Hospitals and Health Services Act 1927, a copy of which was laid upon the table of the Legislative Assembly on 22 February 2012, are hereby disallowed.

That the Metropolitan Health Service Amendment By-laws (No. 2) 2011 under the Hospitals and Health Services Act 1927, a copy of which was laid upon the table of the Legislative Assembly on 22 February 2012, are hereby disallowed.

Before I begin, I want to thank the Leader of the House for agreeing to this arrangement. It will enable members to make their comments on this important matter, and also it will mean that the house will not be detained for longer than is necessary.

I want to firstly bring members up to date on why we find ourselves in the position today of having to consider these disallowance motions. In July 2010, the government brought out the metropolitan access and parking strategy. The purpose of this strategy is to regulate access and parking across all hospitals on a metropolitan-wide basis. The strategy has a number of what might be considered to be worthwhile objectives. The first is to ensure that the number of staff who drive vehicles to work each day is reduced, thus reducing the cost imposition on the hospitals themselves, and also, I guess, to make a gesture in terms of protecting the environment. Indeed, the Department of Treasury observed in April 2012 that it considered this to be a "green scheme", with a sustainability and environmental focus, and that it is intended to provide benefits to the community by reducing the economic incentive to drive to work.

The nature of the strategy is quite clear. The strategy provides that research has identified that travel plans that address parking by restricting the number of staff entitled to park, and introducing charges, are achieving significant higher reductions in car usage. It goes on to say that parking fees will be linked to the cost of travel by public transport, and that parking fees should be varied to reflect the accessibility of a health campus by modes other than private car. Indeed, it says that under the strategy, parking fees are based on the cost of a Transperth fare, with the rate applied at each hospital based on public transport accessibility to the hospital. The strategy provides a detailed scale of parking rates across the metropolitan area and how those rates will be

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increased over a period of time through to July 2014. It breaks the parking fees down to three categories of hospitals; namely, category A, category B and category C. Members will be familiar with this strategy, as I am sure many members would have had constituents call on them to discuss hospital fees and charges.

Under this strategy, the daily parking fee at Royal Perth Hospital for staff will increase from \$2.45 in May 2009 to \$7.50 in July 2014. That is a significant increase in the parking fees to be applied to staff. Indeed, these fees have come under increasing focus for health stakeholders and their members—by “health stakeholders”, I mean the Australian Nursing Federation, United Voice and the Hospital Services Union, and also, of course, the WA branch of the Australian Medical Association. Each of these organisations has expressed to me its concern about the rapid escalation in these fees. Overall, we can see the impact of these fees on government revenue. We note from questions asked in this and the other place that government revenue from hospital parking will increase from about \$4.4 million in 2009–10 to \$6.95 million in 2010–11 and \$8.5 million in 2011–12. So there has been a significant increase in the amount of revenue that the government has enjoyed as a result of this strategy of increasing parking fees.

I can anticipate what the Minister for Health will say in defence of the Perth parking and access strategy. He will say something to the effect that it is Jim McGinty’s fault—because in this case he cannot say that it is the federal government’s fault, and hooray for that.

Dr K.D. Hames: It isn’t his fault, but it started under him.

Mr R.H. COOK: Indeed; as the minister has said by way of interjection, the beginnings of this strategy were developed under the previous government. So I think members might be asking themselves: Why now are hospital fees and charges becoming such a problem? Why is it that the Australian Nurses Federation, United Voice, the HSU and the AMA are now getting so upset about these fees and charges? If this is an issue now, why was it not an issue before? The answer to that is clear. These people are being impacted by the increases in their family bills, in the same way that all Western Australian families are being impacted. They are being impacted by the 62 per cent increase in their electricity bill. They are being impacted by the 47 increase in their water charges. People are being impacted across the board by a government that is ramping up the fees and charges on Western Australian families; and, because of that, a lot of families are now at breaking point. A lot these people are now asking what is the point in their trying to work in the public hospital system when the government is punishing them through their electricity bills and, when they get to work, through their parking fees. They can see the escalation in their parking fees, and they are legitimately asking questions of their representatives in the workplace: Why are we being singled out for these harsh increases? Why do we have to pay this significant increase in parking? If the government values us as nurses, orderlies, doctors and cleaners why do we have to pay these increased parking fees? Of course, many of these people do not have the capacity to catch public transport. For many of these people it is part of the cost of going to work each day as they do not have a choice of whether or not to catch public transport. If they are doing shift work or working unusual hours, they do not have the choice of taking advantage of the public transport system. In particular, if these hospitals are located in places where the public transport system has not been invested in strongly, they are at an even greater disadvantage and as a result of that cannot switch their mode of transport. Essentially, the parking fee is not a fee for the privilege of parking; it is another cost impost on WA families. It is for this reason that it comes under particular scrutiny and is now politically sensitive, and why we see a greater scrutiny of the increases in hospital fees and charges that are occurring under the Barnett government.

There is also a great deal of confusion about what has motivated these new fees and charges and the fee structure we have in place. How do these things come together and how does the government reach a final figure in relation to this? This is where the debate gets particularly confusing. Members would be aware that the Joint Standing Committee on Delegated Legislation tabled a report in August 2012 in which it unanimously concluded and recommended to this place that the regulations under which these fees and charges have been set in place be disallowed. In fact, what we are doing today is not flying off on a political exercise; we are observing the recommendations of a standing committee of the Parliament and proceeding in a manner it recommends. That committee found that the fee increases for hospital parking go beyond the scope and remit of the legislation.

As I said before, the Department of Treasury has observed that the metropolitan access and parking strategy is in itself a green strategy. In a lot of respects I think that many of the objectives of that strategy are to be lauded. But as this committee found, the only way in which the minister can charge for fees in hospital car parks is on a cost-recovery basis. The minister cannot launch off into other lofty objectives; and, indeed, the minister’s objectives are difficult to pin down. Under the hospital access and parking strategy, it is clear what is motivating the minister; that is, he wants to get fewer nurses, orderlies, cleaners and doctors driving to work. But the minister is not able to do that under the legislation. That cannot be the basis upon which he sets the fees. Let us roll forward to the Department of Health’s presentation of evidence before the committee, at which it sought to justify the increased fees on the basis of cost-recovery. The department sought to justify the increase in hospital parking

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fees on the basis that it is a cost relating to hospital car parks and therefore these are the fees charged. This particular application of methodology most troubled the committee. From reading the report and the transcripts of the committee, the committee completely drove a truck through this particular methodology, as the Department of Health was unable to substantiate the costs associated with parking. Indeed, the committee found that the Department of Health was essentially running a cashbook accounting system over the parking system by which it collects X amount this year, therefore it can spend X amount the following year; rather than an accrual system in which the capital costs associated with a parking area are apportioned over the life of that asset. For instance, in the case of car park 7A at the Queen Elizabeth II Medical Centre, the cost of clearing that car park was charged completely within the first year of the life of that car park. Under normal circumstances we would see a construction cost or a capital cost associated with that car park and accrue that cost over the life of the car park, thus coming up with a more realistic cost structure. What the department has essentially done is say that was the cost of clearing the trees and making the car park, so it will charge those people using the car park in the first year of that car park's life for the use of that land. It is a similar charge for other aspects associated with car parking—for instance, boom gates. Although it can be anticipated that the mechanical system and the machinery associated with a boom gate will last more than a single year, the cost of that boom gate is expensed against the cost of that car park in a single financial year. This is not a cost-recovery basis; this is simply the department saying that it has spent this so it can get that, and not accurately reflecting the appropriate cost of running that car park. The committee decided, appropriately, that that was not cost recovery, and appropriately recommended that the regulations that brought about those particular fees be disallowed, and we find ourselves here today to that end.

Previously in this place the minister cited advice from the State Solicitor's Office on what he believes is allowable in relation to the fees that can be charged for the car park. The State Solicitor's Office relies heavily on the notion that economic value is a legitimate basis upon which the department can charge hospital parking fees. The State Solicitor's Office cites two specific cases, first, *Harper v Minister for Sea Fisheries & Others* in 1989 and the *Queanbeyan City Council v the ACTEW Corporation Ltd* in 2009, in which the State Solicitor argues that placing a value and therefore charging a licence for a particular privilege, in this case the privilege to park, can rely upon the economic value that is assigned to that car park and in doing so come up with a fee structure on that basis. That is not the argument from the Department of Health. The department argues specifically on a cost-recovery basis, not on an economic value basis. So there is a disconnect between the government's defence over this. It claimed, in the first instance, it is about a green strategy; in the second instance, it is a cost recovery strategy; and, in the third instance, it is realising the economic value of the car park strategy. On each of these cases, which are mutually exclusive, upon which the government has relied for its justification of these fees time and again, the department has fallen down and has failed to convince the committee that these fees and charges are legitimate. In particular, in evidence brought before the committee about the 2011–12 financial year by the acting minister at the time, Hon John Day, this was talked about at some length. The committee found —

The value of fish or water cannot be calculated in the same way that the cost of providing access to a parking bay can be calculated.

It also made the observation that the State Solicitor's Office assumes that the fees are based on the economic value of providing parking, without addressing the fact that the fees are based on policy objectives in the strategy. So, the committee too found itself somewhat confused about this. However, the committee drew the government's attention to the Auditor General's "Second Public Sector Finance Report 2010", in which the Auditor General actually goes about defining a fee. This is very important in terms of whether what we have here is a tax or a fee. The Auditor General found, as stated in the report —

The term "fee" has been legally interpreted to mean a payment intended to achieve cost recovery for the good or service. Treasury guidelines state that "if a fee is set at a level beyond what would reasonably be expected to recover costs, in practice it may have become a tax". If the enabling legislation only provides for a fee, making it a tax would invalidate it.

This comes down to the basis of the finding of the committee; that is, that the government, in setting its fees and charges for hospital car parks, has brought about a tax. And it can do so; that is the prerogative of governments. However, it cannot do that by regulation; it has to come to this place to seek permission to levy a tax on the people of Western Australia. What we have here, ladies and gentlemen, is a tax. What we have here is a tax on hospital workers—on doctors, on nurses, on orderlies and on cleaners. It is for this reason that we should all combine to strike down these regulations and ask the government to go back and significantly reconsider and recast its costings, its philosophy and its methodology, and come back to this place with a formula and a solution that properly reflect cost reflectivity.

If that does not confuse the policy landscape, the perplexing actions of the minister since that time clearly do. What we have seen since then from the minister is a series of backflips and slipping and sliding on the hospital

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fees and charges, and what we are witnessing is a government in backdown—a government that is trying to regain the political advantage in the political debate. In the first instance it was a letter to the chair of the committee in August 2012. It was a last-minute plea, a last-ditch attempt by the minister to head off the committee in its deliberations. If reading between the lines, one would think that he was trying to strike a deal. What he said to the committee was, “What we’ll do is reconsider the Fremantle Hospital parking fees, and drop them down from category A to category B.” That is appropriate. It reflects the fact that the status of Fremantle Hospital is shifting from that of a tertiary hospital to a secondary hospital as Fiona Stanley Hospital comes on stream. He also said that Osborne Park Hospital will move from category B to category C. As I am sure the member for Balcatta will point out to us, that is no great shakes because the fact of the matter is that visitors and staff at the hospital just avoided the fees at that hospital car park and parked on the streets anyway, which is the reason why it created such a huge problem and which is, I suspect, the real reason why the minister has now changed his stance on this issue. What we have here is a political quick fix by the minister to try to make sure that the committee does not come forward with the recommendation that it disallows. But come forward it did in this way.

If this is about a green strategy, he is running away from that strategy. If this is simply about cost recovery, he is running away from that strategy too. So, what is it? Is this a cost-recovery exercise, is it a green strategy, or is it simply, as appears to be the case, a cash grab whereby the minister has now decided that he will get a bit of skin taken off him but try to fix the problem? However, the problem has not gone away, because nurses, orderlies and cleaners have remained resolute in their opposition to these fees and charges. We have seen continued political debate, continued campaigning in the workplace and protests here at Parliament by these very people who are saying that they are sick to death of being taxed by this government and sick to death of this government’s cash grab from the hospitals. Indeed, the issue continues to be a very important one for the health stakeholders.

We have enjoyed a significant amount of encouragement in bringing this motion to this place today, and we are encouraged by people’s positive attitudes to taking this fight up to the government and pointing out that these fees are invalid, poorly conceived and badly put together, and should in fact be disallowed. Perhaps anticipating our debate today, the Minister for Health brought in a brief ministerial statement earlier today in which he, perhaps seeking to extend a bit of the political capital he might gain from the earlier announcement, repeated himself regarding Fremantle and Osborne Park Hospitals, but he then went on to say —

Parking fee increases for staff at Royal Perth Hospital and at the Queen Elizabeth II Medical Centre will not be increased until July next year, and then phased in over a longer period of time. Under the new fee structure, weekly staff parking fees will remain unchanged until July next year, then increase from \$20.50 per week, which it is at present, to \$24 per week. Fees will then increase by about 70c per day, or \$3.50 per week, each year until 2017, delaying the full implementation by three years.

It is, I guess, a form of contrition; it is in some respects a backdown. To the extent that it provides some relief to those hospital employees between now and perhaps the state election in March next year, we are very pleased that the minister has taken this point of view. But let us be under no illusions. The government has not relinquished its objective, which is to significantly increase the parking fees at our hospitals. This is simply a deferral of the pain in the hope that the government gets through what has become a significant problem for it, hoping that it can put off the pain until after the next state election. There will then be a relentless march of parking fee increases from there on into the future.

The minister did not say today what the impact of that will be on revenue and how that loss of revenue will impact the budget. What will the minister do about those moneys forgone? Very curiously, in the report from the committee that was tabled in August this year, the minister did not talk about the fact that the government has a contract with a private operator of one of the car parks at Queen Elizabeth II Medical Centre. What the committee found from the evidence from, I think, Treasury was that the contract between the government and the private operator —

... enables the provider to recover all costs (i.e. rate x bays x years) associated with the construction and operation of the parking facility.

When we look at the fees and charges, we see \$7.50 in relation to July 2014. Methinks that this is probably more to do with the contract that the government has with the private operator and less to do with its access and parking strategy. In relation to that particular point, does the government have a contract that allows the private operator to charge those particular fees and charges? If it does, the minister’s announcement today will impact on the differential between what the government will now allow the private operator to charge and what the private operator will ultimately require in the contract that it has with the government.

Dr K.D. Hames: There is a difference, and there is a cost to doing this. The cost of making the changes that we announced today is in the order of \$10 million up to 2017. They are not allowed to charge the fee, but they are

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entitled to get an amount in. The difference between what the people pay and what they are entitled to, which pays for the car park, is a shortfall of about \$10 million up to 2017.

Mr R.H. COOK: I thank the minister for that interjection. It is clear from his interjection that, ultimately, in the lead-up to 2017 and beyond, that \$10 million will be recouped for the private operator to continue operating that car park. That is essentially what the minister is saying, and I am sure that he will take the opportunity to correct me. Essentially, if I am paying a mortgage and I get into a bit of financial stress, I can receive some sort of holiday or be allowed to defer some payments or simply pay off the interest rather than the capital. But I do not get away from paying that amount; I can just defer it to another year.

Dr K.D. Hames: We don't. The taxpayer will have to pay along the way out of my health budget. In effect, we are subsidising the payment for parking by nurses in order to meet that contract to the tune of \$10 million. According to the announcement this morning, we have, in effect, just subsidised parking for nurses to the tune of \$10 million up to 2017.

Several members interjected.

The ACTING SPEAKER: Members, can we get back to the motions, please.

Mr M. McGowan: He's finally animated about charging nurses more!

Mr R.H. COOK: It is good to hear from the member for Bateman again; we have missed him!

I will not take up much more of the time of the chamber, but it is clear that we have confusion from the government about whether it has a green strategy, a taxing strategy, a cost-recovery strategy or an economic-value strategy. It is clear from the recommendations of the Joint Standing Committee on Delegated Legislation that it believes that the government has acted outside the remit of the legislation and it has found, as it appropriately should, that therefore the regulations should be disallowed. In moving to disallow the regulations, we have given the minister an opportunity to come into this place and clarify exactly how the government considers it will proceed with hospital parking in the future and clarify once and for all the methodology of the government in coming up with these particular fees and charges, and to go back to the drawing board and bring back appropriate regulations that reflect all the political backflips, the policy announcements and the slipping and sliding that have occurred to date, concluding with the minister's brief ministerial statement today.

There is a more considered and, I think, more important principle associated with the fees and charges for hospital parking, and that is the extent to which we value the staff—the doctors, nurses, orderlies and cleaners—who work in our public hospitals. They undertake a very important role in our community. They work different hours, under trying circumstances and in difficult conditions. The government and the people of the state must make sure that hospital staff understand that we value the contribution that they make. They say that when a teacher goes to work, the teacher does not pay for parking and nor should they. They say that when a police officer goes to work, the police officer does not pay for parking and nor should they. Indeed, members of the Australian Nursing Federation in particular say that they do not mind paying for parking, but they want to pay a reasonable cost; they do not want to wear these hikes in fees and charges; and they have had enough of the Barnett government punishing Western Australian families with the increases in family bills.

Today the minister has made a comparison between those members of the health workforce who work at our hospitals and those who work at Royal Street. He made the observation that those who wish to drive to Royal Street pay upwards of \$60 a week and that those who work in hospitals pay significantly less. The point to be made is that those people who work at Royal Street are predominantly nine-to-five workers and are serviced by a very effective public transport system and yellow CAT buses. The issue for doctors, nurses and other hospital employees is that they usually work unsociable shift hours and do not have that option. Let us be clear on this: this is not about whether people exercise the option of driving to work or catching a bus. In many cases, they have no option. They often work unsociable hours in our public health system when the opportunity to catch public transport is not possible.

We know that in the future the biggest challenge for the health system will be finding doctors and nurses to work in the hospitals. I know that the minister is in a world of pain at the moment as he tries to find the requisite number of doctors and nurses to work at the new Fiona Stanley Hospital. That pain is only going to continue. We are saying that these continual increases in fees and charges are putting more barriers in front of people who might make the decision to work in a public hospital. We do not want to see those barriers put in place. We want to see a reasonable approach to parking. We want to see a government that values our hospital workers. We want to make sure that these people have a parking system which is not the cash grab that it is today, but a properly structured parking system that respects the fact that people often have to drive to work, and which provides some equity in the workplace, so that people who choose to work in our hospital system are not punished for doing so.

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We have moved these motions today for some very good reasons. We have moved them because the committee recommended it. We have moved them because the committee has found significant holes in the way that the government justifies and sets these fees. We have moved them because we want our hospital workers to be valued. We have moved them because we want to make sure that we deliver some justice to the doctors, nurses, hospital orderlies and cleaners who, day after day, deliver an important service in our community.

MRS M.H. ROBERTS (Midland) [4.37 pm]: I strongly support the disallowance motions that have been moved by the deputy leader of the Labor Party, the shadow Minister for Health. I have said in this house before that this is a very mean spirited government that has set about penalising and punishing working people in this state. It has punished them with higher electricity prices, higher gas prices, higher water prices, higher charges for the emergency services levy, new drainage charges—and the list goes on. These charges, of course, affect working people on low to modest incomes a lot more heavily than they punish people on higher incomes. Those necessary bills form a much higher percentage of the total available income of someone with a modest income. This is nothing more and nothing less than a huge cost imposition on some of the state's lowest paid workers and certainly very modestly paid workers. I do not think this kind of increase in parking costs is in line with community expectations. I believe that the community expects that key hospital workers such as nurses, orderlies and cleaners will be treated well by the government. They do not expect that parking fees will be hiked up, effectively lowering their take-home income. Their household income will be reduced if they have to pay increased parking fees day in and day out, week in and week out right throughout the year and well into the future. We are told that one of the reasons that this increase has been imposed is this nonsense of a reason that the government is trying to deter private car use and encourage people to use private transport. A few facts need to be considered here. One is that hospitals operate 24 hours a day seven days a week. Our public transport system does not operate 24 hours a day seven days a week. Indeed, many parts of electorates bordering mine are not well served by public transport. People who live in Ellenbrook or in that general region, in Bullsbrook, in the hills or in the member for Forrestfield's electorate are poorly served by public transport. In fact, people cannot catch a bus after 6.00 pm at many times on the weekends. First, I make that key point. These workers are on shift work and they work at any time of the day or night. They certainly work at various times of the day or night when bus or train services are not necessarily available. Using public transport will not be an option for all the workers on many occasions.

The other point I would make is that many of the workers are women. Their safety is surely an issue when they utilise public transport, particularly later at night. Too often we hear of assaults and other events occurring on our public transport system, on the trains and at train stations. Women in particular feel very threatened when using trains at night. They will not necessarily be able to get off at a train station and go directly to their house. For example, people getting off at Midland station would not necessarily —

The ACTING SPEAKER (Mr P.B. Watson): Members, there are a whole lot of little spot fire conversations going on. If you want to talk, go outside so the member on her feet can be heard by Hansard.

Mrs M.H. ROBERTS: There is not necessarily a bus service that connects to the train station and takes them to where they live. Many of these places are not remote places in the metropolitan area; they are places in the Swan Valley, perhaps a 25-minute or 30-minute drive from the centre of the city.

This fee increase is most unfair. It is a huge cost imposition on modestly paid hospital workers such as orderlies, cleaners and nurses. Public transport is not an option 24 hours a day. It is certainly not a safe option during all the times that public transport is available. The member for Kwinana compared these workers to some other government workers such as police officers who do not have to pay for their parking. Quite rightly, they are not required to and nor should they be required to. In this instance, the Minister for Health says that cost recovery is important here and we need to recover the cost of providing car parking for these workers. I make the following comparison. The "Premier's Palace" is being built in the vicinity. No doubt his staff will park in the vicinity. Will they be paying for their parking? I think not. I do not know whether parking spaces will be constructed as part of that project but parking will be found for the staff working in that building and it will be paid for out of the budget of the Department of the Premier and Cabinet. That is an allocation from the consolidated revenue account, just as an allocation could be made for nurses, orderlies, cleaners and the like parking at hospitals. There is a lot of parking under Governor Stirling Tower, which is where the Premier and the Deputy Premier have offices. I do not think the ministers' officers pay for their parking at that building. There is clearly a cost. We could find out what that cost is very easily. That cost comes out of the minister's budget and the Premier's budget. It is paid for out of the public purse. Taxpayers are paying for the parking that is provided for the staff of the Premier and the Deputy Premier and all ministers' staff. Indeed, when they move to the "Premier's Palace" nearby, parking will be provided for the people working in that building. Guess what? The taxpayers will be paying for that. This government says that not only does it require nurses, orderlies and cleaners to pay what they are already paying for their parking but also they want to put further cost impositions on them. They want to hike

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up the fees. The government is not treating these workers fairly. It is out of line with community expectations. I believe it is wrong to be taxing—that is the definition that the Deputy Leader of the Opposition used today—these workers to raise revenue for the government to spend in other areas. Perhaps if the government was not spending so much money on its own propaganda, it might be able to subsidise parking for hospital workers to a greater extent.

We are told that one of the other reasons for this increase in parking fees is to recover the real cost of providing the parking. It is not done for a lot of government workers. A lot of government workers get free parking and others get subsidised parking. It demonstrates that the Barnett government is a nasty and mean-spirited government that is increasing this tax on people who work in our hospitals—people who provide a phenomenally good public service. Members of the community would like to see their wages go up. They support those workers. They do not want to see them punished in this way. I do not see how these workers will be able to pay the excessive bills that have been imposed on them by this government by effectively having their wages docked through the imposition of higher parking fees. Many women will not feel safe using public transport. Nurses, orderlies and cleaners, many of whom are women, will not feel safe using public transport at odd hours, when there is a lack of service, where there is sometimes no interconnecting service and for which there is simply no service for areas bordering my electorate after 6.00 pm, certainly on a Sunday and certainly not in the early hours of the morning on any night of the week. Some areas are not serviced by public transport at all. Surely we do not expect nurses to walk long distances late at night or in the early hours of the morning. It is wrong, it is mean-spirited and it punishes a group of people who can least afford to be punished—a group of people whom I believe the community would want to see supported. I fully support and commend the motion put forward by the Deputy Leader of the Opposition.

MR W.J. JOHNSTON (Cannington) [4.49 pm]: I rise to support the disallowance motion moved by the Deputy Leader of the Opposition. I want to make a couple of points. The first one is that in the Minister for Health's statement this morning he again asserted that the State Solicitor's Office advised that the fees for car parking are valid and do not constitute a tax. That is just an assertion. I make the point that when the Joint Standing Committee on Delegated Legislation reviewed these matters, it concluded that the fees were a tax and that they were beyond the power of the enabling legislation. The member for Jandakot, Hon Alyssa Hayden, the member for Wanneroo and Hon Jim Chown are all government members who found in support of the nurses in this matter. Just including an assertion in the minister's statement this morning does not change the facts regarding this matter. It really is incumbent on the house to endorse the work of that committee, which, at the time, was under the leadership of the member for Jandakot as Chair and included the member for Wanneroo. I am sure those members will shortly make a contribution in support of this committee's recommendations to make it clear—because they are not bound by caucus solidarity, as Liberal members of Parliament so frequently point out to us—that they were not just putting their names on a piece of paper, but that they actually believed what they were saying, and they will join the opposition in supporting the resolutions moved by the Deputy Leader of the Opposition to implement the decisions, recommendations and findings arising from the fiftieth report.

I wish to talk about a couple of other issues. I wanted to mention the privately owned car park. I must say that I feel sorry for the Department of Health witnesses because the government has changed its position from March, when they gave their evidence. If we look at what the government is now doing, these poor witnesses were arguing for the government's original position and we can go through and see the sort of arguments they were making; now, the government itself no longer accepts the position it was putting in March because it has been responding to the union campaign for fairness and equity for the workers at these hospitals.

Hon Jim Chown asked a question of a Health witness about the construction of the multistorey car park at Sir Charles Gairdner Hospital, and the witness said —

It is via a public-private partnership arrangement between the state and Capella Parking, so the capital cost is being met by the private sector under that agreement, but with an expectation that that cost will be recovered over the life of the operation of that facility through the charging of people for parking on site.

The Chairman asked —

How long is that PPP contract going to be?

The answer was 27 years.

It would be interesting to know how the capital is being treated in the charges for the people on the site, and what the profit margin is for Cappella Parking, which is the Queensland-based contractor that has won the contract to run that multistorey car park. Because if it is right that the private sector is being asked to fund the capital cost, that means the government made a deliberate decision to increase the capital costs of the project because of

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course the state government would be able to borrow money at a lower rate. So, the government is actually choosing a more expensive path to provide parking facilities for nurses on that site than if it chose another path.

I also point out that in accordance with Australian accounting standards, the future obligations under that public-private partnership are effectively debt. So it is not as if the government is avoiding debt, because the accounting standards recognise that that would just be a con and dishonesty, and so they actually say that state governments have to account for future obligations under PPP contracts. So it is not as if the government can say, "We're avoiding debt with our PPP contract", because it is not.

The next point that needs to be made about that PPP contract is that if the government was directly providing the infrastructure and services, it would not have a profit margin. The profit margin would be not there because it would not be required. The government has deliberately chosen a way to maximise the charge on nurses at the Queen Elizabeth II Medical Centre by delivering the project through a PPP. If it was interested in the issues of nurses at that site, it would not have chosen a PPP for the parking. My late mother was a nurse; my sister lives in Cairns, and although she is no longer practising as a nurse she was a registered nurse for many years; and I have another sister who lives in Canberra who has now gone to do a training-related job, but she was an enrolled nurse. I also have a sister-in-law who is still a nurse; she is in charge of the emergency department at a hospital in Victoria. I have to, on behalf of my family and all nurses in this country, stand and say that the government should not be allowed to get away with maximising the cost, and increasing, deliberately and purposefully, the parking costs for nurses on that site.

DR J.M. WOOLLARD (Alfred Cove) [4.55 pm]: I just wanted to say a few words on the motion before the house.

To start with, I am a bit disappointed that the motion of the opposition spokesperson on health deals with Royal Perth Hospital, QEII, and the women and children's hospitals, but it does not deal with Fremantle Hospital or Osborne Park —

Mr R.H. Cook: Member, if I may: that is because those disallowance motions were actually supported in the other place, so we could not actually deal with them because technically they no longer exist.

Dr J.M. WOOLLARD: So they are not on the table anymore?

Mr R.H. Cook: They no longer exist.

Dr J.M. WOOLLARD: That is fine then. I noticed today that they were not there, and I was going to move an amendment to this motion.

Like probably many members of this house, I have been contacted by nurses and other health professionals who work in our public hospital system; I have probably had more correspondence from nurses. For members of this house who are unaware, I am a registered nurse and a past president of the Australian Nursing Federation, and I am proud to make those statements. I believe the Australian Nursing Federation has gone from strength to strength because it is looking after its nurses. Although it is looking after nurses, the base salary for an enrolled nurse is \$46 000; for a registered nurse it is just over \$53 000. The base salary for a teacher is \$56 000; for a graduating teacher the base salary is \$67 000. The base salary for a trainee police officer is \$48 000; it is \$64 000 on probation; and \$66 000 for a constable. Those three groups of workers really are the backbone that supports the community, and yet their salaries are much lower than those of other health professionals.

What greatly concerns me is that the minister has said that this new car park for this new hospital has to be paid for. Let us look at the ramifications of that. How many members are having new schools built in their electorates? Does that mean that if a new car park is built for a new school next year, teachers will have to pay for parking? Does it mean that if a new police station or police complex is built in a few years' time, police will be asked to pay for parking? In some ways this will open up the door to payments for not only nurses, but also those other two professional groups that do so much for the community. Yes, there is insufficient parking at public hospitals for nurses and, because there is insufficient parking, patient care is compromised. Often when nurses get to work, if no parking is available, they have to park in nearby streets and after a number of hours they have to get someone to cover their shifts while they feed the metre. This could be at all times of the day and into the early evening. Patient care is currently compromised because of a lack of parking.

Dr K.D. Hames: Exactly.

Dr J.M. WOOLLARD: But, minister, I do not think the answer is to charge nurses for new parking arrangements. Their salaries are not high. They are the backbone of the health system and they know as well as the minister and I know that nurses pay nothing for parking at some private hospitals, and some private hospitals rely on agency staff. If we introduce paid parking, it will be another penalty for nurses and they will consider what salary they earn working in the public hospital system and what penalties they incur, and one of those

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penalties might include parking fees, if this increase is allowed. Then they will consider what salaries they could earn in private hospitals where they do not pay for parking, certainly not in all the private hospitals.

I appreciate the fact that since this debate started, the minister has decreased the parking fee nurses would be charged over the next few years. But I do not believe that this is the right way to deal with our transport problems. Yes, we want people to use public transport. Recently when I met with nurses, one nurse said, "I live in Helena Valley and I used to work at Charlies. In order for me to get there for an early morning shift it would take me two hours on public transport." That is why many nurses use their own transport. I think, minister, we have to invest in parking for nurses but we must also invest in improved public transport.

I remind the government again that although a lot of people live in the north metropolitan area, a lot of people live in the south metropolitan area. I am sure residents think it is great that the government is looking at light rail for the north metropolitan area. I can see the member for South Perth smiling at me.

Mr R.H. Cook: Give the member for South Perth his train station.

Dr J.M. WOOLLARD: What about light rail from Fremantle all the way to the new sporting centre?

Mr R.H. Cook: Kwinana.

Dr J.M. WOOLLARD: Light rail should go the whole way along Canning Highway.

Mr J.E. McGrath interjected.

Dr J.M. WOOLLARD: Thank you, member for South Perth. I know he is in agreement with that. I hope that he lobbies for that not just in this house but also in the party room.

This motion is about —

Mr T.G. Stephens: You could have made it a condition of supporting the coalition. You could have got that.

Dr J.M. WOOLLARD: It is about supporting nurses.

Dr K.D. Hames: She's voting with you; don't give her a hard time.

Mr T.G. Stephens: I'm so used to abusing her!

Several members interjected.

Dr J.M. WOOLLARD: It is about supporting people who dedicate their lives to looking after other people. This is about personal care assistants, enrolled nurses and registered nurses who work at hospitals. If the minister were to go into hospital and needed to use a bed pan or he was incontinent, they are the people who would look after him; they do the jobs that not many members of this Parliament would like to do. They are not on high salaries but the minister should think about the work they do for us as adults and for seniors and children. What have we seen in the past few years for nurses? A penalty for parking.

In 2007 the Department of Health put to the government that we were short of 135 school health nurses, and then approximately 110 child health nurses. We now know from the recent review that it is now 151 child health nurses. I congratulate the minister and the government on the funding it put in the previous budget for 100 additional child health nurses, but I remind the minister again that that still means that in three years, based on current population figures, we will still be short 51 child health nurses. That issue of school health nurses has not been addressed. Another report prepared by the Education and Health Standing Committee following a trip to the north west identified hearing problems in children in the north west and the vital role school health nurses could play in preventing hearing loss among those children. But child health nurses cannot play that role when we are 135 FTE short, as the figure was three years ago. I look forward to the minister telling us how many school health nurses we are short at the moment. Maybe if we had more school health nurses, children with developmental problems would be picked up sooner. The educational gap for children who get behind might not get worse.

Dr K.D. Hames: I think you're drifting off the subject.

Dr J.M. WOOLLARD: Children might finish school and go on to be gainfully employed.

Yes, minister, I would be happy to talk about nurses for a long time. But I said I would be brief on this debate.

A member interjected.

Dr J.M. WOOLLARD: I am being brief.

I support the motion to disallow the government's proposals to increase parking fees for nurses and other hospital workers and visitors who visit their families in hospital. I believe that parking is something we should provide for these people who, as I said, are the basis of our healthcare system.

I think the minister heard at the rally a week ago that at the moment the average age of nurses working is the mid-to-late 40s. We need to do something now to attract more nurses to work in our public hospital system. Increasing parking fees will act as a deterrent.

MS R. SAFFIOTI (West Swan) [5.08 pm]: I rise to support this motion, and I will speak briefly on it. I support the motion the member for Kwinana has moved today. We have seen cash grab after cash grab by this government. There has not been a family, pensioner or worker in this state that the government has not wanted to tax more. These extraordinary increases for hospital workers throughout the metropolitan area are another example. In 2010 a local resident wrote to me asking me what the government was planning to do about parking fees. I wrote to the minister in 2010 and I will read out the response I received in 2010 from the minister. It states, in part —

The Department of Health has a responsibility to reduce its carbon footprint and the impact individual hospitals have on local traffic. In line with these objectives, a Metropolitan-wide Access and Parking Strategy ... was formally released... The Strategy has been developed to provide a framework under which all public health campuses in the metropolitan area can deliver consistent policies and practices towards access management.

The Strategy contains information on parking fee increases at all sites that will affect all staff from 1 January 2011. These are moderate increases over a four year period ...

That is why I think the minister totally got it wrong. These were not moderate increases; these were significant increases, and now we know that they were well above cost recovery.

I want to speak now about the ministerial statement that the member for Cannington referred to. This was a tax—it was another hidden tax that this government tried to levy on workers and families in Western Australia. The Minister for Health said that the State Solicitor's Office has advised that the fees for car parking are valid and do not constitute a tax. I do not believe that is a necessary authority. I believe the Auditor General needs to have another look at this matter, because it is the Auditor General who normally defines whether a fee is above full cost recovery and should be classified as a tax. There have been a number of examples of this over recent years, but I know from my former life in Treasury that any revenue collection that is above the cost of providing a service constitutes a tax. This is a classic example of such a tax. Therefore, I do not agree with some of the statements that have been made by the Minister for Health today.

As we have said, the Standing Committee on Delegated Legislation had a look at this issue, and it made some key findings. Some of the key findings, as stated in part 5 of the report, "Conclusions", were as follows —

- 5.3 The Committee does not accept the DOH costing methodology and the manner in which capital costs are allocated in full and recouped in one financial year.
- 5.4 The Committee is not persuaded that parking fees reflect cost recovery.
- 5.5 The Committee does not accept, and is of the view that Parliament should not accept as a proper exercise of the power provided to the Executive, DOH fully allocating parking capital costs in one financial year as an appropriate costing methodology.

This is a clear example of a government that was seeking, yet again, to impose massive cost-of-living increases on Western Australian families. I know that the minister is now half walking away from those increases, but they are still significant increases. We support this disallowance. We condemn the government on its continuing attack on Western Australian families and pensioners by its increases in the cost of living. We have seen that in a range of areas—water, gas and electricity charges, council rates, and the landfill levy. These are all enormous examples of how this government is increasing the cost of living. So I support this motion and I congratulate the member for Kwinana for putting it forward.

MR C.C. PORTER (Bateman) [5.12 pm]: I want to make a few comments on this motion. This is a complicated issue, and it is not made any less complicated by the fact that it involves a quite difficult legal argument about the difference between a tax and a fee. There is also a range of complexities by virtue of the fact that we have all these different sites and different values attached to the parking fees at those sites.

The first issue is the difference between a tax and a fee. There has been a lot of talk about cost recovery and over cost recovery. The argument that exists between the Standing Committee on Delegated Legislation and the State Solicitor's Office about what constitutes a tax and what constitutes a fee is partly a commercial argument about the level of cost recovery. It is also, and equally, an argument about the legal definition, in the context of subsidiary legislation, of what is a tax and what is a fee. The SSO takes a somewhat different view on that issue from the one that was taken by the delegated legislation committee. I did sit on that committee before the election, so I have seen this argument play out on both sides. In fact, the SSO advice that comes regularly to

government—namely, that the delegated legislation committee’s understanding of the distinction between a tax and a fee as it sits in the legal context of delegated legislation is wrong—is SSO advice that came to ministers in cabinet when members opposite were in government, just as it comes to ministers in our cabinet. Indeed, I remember a situation that arose when I was commissioned as Attorney General after the election. Shortly before the election, the then Attorney General, Hon Jim McGinty, had moved to increase fees in the Supreme and District Courts. The delegated legislation committee had moved to disallow that. After the election, and upon becoming Attorney General, I inherited the same increase in court fees, and the same advice that he had received from the SSO, which has been consistently that the delegated legislation committee has in effect misconstrued the definition.

Ms J.M. Freeman: I beg to differ. One of your courts actually admitted that it was charging above cost recovery. That was the only one. So, by admission, in that particular report, one of the areas under your portfolio at that time—I think it was probate—actually admitted that the fee was above cost recovery.

Mr C.C. PORTER: It did, and I will explain it, if I can, because I think it will elucidate this argument. This is an argument that this Parliament is going to have to resolve at some point in time, because we cannot have the delegated legislation committee and the major legal adviser to government and the cabinet of the day having a completely divergent view about what is a tax and what is a fee. With probate fees—the member is quite right—the court and the Department of the Attorney General acknowledged that the fees were an over recovery of probate. What happens is that the courts charge large fees for the filing of a document. The actual cost of receiving and stamping and moving a document is quite low, but the courts seek to recover the broader costs of the administrative point of court proceedings through the gatekeeping point of the stamping of documents. That is why probate fees are larger; it is to cover the other administrative costs of the court. The legal point is that the SSO says that that is a fee because it is cost recovery; the delegated legislation committee says it is not a fee because it is over cost recovery. That is not an argument about the commerciality of the overall cost recovery. There is no argument that the whole probate process equals the fee that the court is charging at the point of receiving the document. That is not the argument. So we do have this difficult legal divergence of views. But I can say to members, earnestly, that the advice that is coming from the SSO to us as a government is the same advice that was coming to the former government, and this situation has to be resolved.

The SSO has advised the minister and the government that on the broader interpretation of cost recovery, the fees that are being charged in parking are recovering costs in the long run. I think that, leaving aside that legal argument, this is really about the commerciality of cost recovery and a decision for Parliament as to when to subsidise certain costs that are borne by public servants and when not to subsidise those costs.

Mr R.H. Cook: Before you go on to that, looking at the SSO argument, it appears to me that the SSO is essentially saying that the government has the authority to charge against the economic value of the good as opposed to the cost recovery of the good. It is essentially breaking that nexus of a discernable relationship with cost recovery.

Mr C.C. PORTER: In a nutshell, what the SSO is saying is that the economic value of the good is equivalent to cost recovery. That is what the SSO says as a matter of law. This issue will have to be resolved at some point in time, and whether this issue is resolved by a hearing in the Supreme Court, or by clearer legislative provisions, is a matter that will have to unfold. With respect to the commerciality of this, I just put this point to the Parliament. The fact is that parking carries a cost. The member for Cannington made some fair points about the fact that part of that cost is a recovery of a fair profit if we build capital; and, as he said, government does not recover a profit on capital. That is a fair point, and I will come to that in a moment.

The other point is that parking carries with it a cost. At the moment, the cost of parking at Queen Elizabeth II Medical Centre is \$4.10 for eight hours, at Royal Perth Hospital in Wellington Street is \$4.10 for eight hours, at Fremantle Hospital is \$4.10 for eight hours, at Princess Margaret Hospital for Children is \$3.40 for eight hours, at King Edward Memorial Hospital for Women is \$3.40 for eight hours, and at Osborne Park Hospital is \$2 for eight hours. All members in this place have practical experience with parking. Can anyone think of any place in East Perth, near Royal Perth Hospital, where people can get eight hours’ parking for \$4.10?

Mr R.H. Cook: Yes—the staff at Trinity College!

Mr C.C. PORTER: Indeed, and that is the point. That is the point that the member for Midland made. She said that a lot of government workers receive free or subsidised parking. We need to keep in mind that the teachers at Trinity are not government workers. But the member is quite right; if Trinity were, for argument’s sake, a public school, it might be argued that those people are getting free parking. Some public servants receive free or subsidised parking; others do not. There are in excess of 30 000 employees in the Department of Health and about the same number in the Department of Education. Some of those employees receive the benefit of what is

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effectively subsidised—at times very heavily subsidised—government parking; others do not. When we look across departments and agencies of government, the disparities between who gets subsidised parking and who does not become even broader than those that exist in the Department of Health. We have to acknowledge, first of all, that some people get subsidised parking and some do not.

Let us look just at the Queen Elizabeth II Medical Centre for a moment, where the charge is \$4.10 a day at present. We found that if people go to Hollywood Private Hospital, the commercial rate of parking will be \$10 for an eight-hour period. If they go to the University of WA, the commercial rate of parking is \$10 for an eight-hour period. If a person works at the University of WA and they pay for their parking, they will pay \$10 a day, which is the commercial rate of parking. As things presently stand, the parking for people at QEII is heavily subsidised by the taxpayer; and there might be reasons for that or there might not be, but that is a matter of commercial fact. The situation that the government was also confronted with at QEII was that there were in existence 3 034 bays, composed of 942 visitor bays, 1 783 on-site staff bays and 245 off-site staff bays. The Minister for Health will correct me if I am wrong, but there are 5 000-odd employees at QEII, which is why the government is determined to pay for the building of the Capella facility, which will provide 5 000 car parking bays at QEII. The starting point is that staff at QEII had around 2 000 bays, and with the building of the Capella car park there will be 3 000 extra car park bays for staff that previously did not exist.

When members opposite talk about safety concerns for staff at QEII, the fact is that 3 000-odd people were either having to catch public transport at difficult or inconvenient times or were parking off site, often running the gauntlet of councils, walking to the hospital and jeopardising their safety. There were 3 000 people doing that. The government has moved to institute a public–private partnership with Capella to build a 5 000-bay car park, in effect providing 3 000 extra bays for the staff there. There is a cost associated with that. The capital cost of that is \$800 million. The PPP is for 28 years. The cost of that \$100 million capital is amortised, so international and Australian accounting standards mean we have to show that in the budget. We show \$100 million as debt when we contract with the private sector provider to pay for the construction of that, but Capella will also operate and maintain, for that 28-year period, a 5 000-bay car park that will be to the benefit of at least 3 000 employees, if not all 5 000 employees. A commercial rate of return is required to make that viable for Capella. That commercial rate of return is reflected in the gradual increase in fees over time.

As the minister pointed out, if the disallowance motion is successful today and the contract that has been concluded and cannot be unravelled is going ahead, the difference between what we have promised Capella it can recoup on its investment and what people will actually pay will have to be made up by the government—that is, the taxpayer. I am informed that if Capella cannot charge a commercial rate but only the rate that is going at the moment, over the 28-year life of the project that represents about a \$230 million cost to the taxpayer that would have to be made up to Capella. Over the early stage, I think it works out to about \$10 million a year, so in 2014 we would be looking at having to recoup \$10 million. That is in effect the subsidy that the government would be paying over the life of the project to have a cheaper than commercial parking rate at QEII. That may be a decision that Parliament wants to collectively make, but I will make a couple of points about that. The first is that that is a burden for the taxpayer. The second point is that there are a range of equity problems that we will create for ourselves. The equity problems already exist, but we would likely make them worse.

The member for Armadale raised the point that the Department of Health has 30 000 employees and the Department of Education has 30 000-plus employees and that some of them, through a variety of circumstances, receive heavily subsidised or free parking and others pay a full CBD commercial rate of parking for the expense of parking. At the moment, the government is well and truly in the unfortunate position that it maintains this inequity. We have a decision to make here. I have made these points, particularly on QEII: do we go ahead with the contract? We have to, as that is commercially set in stone. If so, do we subsidise those 5 000 bays for the workers there or do they pay the commercial rates for those positions? I think on balance we are better off trying to move gradually and slowly to a situation in which the taxpayer is not in that position—except in extraordinary circumstances in which there are true and demonstrable issues of safety or a complete inability of people to find a bay at commercial rates or to get there at all on public transport. In the long run, the government should get itself out of the business, gradually and smoothly, of having the taxpayer inequitably subsidise government workers' parking. If we maintain this policy on a piecemeal basis every time there is a protest at Parliament House, all we are saying is that the taxpayer subsidises one group because they are louder than a disparate group. That is simply unfair and inequitable in the long run. The reason that we will use Capella for that PPP, rather than borrowing \$100 million ourselves, paying a private builder ourselves and then looking at the shiny new car park and deciding whether we will get the private sector or a separate contractor to run it or put public sector employees in there to run it for 100 years is that the commercial aggregate cost of having one commercial private entity build it, operate it and maintain it over a 28 or 30-year period is a more cost-effective way of doing it. It is more cost-effective than us borrowing the money upfront, getting one private sector builder to build it, having

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someone else run it and then subsidising the difference over the long run between the commercial returns and what we charge people. It is a difficult area, but I caution this Parliament against jumping every time there is a protest to say yes to that group, because the only way we can be equitable and consistent is massive taxpayer subsidies to public servants, which people in the private sector do not enjoy.

DR A.D. BUTI (Armadale) [5.27 pm]: I welcome back the member for Bateman.

Mr C.C. Porter: Lovely to be back!

Dr A.D. BUTI: It was enjoyable listening to his contribution, and he did make a couple of interesting points. The issue about equity is interesting when we stand here as politicians and receive free parking. I feel very uncomfortable having this privilege of free parking and complaining when we work to maybe 11 o'clock on Tuesday night when many of these nurses work all night on a regular basis and they have to pay for parking. They do not get free parking as we do.

Mr C.C. Porter: You know what the solution to that is? It is one I advocated previously.

Dr A.D. BUTI: I am sure the member for Swan Hill would not like it, because he was not even prepared to pay \$20 to a charity this morning. I presume the member for Bateman's solution is that we should pay. I feel very uncomfortable that we are talking about equity when we do not pay for parking.

Another point that the member for Bateman made was that we should not jump every time there is a protest on the steps of Parliament House. That is a fair enough point. But I think the government jumped today with the Minister for Health's ministerial statement. Why did the Minister for Health come before Parliament and make this statement today? Surely he jumped as a result of a protest. The member for Bateman probably would not have jumped, and I am sure the government is ruining the day he decided he should not have his portfolio.

Today the member for Alfred Cove made what I thought was her best contribution. I am proud to let people know that she is a former student of mine. I thought her contribution was superb. I do not think anyone in this place would deny that nurses are an incredibly important part of our society and that their contribution to the health system in our society is immense. I know that the member for Bassendean, of course, has a very close linkage to nurses.

Mr M.P. Whitely: Only the one!

Dr A.D. BUTI: Only one. We have a shortage of nurses, from my understanding. It will be hard to retain and attract nurses if we place another impost on them. Yes, if we read the fees, they are on the lighter side for parking costs in the CBD area —

The ACTING SPEAKER (Ms L.L. Baker): Members, all I can hear is a buzz around the chamber. It is interfering with the member on his feet trying to give his 18 minutes' worth, so could you please keep your conversations down.

Dr A.D. BUTI: One may argue that the fees are not excessive, but they are an impost on nurses. The fact is that nurses have to work shifts. The minister states that staff at the Department of Health in Royal Street pay \$50 a week for parking, but I am sure that none of them have to work nights. I am sure most of them are out of the office by 5.00 pm. Therefore, I think it is misleading for the minister to put that in his statement. The fact is that nurses work at all hours. To encourage them to use public transport may be great, but I challenge the minister to go to McIver station and try to get a train at midnight or one o'clock in the morning. I think that at two o'clock in the morning the minister would not get a train. The member for Bateman talked about equity, but if he is going to talk about equity, he needs to compare oranges with oranges—not oranges with apples. The fact is that nurses are a valued section of our society, they contribute to our health system and they deserve the best from their elected representatives. I am very uncomfortable talking about equity, given we receive an incredible privilege at this Parliament.

DR K.D. HAMES (Dawesville — Minister for Health) [5.31 pm]: I thank members for the opportunity to comment on this motion. I point that out to the house because I know the opposition has a number of members who would like to have spoken and, further, on our side there are more members who wanted to speak. However, we reached an arrangement, partly because there are other matters that we want to get to and debate, and I think partly also for the people in the gallery who want to see a conclusion to this, so that we will get to the vote on this motion prior to six o'clock. Therefore, the intention is that I will respond further on behalf of the government, leaving a short time for the member who put forward the motion to respond to the debate.

I will start by reiterating how we got to this point in the first place and go back to some of the issues that were raised by the shadow minister. The policy to look at parking issues within the CBD was started by the former government but put in place by our government. I am sure that members in this house are aware of the

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significant stress the city has experienced through increased vehicular traffic. A large number of vehicles use the city. The planning department put forward a series of policies, developed at the request of the Labor Party in this state, to look at how it might address those issues within the CBD and close surrounding areas. The recommendation was that government departments and particularly the health department should look to increase the cost of parking for staff. Staff at our hospitals were to pay parking costs at a level that was equivalent, as the member read out earlier, to travelling two zones of public transport. That required me to increase the fees at not only those CBD hospitals but all hospitals across the state. This was not just for the CBD; this was a total parking strategy for the whole metropolitan area. I was then required to gradually phase in parking fees at all of our hospitals. I have to say that I refused to do that and I think with good reason. I think that my view would be backed by every member of this house. Firstly, I refused to bring on board the C hospitals—that is, hospitals such as Rockingham, Armadale and Midland. Those hospitals were required to start charging parking fees; in fact, if I had followed that strategy, those parking fees would now be in place. For some hospitals close to the city, particularly where there was significant demand on parking—I think Osborne Park was one—I agreed to the overall increase that brought the cost of parking up to the equivalent cost of travelling two zones on public transport. I was supposed to increase the cost of parking so that by the time we got to 2014, it would be the equivalent of two-zone fares on the day, not two-zone fares now, which are about \$7.50. I would probably have had to make it \$10 by 2014 to be equivalent to two-zone fares. Again, I refused to do that. One of the difficulties I had is because it is state government strategy, and I am responsible for that. The WA Planning Commission, on our applications to redevelop Sir Charles Gairdner Hospital, said, “This is government strategy. If you don’t follow that strategy, you won’t get approval to build your new children’s hospital or the other developments you want to do.” So I agreed to increase the parking cost to \$7.50 but not beyond that amount, and to phase that in until 2014. That is how the strategy started.

Then we looked at the other side of the issue, which is parking at the Queen Elizabeth II Medical Centre site. I well recall that at one stage there were going to be 1 500 beds on that site, comprising 250 beds at King Edward Memorial Hospital, 250 beds at the new children’s hospital and 1 000 beds at Sir Charles Gairdner Hospital—an increase from its 630 beds to cope with the closure of Royal Perth Hospital. That is how the bed numbers were going to be managed. To do that, the parking strain on that site, as members can imagine, would be enormous. The minister of the day, Jim McGinty, was going to force a significant number of those people who park at that hospital site to catch public transport. Already we had issues; there has not been enough parking on the QEII site for a long time. The Nedlands and Subiaco local councils that divide the hospital between them have been complaining for a long time about the parking by staff in particular but also visitors to the hospital in the streets around the hospital. The councils increasingly put up parking fines and put in strategies that stopped people other than local residents from parking in the streets around that site.

Ms J.M. Freeman interjected.

Dr K.D. HAMES: I am sorry; I really do not have time. I am surprised that the member was not given a turn to speak.

Mr R.H. Cook: She’s one of the disappointed ones!

Dr K.D. HAMES: However, I do not have time to take interjections.

A strategy to fix the dilemma of parking on that site was needed, particularly given that putting in the new children’s hospital would take some parking away. The government’s strategy to increase the parking fees gave me the opportunity to get, through the government, the ability to build a new multistorey car park—what will be 5 000 new bays on that site. So instead of the set-up under the former government—Jim McGinty talked about having a multistorey car park but could not get the funds to build it—we were able to go to the private sector and have the car park funded in that way. The cost that we had agreed to with planning for increases in fees allowed us to offset the cost of parking so that there was no cost to government. That arrangement allowed us to achieve that outcome. Sure, members made the point that I could have had Treasury go borrow another \$100 million; in fact, as we have heard, it actually counts as borrowing when we go through the private sector. But that would have been enormously difficult because we were spending \$2 billion on Fiona Stanley Hospital and we had just sought agreement for an extra \$1.2 billion for the new children’s hospital. Frankly, if I had been able to get another \$100 million, I would not have spent it on parking. I would have spent it on replacing the Quadriplegic Centre. I do not know whether members have been to the quad centre lately, but it is not good; it is in desperate need. It is probably the only hospital that we have not been able to replace. I would have put that money into that hospital, not into new parking. Therefore, this has given us the capacity to provide more parking for people. The complaints that this is disenfranchising and making nurses and other health staff at hospitals suffer by having to pay these costs of parking do not take into account the fact that probably 50 or 60 per cent of them would have had to pay anyway, and not only the equivalent cost of public transport to get there, which already we worked

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out for two zones is about \$6.50 now and by the time we get to 2014 is likely to be \$10. They would have had to pay those fees, because they had no other choice to get there.

As we have heard, how hard is it for staff who work at a hospital to catch public transport? It is extremely hard. I well recall making the point to Jim McGinty, when he said that everyone had to catch public transport, that if my daughter, who was at the time an unmarried mum working at the dental hospital next door, had to get public transport to that hospital, she would not have been able to work there. It would have been absolutely impossible for her to drop her kids at school, get to work by public transport and get home again. We well recognise the need for staff to have parking at a hospital. But, as I have said, the construction of that parking facility needs to be paid for. What is fair? Some members opposite have put forward arguments that we should not charge nurses for parking. That is a very hypocritical argument for them to put because when they were in government, they charged nurses for parking. Sure, it was a lot less, and we have heard the reason for the increase, but members opposite cannot say that nurses should not be charged when they were charged for seven years by the previous government. That is not a logical argument. They were charged for the whole seven years of the previous government. Then we need to ask how much they should pay and whether they should get a discount—a government subsidy. I say that absolutely they should get that because we will need staff at our hospitals in the future. Although we have enough nurses and other allied health staff at present, there will be shortages and so we need to make it easier for them. We need to attract them.

As we heard from the member for Bateman, parking at the university next door costs about \$10 a day. Currently, the health staff at the hospital pay \$4.10 a day, so there is already a discount of \$6 a day. Other health staff at Royal Street pay nearly \$60 a week. They pay \$11.70 a day compared with the \$4 a day currently paid by the health staff at Royal Perth Hospital and the Queen Elizabeth II Medical Centre. Members have said that there is a difference because they do not work shift hours, but we are not talking about the staff who work shift hours. Staff who work shift hours get a 25 per cent further discount. We are talking about those staff who work during the day. These fees are day rates, not night rates. We can directly compare the rate of \$4.10 paid by a nurse or an allied health worker at Royal Perth with the rate of \$11.70 paid by a staff member who does other work just down the road at Royal Street. That is a significant difference.

Members opposite have compared those staff with police and teachers. How many teachers are at a school? The reality is that, depending on the size of the school, there are probably 10 or 20 teachers there. It is not difficult to provide parking for people who generally work outside the metropolitan area at a school that needs only 10 or 20 bays. As the member for Bateman said, there are 5 000 nursing staff and an additional 3 000 other staff at the QEII site. We are talking about 8 000 staff at one location. No other profession has that number of staff at one location. Even the police, who have a head office, have nowhere near that number of people on-site. So they cannot be directly compared.

I return to my point that it is fair and absolutely appropriate for us to provide a discount, and we will continue to do so. Even when those charges are \$7.50 a day in 2017, my bet is that anyone else in anywhere close to those circumstances will be paying a great deal more than that.

We have talked about the increases and we have heard what they are. As we have said, under the changes that I have made, they are \$3.50 a week. Those changes will cost the government an additional \$10 million over that period. We are making those changes and that will mean that the cost will go up by 70c a day each year, or \$3.50 a week. Almost all the staff at QEII can salary sacrifice that cost. Someone had a go at me because I said on the radio that it was tax deductible. It is not tax deductible. I explained it properly for the previous four interviews, but I did not explain it properly in that interview. Almost all the staff can salary sacrifice that cost, and we are waiting on a ruling from the Australian Taxation Office on whether everybody can do it. That is the equivalent of tax deductibility.

I have just been given a transcript of an interview on 6PR—I give Howard a plug. I have to express some concerns about what I could only call the lies that have been perpetrated on radio by Carolyn Smith from United Voice. Howard Sattler asked how much the increases were. I have heard people from the union state on multiple occasions that this increase will totally chew up all the salary increases we give to staff. As we know, the salary increased by four per cent in the last round. As an example, I will pluck out of the air a salary of \$60 000 a year. A four per cent increase in salary equals \$2 400 a year. If the parking fee of \$3.50 a week is multiplied by roughly 50 weeks, that is about \$160 a year—I have not done the maths. That is nowhere near the increase in salary. But what did Carolyn Smith say on the radio that this \$3.50 a week increase was? Howard said, “So, the increases are around \$35 a week” and Carolyn said, “That’s right.” As the union representative, she will know exactly what the increase is. We have been given those figures. We have communicated them at length. They are in press releases. Everyone knows. It was absolutely wrong to mislead the public of this state by saying that it is an increase of \$35 a week. She went on to say, “One of their pay increases was \$28 a week.” She was trying to

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suggest that all of the pay increase for those staff will be chewed up by the increased fee. If the pay increased by \$28 a week and the fee will go up by \$3.50 a week, the increase in the fee represents just over 10 per cent of the pay increase. That is nowhere near chewing up the whole of that pay increase.

There was something else that did not mislead the public, but was really just confusion expressed by the member, so I want to set the record straight. Carolyn Smith talked about the people who were waiting on the doorstep of Parliament House. We all know that Parliament starts at midday on Wednesday. People were collecting fees at the door from about 10.00 am or 10.30 am.

A member interjected.

Dr K.D. HAMES: It was earlier than that? It was still well before the start of Parliament. Anyone who has observed my movements—not that any members would—will know that, as a rule, I do not come through the south entrance door; I come through the front door of Parliament. Carolyn Smith is reported to have said —

We saw Kim Hames, and he saw us and he did a u-turn and drove ... up off the street looking for another park, because he just didn't want to face people.

I was coming down Harvest Terrace and I was on my way to a meeting. We went down to the end of the street and turned onto the freeway, and I saw them there collecting fees. I did see them, but, no, I did not dodge them, because I do not have to be at Parliament until midday. I did not get here until just before midday. In fact, when I arrived at the front door of Parliament, I had my money out ready to pay. I note that they said that no-one paid. I was going to pay \$4.10 at first, which is the daily fee—remember, it is only for a day—for parking on this site. I was going to give them another \$6 or \$7 on top of that to take it up to \$11.70 because that is what the rest of our health staff who work at Royal Street have to pay for their parking.

I need to leave time for the opposition, as per our agreement. We have listened to the concerns expressed by health staff. At a cost of \$10 million over that period, we have therefore reduced that burden of increases so it will be phased in more slowly but we cannot accept the disallowance as it would result in a huge additional cost to government in paying for the cost of that car parking, money that I believe should be used in the rest of the health system, particularly in child and school health nurse services, as spoken about by the member who is not here. If I have additional money, that is where I want to use it.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [5.50 pm] — in reply: I will briefly wrap up. In doing so, I thank the chamber for the debate today. For those who did not have an opportunity to put their views, I thank them for their cooperation so we can vote on this motion prior to the dinner break. I want to reflect momentarily on the comments made by a number of members. I thank the member for Bateman for his contribution this evening. He is quite right; at some point we will need to decide on a way to set these fees and charges. Is it the economic value that makes up these fees and charges or are they determined on a simple cost recovery basis? We must come to that understanding. The fact is that the Department of Health did not rely upon the economic value argument to justify the fees and charges; it relied upon a cost recovery basis. It said that the fees that it charges for these car parks are made up of this, this, this and this. On a dispassionate analysis of those fees and charges, the Joint Standing Committee on Delegated Legislation determined that those fees and charges could not be justified on a cost recovery basis. It is true; at some point, we should come to an understanding in this place, either by legal interpretation or legislation, and settle this argument about whether there needs to be a discernible relationship between the fees charged and the cost recovery or if the economic value model provides a more realistic way to set fees and charges. The fact is that the Auditor General has spelt this out very clearly under the legislation; indeed, the legislation requires him to do so.

It is also interesting to note that the fees and charges are driven by the contract arrangements with Capella Healthcare. If that is the case, I invite members to momentarily contemplate whether that means that the disallowance should be upheld. Essentially, we are saying that the fees are based on a margin or a profit basis and not on a simple cost recovery basis. In constructing these regulations, if the government anticipated a public-private partnership, would the regulations under this legislation allow for that sort of arrangement? We could rely upon a range of arguments or come to the conclusion that we should disallow them.

I want to dispel the comment made by the member for Bateman that if the disallowance is successful, we are taken on the journey of a \$230 million cost recovery over the life of the Capella contract. That is not the case. If we disallow this motion today, it invites the minister to come back with a more rational, carefully considered methodology and plan how he will act under delegated authority for this legislation.

Dr K.D. Hames: So if I lose the vote, you'll still agree to increase fees.

Mr R.H. COOK: If the government loses the vote, the minister is entitled to come back with a new regulation tomorrow.

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Mr J.H.D. Day: You're suggesting that.

Mr R.H. COOK: No, that has been suggested to me by the Clerk. If the minister does so, for once he may be able to nail this argument. Is this a green strategy, an economic value strategy or a cost recovery strategy? The minister has failed to justify that at every opportunity.

Members will recall that we have come to this debate after the minister tinkered with the hospital parking fees on three different occasions. First of all it was around those car parks associated with Rockingham, Kaleeya, Armadale and so forth. I think the government was originally determined to bring in a 50c fee. It withdrew from that after opposition in this place and, in the case of Rockingham General Hospital, from the member for South Metropolitan Region Hon Phil Edman, who was highly critical of the government over hospital fees at Rockingham.

The debate rolls on. The minister feels a little more heat, this time from the committee, and he makes another adjustment to the parking fees. This time it is to remove Osborne Park Hospital from those fees and charges—primarily, I would add, as a result of the criticism from the member for Balcatta and the work that he has done in his electorate to bring that to light. That moves Fremantle Hospital down to the next category. We roll on further to the death knell of today's disallowance motion and the minister came in with further charges. We are entitled to ask: What is the basis for these fees and charges? Is it political convenience or is there a scientific methodology that justifies it? The Joint Standing Committee on Delegated Legislation has found that they are not justifiable. It was not just some members of the committee who found that but a unanimous finding by the committee that these fees and charges should be disallowed.

The ACTING SPEAKER (Ms L.L. Baker): Members, I cannot hear the speaker. I am not sure whether Hansard can.

Mr R.H. COOK: If we go to a vote and we lose by one vote—that is, by the Speaker casting his vote in the negative—everyone will understand that hospital workers around this state will continue to be hit by this cash grab from the Barnett government on the basis of votes stolen by the member for North West, having abandoned his political party; he stole that vote from the people in his electorate and is now voting with the government. The government will vote to continue imposing these high fees and charges on hospital workers. We oppose these fees and charges because they are poorly put together, because there is a confused grab of different ideas to try to justify them and because we believe that we should stand up for those hospital workers who work in trying conditions in our state hospitals.

I commend the motion to the house.

Question put and a division taken with the following result —

Ayes (28)

Ms L.L. Baker	Mr W.J. Johnston	Mr P. Papalia	Mr C.J. Tallentire
Dr A.D. Buti	Mr J.C. Kobelke	Mr J.R. Quigley	Mr P.C. Tinley
Ms A.S. Carles	Mr F.M. Logan	Ms M.M. Quirk	Mr A.J. Waddell
Dr E. Constable	Mrs C.A. Martin	Mr E.S. Ripper	Mr P.B. Watson
Mr R.H. Cook	Mr M. McGowan	Mrs M.H. Roberts	Dr J.M. Woollard
Ms J.M. Freeman	Mr M.P. Murray	Ms R. Saffioti	Mr B.S. Wyatt
Mr J.N. Hyde	Mr A.P. O'Gorman	Mr T.G. Stephens	Mr D.A. Templeman (<i>Teller</i>)

Noes (28)

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

Pair

Mr M.P. Whitely

Mr M.J. Cowper

The voting being equal, the Speaker cast his vote with the noes.

Question thus negatived.

Sitting suspended from 6.01 pm to 7.00 pm