

Extract from Hansard

[COUNCIL — Tuesday, 11 September 2012]

p5374c-5392a

Hon Helen Morton; Hon Ken Travers; Deputy President; Hon Dr Sally Talbot; Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Philip Gardiner

**WOMEN'S AND CHILDREN'S HOSPITALS AMENDMENT BY-LAWS (NO. 2) 2011 —
DISALLOWANCE
QUEEN ELIZABETH II MEDICAL CENTRE (DELEGATED SITE) AMENDMENT BY-LAWS (NO. 2)
2011 — DISALLOWANCE
ROYAL PERTH HOSPITAL AMENDMENT BY-LAWS (NO. 2) 2011 — DISALLOWANCE
FREMANTLE HOSPITAL AMENDMENT BY-LAWS (NO. 2) 2011 — DISALLOWANCE
OSBORNE PARK HOSPITAL AMENDMENT BY-LAWS (NO. 2) 2011 — DISALLOWANCE**

Cognate Debate — Motion

On motion by **Hon Helen Morton (Minister for Mental Health)**, resolved —

That orders of the day 1, 2, 3, 5 and 6 be debated cognately.

Motion — Cognate Debate

Pursuant to standing order 66(3), the following motions by Hon Ken Travers were moved pro forma on 22 May —

That the Women's and Children's Hospitals Amendment By-laws (No. 2) 2011 published in the *Government Gazette* on 23 December 2011 and tabled in the Legislative Council on 6 March 2012 under the Hospitals and Health Services Act 1927, be and are hereby disallowed.

That the Queen Elizabeth II Medical Centre (Delegated Site) Amendment By-laws (No. 2) 2011 published in the *Government Gazette* on 9 December 2011 and tabled in the Legislative Council on 6 March 2012 under the Queen Elizabeth II Medical Centre Act 1966, be and are hereby disallowed.

That the Royal Perth Hospital Amendment By-laws (No. 2) 2011 published in the *Government Gazette* on 23 December 2011 and tabled in the Legislative Council on 6 March 2012 under the Hospitals and Health Services Act 1927, be and are hereby disallowed.

That the Fremantle Hospital Amendment By-laws (No. 2) 2011 published in the *Government Gazette* on 23 December 2011 and tabled in the Legislative Council on 6 March 2012 under the Hospitals and Health Services Act 1927, be and are hereby disallowed.

That the Osborne Park Hospital Amendment By-laws (No. 2) 2011 published in the *Government Gazette* on 23 December 2011 and tabled in the Legislative Council on 6 March 2012 under the Hospitals and Health Services Act 1927, be and are hereby disallowed.

HON KEN TRAVERS (North Metropolitan) [7.37 pm]: The motions that we are dealing with tonight seek to increase parking charges at hospitals across the Perth metropolitan area. It is clearly part of a policy that has been adopted by this government. It is referred to as the access and parking strategy for health campuses in the Perth metropolitan area. This strategy seeks to increase parking fees at the car parks at a range of hospitals, including Royal Perth Hospital, the women's and children's hospitals, Fremantle Hospital, Osborne Park Hospital and the Queen Elizabeth II Medical Centre, which includes Sir Charles Gairdner Hospital. I have no doubt that part of the overall strategy will also relate to future charging at Midland Health Campus and Fiona Stanley Hospital. On 1 January 2011, the fees at these hospitals were increased. Previously, the fee was \$2.45 at Royal Perth Hospital, \$1.50 at the QEII–Sir Charles Gairdner Hospital site and 96c at the Fremantle Hospital site. As I understand it, there was no charge at the women's and children's hospitals.

I say up-front to make it very clear—I do not want anyone to challenge me on this—that my partner works for the Metropolitan Health Service. Her permanent job is at a campus that does not charge for parking, but occasionally she works at Sir Charles Gairdner Hospital. I found this out only today when I checked with her. When she works at Sir Charles Gairdner Hospital, in most cases she parks at Graylands Hospital and gets bussed across. Members may be aware that workers do not get charged for that at this stage, although as I found out after talking to the secretary of the nurses' union today, that shuttle service will cease in about 18 months.

Hon Helen Morton: They won't need it.

Hon KEN TRAVERS: We will see.

Just so there can be no allegations that my interest in this is personal, I was not aware of those facts until I spoke to some people today. I wanted to put that on the record.

Parking fees at hospitals increased in January 2011. The intention of the government is to increase parking fees over the coming years so that by 1 July 2014, people will be paying \$7.50 at Royal Perth Hospital, QEII and Fremantle Hospital and \$5.40 at Osborne Park Hospital. That represents a significant increase. We are talking about something in the order of \$50 per pay packet. The sort of people we are talking about are not on high

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incomes and they often do shift work to make up their income. I challenge any member in this chamber to say that that will not have a dramatic impact on their day-to-day living expenses at a time when they are already suffering under the general costs of living. People across Western Australia acknowledge that one of the downsides of the current boom in the mining industry is the general increase in the cost of living in Western Australia. That is the policy of the government and today's amendment deals with one of the increases. The government has outlined that the fees will go up every six months. We are dealing with the most recent increase, although I think there has been one since this amendment was tabled that deals with an increase that was tabled some time ago. The question that the house has to deal with tonight is whether the substantive legislation empowers the government to achieve what it is seeking to achieve with its broader policy, noble or otherwise.

One of the good things about this house is the Joint Standing Committee on Delegated Legislation. The task of this house has been to refer to that committee matters brought before it so that it can look at the delegated legislation—the fee increases are delegated legislation—and determine whether the instrument is authorised or contemplated by the empowering enactment. On this occasion the committee has provided us with a good report on these matters. I believe the Deputy Chairman, Hon Sally Talbot, will go through in great detail the work of the committee and how it arrived at its decision to recommend to this house that the parking fees be disallowed. The committee report refers to the difference between “authorised” and “contemplated” by the empowering legislation. It demonstrates reasonably adequately that what will be done was neither authorised nor contemplated at the time the legislation was enacted. It is important that even if the house disagrees as to whether it was contemplated, the question is whether it was authorised. Members would be well aware that under the Western Australian Constitution, Parliament can pass legislation that makes provisions for regulations that provide for fees to be charged, fees that are cost recovery. If the government wants to go beyond cost recovery it is technically deemed a tax, and it then becomes a mechanism of taxation, which then provides for a separate taxing act to give and grant the powers of that taxing function within the substantive legislation. As far as I can tell, there is no suggestion that a taxing mechanism applies in this case.

The committee report explains in detail why it believes that what is happening is not a fee and that it is not above cost recovery. The report explains how the committee arrived at its view that the government is seeking to charge above cost recovery. It also refers to the fact that what is intended with these instruments is to implement a policy of government. The government's long-term aim, which is to encourage people out of their cars and onto public transport, is a noble goal. We do not disagree with that goal. However, the question then becomes whether the stick is the only way to seek to achieve that outcome. I argue that the government should not use the big stick, which is what the fees represent. Rather, the government should be dangling carrots to achieve its aim of attracting people to use public rather than private transport.

Many documents were provided to the committee, including a letter from the Under Treasurer that makes it clear that the increases are about re-enforcing the sustainable and environmental focus of the Access and Parking Strategy. The letter sent to the chairman of the Joint Standing Committee on Delegated Legislation is dated 24 April 2012, and reads —

The principles adopted by the DOH to ensure equity in employee parking (i.e. all staff incur the same cost at similar facilities) mitigates against cost recovery on a site by site basis. Otherwise, parking fees would need to be set based on the value of the land and facilities at different hospital sites. Clearly this difference would drive different parking rates at different hospitals. This would prevent the pursuit of the 'equity principle' desired by the DOH in setting parking rates for its staff and visitors.

A further read of the letter makes it very clear that it is based on policy outcome, not whether it is cost recovery. That is the test this house has to deal with tonight. It is clear that one of the arguments for the way in which these fees have ultimately been set is to match into what is a two-zone fare rate set on the Transperth public transport system. I will come to that a bit later, but members will also find that the \$7.50 fee will trigger fringe benefits tax, which is also something we need to consider in this debate.

In its report the committee critiques the opinion of the State Solicitor and refers to a number of case histories that involve fees versus charges. The committee makes it very clear that those case histories are not applicable to what we are dealing with today. Those case histories dealt with resources, such as fishing and water, not the provision of services that we are dealing with today. The committee has gone through the process, considered it in great detail and, over a reasonable period, arrived at the conclusion that these items should be disallowed because they seek to recover above cost recovery.

One of the ways the government tries to justify imposing cost recovery is by seeking to recoup all the capital costs that have occurred in one year in that year, which presents two problems. Firstly, as a state we moved to accrual accounting many years ago, and so only the depreciation on that capital should be accrued. But the other problem that would arise is that unless there is a constant and ongoing building program at these places, even if

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the increase in fees this year can be justified this year, the government would need to give a commitment to decrease the fees in the following year, which would be a complete and utter nonsense. We have the capacity to work out what the depreciation charge is, and it would be legitimate to incorporate that charge into the fees in a simple cost-recovery model.

The government talks about equity, but the question of equity is broad. How can equity be defined? Is it about different health workers at different sites? How will the question be applied when Fiona Stanley Hospital opens? How will it apply to staff at Joondalup Health Campus, where the parking is operated by a private concern because the hospital's operations have been privatised? Will those staff pay the same as staff in other entities? Are all health department workers paying for their parking? Do staff at "Silver City" in East Perth pay the same parking? If we are going to extend this equity provision, do we apply it just to health department workers or do we consider it for all workers? Many government workers park at public transport stations, where parking is either free or costs \$2. There is a range of equity issues. When I was outside Parliament House this afternoon, I saw signs being held up by health department staff that pointed out that as members of Parliament we do not pay for parking at this building. Interestingly, I saw the Minister for Health justify that by saying that if a new parking facility was built for members of Parliament, he would expect us to pay a contribution towards parking costs. The same question could be asked about new parking facilities that are being built for ministers of the Crown, such as the new garage at the "Premier's Palace"; does that mean that the Premier will be making a contribution towards the cost of the new parking facilities? That is the nonsense that is being promulgated by this.

I think one of the problems the government has gotten itself into is that it contracted out the parking at Sir Charles Gairdner Hospital—we are not able to see the contract because that is all hidden behind commercial confidentiality—and I am sure that contract will incorporate a figure that will mean that the company building that parking facility will seek to recover its costs. That will be the determinant of how these figures have been arrived at. I think the other key determinant is not so much about public transport, but about the issues of when fringe benefits tax cuts in.

I just wanted to outline a bit of what I think is going on within this government by recounting some of the history. There is no doubt in my mind that the government made a deliberate policy decision to try to increase the cost of parking not only at metropolitan health campuses, but also across the metropolitan area. I suspect most of the government's backbench are not even aware of this policy because it has not been made public, but I will go through a range of documents that I think clearly highlight that this government has an agenda to use the cost of parking to subsidise public transport across the Perth metropolitan area. It is entitled to do that if it wants to, but it should be done through substantive legislation.

Let us think about some of the documents in existence that refer to that concept having been developed by this government. We know that in May 2009 this government increased the cost of the Perth parking tax by more than 200 per cent. It did not know how it was going to spend it, but it simply jacked up the price of parking within the Perth metropolitan area, which has generated surplus funds to the tune of millions of dollars every year. Through the freedom of information process, we then found that as part of this government's development of the public transport master plan there had been discussions and comments made in documents such as "These measures could include expansion of the Perth parking levy across the metropolitan area". Another document stated that the expansion of the Perth parking levy to include the whole metropolitan area, particularly major centres, would appear to be an equitable and reliable funding solution. I could go on.

The Murdoch activity centre access and parking policy made it very clear that this government wanted to implement a parking control regime over the Murdoch area, and that within that Perth parking area the cost of parking was to be set and benchmarked against what was being charged under this health department access and parking strategy. I will quote one line from the "Murdoch Activity Centre Access and Parking Policy" under the heading of "Parking Charges", which states —

Parking charges will be set by market rates and must be in excess of the amount that attracts fringe benefit tax. Note that students are exempt from paying fringe benefit tax ...

That clearly, again, highlights the government's campaign to increase the cost of parking across the Perth metropolitan area.

In August 2010 the statement of planning policy was released and one of the dot points under paragraph 7 refers to —

require application of a regulatory and parking fee system that supports the efficient supply and use of parking and alternatives to private car use.

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Again, it is that issue of a new parking fee system. The documents go on. The draft “Capital City Planning Framework” was released for public comment in June 2011, and it included a section that stated —

Regulation of parking supply and pricing are therefore effective means of managing travel patterns.

It continued —

As a basic guide in what is a complex issue it is suggested that regulation of key aspects of parking supply and pricing need to be applied over the entire Central Perth area.

Again, there is this push—this movement—towards increasing the cost of parking, particularly at major activity centres such as the Queen Elizabeth II Medical Centre, Sir Charles Gairdner Hospital and Murdoch activity centre and Fremantle. It is not mentioned in just one document.

“Public Transport for Perth in 2031: Mapping out the Future for Perth’s Public Transport Network” was released in July last year, and the independent panel involved in that talked about the need for parking and made reference to the fact that the Department of Planning and the Department of Transport have been working on an overarching parking policy framework to ensure some consistencies in how these measures are applied and to define the role of state government. That included a section that stated —

The response has been to introduce various measures such as restricting the supply and allocation of parking, introducing charges and levies for parking and to broaden the traditional cash-in-lieu model so that funds can be applied to measures that will support facilities and infrastructure for public transport.

In October the government’s activity centre parking discussion paper was released, section 4.5 of which raised the issue of raising and using parking fees to fund public transport. There is already an interim access and parking policy over the Murdoch activity area which requires people to submit transport plans that outline how they are going to arrive at parking charges, and which states —

Site users and employers will be required to develop and implement Travel Plans. Draft Travel Plans will require to be submitted with all development applications and should include parking pricing strategies and the relativity with other sub-precincts including the Health Departments adopted Access and Parking Policy.

That is why I believe the government will seek to maintain these charges, even though a committee of this house has said that these parking charges are beyond the scope of the substantive legislation. That is why I believe the government will move heaven and earth to try to stop that occurring, because fundamentally these charges are about setting a new benchmark across major activity centres in Western Australia to fund public transport. Clearly, we have had the increase in the Perth parking tax. The next stage is to apply a new regime of parking charges across the major activity centres, and the health department policy is the key arm of that area.

If the government wants to do that, it should have a public discussion about it and bring in legislation. It should put the merits of the case and decide whether it is a good thing or a bad thing in terms of the policy outcomes it is seeking to achieve. However, it cannot simply bring in an instrument that goes beyond the powers of the legislation. I return to the multi-party committee—it might be just a bipartisan committee without Hon Robin Chapple. Members from both sides of the chamber, from government and opposition, have arrived at a view that these charges should not be there.

This is a fundamental role for a house of review. It is clear to me that a house of review should be seeking to exercise control over the executive to ensure that it complies with what the legislation has granted it the power to do. That is the opportunity we have tonight. We have an excellent report from the committee that outlines why these charges do not meet the test. All the members of the committee—there is no minority or dissenting report—agreed that these charges should be exempt.

I have heard that the government may accept a couple of these disallowance motions but continue to pursue the others. This is not about a compromise on whether the government can get a little bit of money or all of the money. This is a simple test. If the government does not agree that the substantive legislation empowered it, if it agrees with the committee that the government is seeking to recoup more than cost recovery, then there is only one choice. If we do not take that position tonight as a house of review, we are being derelict in our duty. It would be even more ironic, because this matter will be debated in the other place, if we succumbed and were held hostage by the executive and we supported these outrageous increases only for the other place to later disallow them. That would make this as a house of review look very silly indeed. One of the dangers is that we must not be seen to be just a rubber stamp of the government just because there is a majority of government members sitting in this place.

I want to summarise where I think we are at. We have a committee report that makes clear that the increase in charges at the five hospitals are neither authorised nor contemplated by the substantive legislation that gave the

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power for these regulations to be introduced in the first place. The reason is that they are seeking to charge beyond cost recovery. I have not gone through all of that. I am sure Hon Sally Talbot will touch upon it.

We are not at the top dollar yet. There are a number of increases to go. We are currently dealing with the increase to \$4.10 that occurred back in January. There was supposed to be another increase to \$4.80 on 1 July and then \$5.50 next year on 1 January; and then \$6.20 and then \$6.90 and then \$7.50. It is clear that these increases are about the government seeking to implement a policy agenda that it has not been prepared to go out and discuss with the broader population of WA. It is simply going to try to do it by stealth. I have no doubt that if it is re-elected at the next election, it will come out with a package of legislation that will see these parking charges occurring not only at hospitals but right across those major activity centres. It is at a time when families are already doing it tough. There is no doubt that the increase in parking fees at hospitals was a bad decision and is going to make life harder for families.

We have seen all the advertisements about getting the bigger picture. I think people need to get the real picture. The real picture is that since the election of the Barnett government, life has got more difficult for families. Some of that is of the Barnett government's making; some of it is because of broader economic issues. That is the real picture out there. In the main, the people working in our hospitals are not the high flyers of our community. Many of them rent homes, so their cost of living has gone through the roof because rental prices have gone through the roof. This government has its priorities wrong when it is not prepared to pay for the cost of parking at our hospitals and says the staff have to pick up the whole cost of parking at hospitals.

If tonight we ignore the recommendations of a committee report, in my view that will show just how arrogant and out of touch this government is by once again ignoring its backbench. A couple of weeks ago we had the unseemly spectacle of a committee of this Parliament putting forward what was a very sensible recommendation in relation to grain rail freight, and the minister saying no. That was despite the fact that many government backbenchers thought that was the right way to go and the government had made a bad decision about the grain rail freight. The other week I saw pictures of Liberal candidates for preselection talking about the need to save grain rail. That was the last time the government ignored a bipartisan committee of this chamber that included its own members. In that case it was a majority. In this case, I think half of the committee members are government members and half are non-government members. We know that this report could not have even been tabled unless government members were prepared to support the view that these instruments should be disallowed. They simply go too far. They are going to be a massive burden.

I come back to the comments that were made out the front of Parliament today. How can we as members of Parliament seek to inflict regulations on people which are beyond the power of the act, and which in my view would ultra vires the act even if we do pass it tonight? We do that knowing it will increase the burden on these people over the period of the increases up to \$50 a pay packet—\$1 000 a year. How do we reconcile that with the fact that we do not pay a single cent for our parking here? That is the question we have to ask ourselves. Every member has to think about that when they vote on this motion tonight.

I urge members to adopt the recommendations of the committee report and to disallow these regulations. Let us keep the fees where they are. They will revert back. That is still a dollar more than people were paying back in January 2011. That is a sufficient and reasonable increase, in line with the cost of living, but let us not impose more on families that are doing it tough. They are doing it hard. They do not need another impost. If it is an impost that is not even authorised by the empowering legislation, it would be an absolute disgrace. I urge members to support the disallowance motions for all these hospitals.

HON HELEN MORTON (East Metropolitan — Minister for Mental Health) [8.08 pm]: I want to start by giving the government's overall position on these various disallowance motions. We will oppose the Women's and Children's Hospitals Amendment By-laws (No. 2) 2011 disallowance motion. We will oppose the Queen Elizabeth II Medical Centre (Delegated Site) Amendment By-laws (No. 2) 2011 disallowance motion. We will oppose the Royal Perth Hospital Amendment By-laws (No. 2) 2011 disallowance motion. Order of the day 4 has been withdrawn. We will support the Fremantle Hospital Amendment By-laws (No. 2) 2011 disallowance motion, and we will support the Osborne Park Hospital Amendment By-laws (No. 2) 2011 disallowance motion.

I want to talk about what these regulations do and do not do. First, in reference to the regulations we are talking about, already people are paying the amount of \$4.10 at Sir Charles Gairdner Hospital, Princess Margaret Hospital and Fremantle Hospital. These regulations increase what was previously paid for staff parking in, I think, 2011, which was \$3.40. All these regulations do is increase that amount to \$4.10. That is 70c a day for staff at Royal Perth Hospital and Sir Charles Gairdner Hospital. The fees increase from \$3.00 to \$3.40—that is 40c—at Princess Margaret Hospital and King Edward Memorial Hospital. The government, by agreeing to disallowance motions for two of the regulations, will decrease the parking fee by 70c from \$4.10 down to \$3.40 at Fremantle Hospital and it will also decrease the parking fees at Osborne Park Hospital from \$2.00 to \$1.30—a

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70c decrease—and there is a commitment to reduce that to nil. What do these regulations not do for staff parking? These regulations make absolutely no commitment to anything beyond that charge of \$4.10 a day at Royal Perth Hospital and Sir Charles Gairdner Hospital. They do absolutely nothing to commit anyone to anything beyond a charge of \$3.40 at Princess Margaret Hospital and King Edward, and nothing beyond the \$3.40 a day at Fremantle Hospital. As I have said, it will reduce the level of fees at Osborne Park with the commitment to get rid of them altogether.

Hon Ken Travers: Do you no longer have the policy to increase it to \$7.50 there?

Hon HELEN MORTON: Just let me finish. I am telling members what these regulations are about. They are about the differences between \$3.40 and \$4.10; that is what these regulations are about. Hon Ken Travers wants to go on to talk about what will happen in 2014. I am telling members what the issue is with these regulations that we are considering in this house today. They are wholly and solely around the increases of 70c or 40c in those places I have already talked about. They have nothing to do with the next level of fee increases. If there were to be another level of increase and if the government was agreeing to another level of increase, that would be subject to another regulation, which would have to come through this place. Members would know about it. But right now, members would know that the increase that was proposed to take place on 1 July actually has not happened. Let us be very clear about what it is we are dealing with right now—that is, a 70c fee increase in two places, a 40c increase in two places and two 70c decreases in two other places.

Hon Sue Ellery interjected.

The DEPUTY PRESIDENT (Hon Alyssa Hayden): Order!

Hon Ken Travers: That is not what your Minister for Health said today.

The DEPUTY PRESIDENT: The minister has the call.

Hon HELEN MORTON: What I have just mentioned is what these regulations do not do for staff parking. There is nothing beyond \$4.10 and \$3.40. What do these regulations do for visitor parking? Nothing at Royal Perth Hospital, because Wilson Parking determines what it wants to charge for visitors parking at Royal Perth Hospital. At Sir Charles Gairdner Hospital there is an increase from \$2.00 an hour to \$2.50 an hour for short-term parking—that is up to 3 hours—which is a 50c increase per hour and there is an increase in fees for long term parking, which is a 50c increase. The fees remain 60c an hour at PMH, King Edward, and Fremantle Hospital. Once again, these regulations have nothing whatsoever to do with anything beyond that. The thought that somehow or other we are trying to build up to the other 2014 target or whatever we want to call it, has got nothing to do with the regulations in front of us right now; it has nothing to do with them at all. We are talking about regulations that we are dealing with just as they are.

Hon Ken Travers interjected.

Hon HELEN MORTON: I am trying to stop people with very loud voices trying to talk over the top of me and that includes Hon Ken Travers and Hon Sue Ellery.

Hon Sue Ellery: You've managed to hold your own; your voice is not too bad itself!

Hon HELEN MORTON: Thank you very much!

The DEPUTY PRESIDENT: Order, please!

Hon HELEN MORTON: Having determined what these regulations are about and what they are not about, I want to look at a couple of the issues raised in the committee report. Having read the report, the issues in my mind really boiled down to a couple of key things, the notes for which I do not have in front of me. I have something else on the notes in front of me that I forgot to mention and I want to mention it. It was the fourth point, which was withdrawn, which is why I did not mention it. Is it not funny that the opposition did not realise that that regulation was going to actually decrease costs and that it still wanted to disallow it until it withdrew the disallowance?

The other part of the instrument relating to hospitals other than Sir Charles Gairdner Hospital amends the penalty for parking infringements from \$25 and \$45 down to a flat \$40 fee, and it introduces a new infringement ticketing system and allows for an authorised officer to issue parking permits and licences. For example, I can recall when I was dealing with parking permits at Armadale Health Service, which was the last place at which I was general manager, people such as dialysis patients, people who had to come regularly, three times a week, over a long period—those sorts of people—were given parking permits. Therefore, there is scope within this instrument for discretionary parking permits to be given. I understand that the concerns of the committee boil down to its belief that the proposed increases could be invalid on the basis that they could constitute taxes as opposed to a fee for the provision of service and that, of course, is despite the advice from the State Solicitor's

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Office to the contrary. It boils down to a couple of things. If the amount charged has a discernible relationship—I think this is just a technical term but I will explain it—to the value of that service in terms of privilege or a licence to park in that area, for example, or, in other words, it was comparable to the value of that service around that area, it should not be characterised as a tax. I have seen the State Solicitor's opinion both during the committee hearings and following the committee's report and he has not wavered in his advice in that regard. His opinion was that the proposed fee was comparable to commercial rates charged in the vicinity of a hospital and as such, the proposed fee could be seen to have a discernible relationship to the value of privilege or licence—that is, the parking.

Hon Ken Travers: Dumas House is pretty close to QEII, how much is it at Dumas House?

Hon HELEN MORTON: Let me go a little bit further, because there is not only the issue of comparability or the so-called discernible relationship. The committee was not convinced that the methodology adopted for costing was correct in that it did not believe that it reflected the actual cost of providing existing parking. I have been through that spreadsheet and I know other members have as well, but I cannot think that there is anything in it that would not be an applicable cost that should be borne in this cost reflectivity that is in it.

Hon Ken Travers: Or the capital cost?

Hon HELEN MORTON: As Hon Ken Travers knows, the capital cost is not the capital costs of building the bloody great big building —

Several members interjected.

Hon HELEN MORTON: We are not allowed to say that! That word is unparliamentary and I withdraw it.

Hon Ken Travers: I'll forgive you!

Hon HELEN MORTON: It is not the cost of building that big building, it is the cost of doing things like clearing land further away for the time that it is being built so that alternative parking can take place. They are costs that will be borne in these 12 months by the people who will be using the place. There is not an issue in the State Solicitor's view, and in my view when I look through these costs, around the kinds of capital costs that have been brought into the costing of this. Further to that, the State Solicitor's Office advice is absolutely clear. The SSO advises that section 45A of the Interpretation Act was introduced specifically to include an element of future expenditure reasonably related to the scheme under which it is imposed. Again, the SSO is saying that the way in which those costs have been incorporated into the overall costing is appropriate and acceptable. It also goes on to say that all the revenue coming in from the costs associated with this are put back into the operational costs of that facility. It is not spread amongst other facilities and it is not shifted from hospital A to hospital B. It is revenue that is applied specifically to that individual hospital.

Another matter that the committee was concerned about, in relation to the distinction between an impost being a tax or a fee, relates to whether the service is compulsory and whether people have to use it. Again, the SSO has given us clear advice that it is not a compulsory service. Of course it is not a compulsory service; if a person who visits or works at the hospital has another practical alternative, it is up to each individual. I know members opposite are going to say, "What about people working night shift or weekends?" The thing is that people have choices about how they arrange their transport to and from the hospital if they do not want to take their own car.

Hon Ken Travers: Not if you're a shiftworker!

Hon HELEN MORTON: If they do not want to take their own car, I know for a fact that I would have got people to drop me off and pick me up and things like that. Some people live close enough that they can actually use other forms of transport to get there, like bicycles or something like that, and I am sure that there are plenty of people who do. Of course, despite everything I am saying, there is some public transport around here, especially when we are talking about Royal Perth Hospital; there is heaps of public transport, so it is not an issue.

Interestingly enough, I have not gone and checked this out, but I have not actually heard of people deciding that they cannot come to work anymore because the fee that was introduced in January at \$4.10 was such that they had to stop working there. I do not know whether members opposite have heard that, but I have not. I just do not believe that people are unable to make alternative arrangements if they need to, and people are doing that; people are making those arrangements happen as they need to.

Hon Ken Travers: So, suck it up—is that what you're saying? They've just got to suck it up?

Hon HELEN MORTON: At \$4.10, it is comparable parking with what is all around the place, and that is what we are saying—that it is comparable with parking in that area, and people are paying it. As I said, 100 per cent of the costs go back into the services. I think the other comment the member made was something around the fact

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that services out at Graylands were going to stop in 18 months or something, and that is because this new high-rise car parking area will have a sufficient number of car parks to accommodate everybody working on the site.

Hon Ken Travers: No, it won't!

Hon HELEN MORTON: It may not have enough at the time that Princess Margaret Hospital for Children or the new children's hospital comes on site, but it certainly will have up until then. The understanding I have been given by people from the Department of Health is —that they will be able to accommodate 100 per cent of people on site.

Hon Ken Travers: At \$7.50 a head every day!

Hon HELEN MORTON: I am talking about \$4.10. Why does the member keep talking about \$7.50? The thing we are talking about today is whether we keep it at \$4.10 or whether we go back to three dollars whatever.

Hon Ken Travers: What does the contract price for that car park require?

Hon HELEN MORTON: The member is again trying to change the debate around from what the regulations are today. The regulations the member should be debating but seems unable to are about whether those fees should stay at \$4.10 or be reduced back to \$3.40. Hon Ken Travers should be arguing about whether that 70c should be allowed or not allowed; that is what he should be arguing today.

Hon Ken Travers: I did!

Hon HELEN MORTON: I do not think he has, because he keeps talking about \$7.50 and 2014.

Hon Ken Travers: You can't disown your own government policy! This is part of that policy; this is one step in a journey.

Hon HELEN MORTON: Let me talk about the consultation that was done. I think the member said that the consultation was done in isolation and in secret. The briefing notes I have tell me that the decision to implement these small incremental increases in parking fees at the site was made in consultation with the Australian Medical Association, the Health Services Union, the Construction, Forestry, Mining and Energy Union, the Automotive Food Metals Engineering Printing and Kindred Industries Union, the Liquor, Hospitality and Miscellaneous Union, the Australian Nursing Federation, the Communications, Electrical and Plumbing Union and United Voice. The HSU and the LHMU had representatives directly involved in discussions with the Department of Planning and the Department of Treasury. How can the member sit there and say in all honesty that this was done secretly? That is just a pure fabrication on his part.

Hon Ken Travers: The secret is your broader agenda for parking across the metropolitan area. That's your secret agenda.

Hon HELEN MORTON: Try to focus on today's regulations. The member has no capability of staying within what is required to be looked at today.

Hon Ken Travers: Do you understand context?

Hon HELEN MORTON: Today is around \$3.40 to \$4.10; try to focus on that, because that is what we are discussing.

The other point that was made is that there is nothing in the legislation that does not allow this to happen; there is some assertion by Hon Ken Travers that somehow or other this is ultra vires of the act. That is not the case; this is all possible within the act and I have already outlined the government's position on that.

HON SALLY TALBOT (South West) [8.26 pm]: I would like to start by making it very clear to the honourable minister who just gave the government's response to these disallowance motions that the members of the Joint Standing Committee on Delegated Legislation were very clear about what they were dealing with when they took this inquiry on. The honourable minister is not actually the minister with responsibility for the carriage of these regulations, and I have a feeling that tomorrow, when the minister who does have carriage of them reads some of the comments Hon Helen Morton made in this place tonight, he will be horrified to hear her defence of these regulations. In its fiftieth report the committee pointed out in very clear, concise terms that they simply do not withstand scrutiny. I am happy to be corrected if the *Hansard* shows that I misheard her, but the minister stood here tonight and said that people have a choice about whether they pay these parking fees at the hospital, and that people have a choice about whether they commit to \$50 a pay, because they can get a lift or ride their bicycles to work! For goodness sake! I notice that the minister did not take my interjection about her speech being the "let them eat cake" speech, but I think it would actually have been more appropriate if she had brought her knitting along, because she is like someone sitting at the feet of the guillotine! That is the degree of this minister's connection with the realities of the people who came up to Parliament at lunchtime, stood on the steps

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and told the government that this arrogant and out-of-touch behaviour is simply not acceptable anymore. People are looking for an alternative to this government, which is so completely out of touch with the everyday realities of ordinary working people in this state. Nowhere was that better evidenced than tonight in the extraordinary comments made by the Minister for Mental Health.

I rise to speak tonight in support of the disallowance motions and most explicitly in support of the five recommendations made by the Joint Standing Committee on Delegated Legislation, of which I am the deputy chair. I have already made a statement in this house, which I will briefly refer to because it occurred to me when the minister was making her response that she has not actually engaged with the arguments that the committee, in my mind, put forward very clearly in its report. Let us be very clear: the committee, in putting forward these five recommendations, is not saying that these increases are too steep, that these increases are unfair or that these increases are on a scale that cannot be accommodated in the budgets of ordinary working people; the committee is saying that the instruments represented in these disallowance motions offend the committee's terms of reference because the by-laws were not authorised by the empowering enactments. The committee has spelled out in 14 or 15 very clear pages those arguments for why these increases simply cannot go ahead. I put to the honourable minister and members sitting opposite that the five recommendations of the committee that go to the disallowances at six different hospital sites—Queen Elizabeth II Medical Centre; Royal Perth Hospital; the women's and children's hospitals, being Princess Margaret Hospital for Children and King Edward Memorial Hospital; Fremantle Hospital; and Osborne Park Hospital—were not offered to the house by way of a smorgasbord. The committee was not saying to the house, "Have a look at this. Pick the ones you like. Leave out the other ones. We are only making some suggestions about the way the house might like to go". The committee was saying that those six hospital sites cannot have these cost increases. As the minister quite rightly said, in the current year the cost increases represent in the order of only 70c a day, but the committee is saying that the mechanism that the government has chosen to put these cost increases in place is deeply flawed and that this house should not allow them to proceed.

Let me go through the arguments again, but let me do so having observed the gathering on the steps of Parliament House today when several hundred ordinary working people—men and women in the nursing profession—came up and said "Enough is enough. We cannot be slugged these kinds of increases". As Hon Ken Travers said, the increases amount to about \$50 a pay. Remember, that effectively swallows up any pay increase these workers have had for the last couple of years. It is an academic question to every one of those workers who stood on the steps of this place today whether what we are talking about here is a policy setting or cost recovery. That is not what they are worried about. What they are worried about is that they have lost a significant amount of their pay because the government has chosen to revenue-raise by slugging them increases in their parking charges. For them, it is an entirely academic question about how that mistake has been made. For us in this place, as members of the Legislative Council, it is not an academic question; it absolutely goes to the heart of what we do to tease out the difference between a policy setting and a cost recovery. It is a setting whereby the government has put in place a policy, a strategy, most of the clauses of which are quite commendable. Let us bring the strategy into this place and have a debate about it, and we can talk in entirely different terms about how we can encourage people to follow those steps that will result in decreased use of private transport. Every one of us would agree with all of those things. The problem is that what we have here is a policy setting that is masquerading as cost recovery, as a fee for service. Every one of the eight members of the Joint Standing Committee on Delegated Legislation was absolutely convinced when this report was written that what this represents is not a fee for service or cost recovery, but a policy setting that the government has put in place covertly. The minister used very patronising language in the way in which she responded to Hon Ken Travers's points. The minister should understand that the government is simply not permitted to get away with this kind of sleight of hand. That is what Hon Ken Travers was talking about when he said that this was introduced covertly, because the government has dressed up a policy setting as a fee-for-service or cost-recovery measure. It just does not wash. This house should recognise the fact that this is a trick that has been played by the government and should adopt those five recommendations of the committee and vote for the five disallowance motions outlined in those recommendations.

I will just briefly canvass the arguments for the benefit of honourable members who may not have been in the house at the time the committee report was tabled. The committee recommended that the house disallow the five named hospital amendment by-laws, which impose parking fee increases at the six sites I mentioned earlier. As I said, the committee was of the view that the by-laws offend one of the committee's terms of reference in that they are not authorised or contemplated by the empowering legislation. Let me just go through a few specific clauses to give honourable members a flavour of what we are talking about here. As the minister said, the Minister for Health was able to provide the committee with State Solicitor's advice, which he claimed supported the parking fee increases. Indeed, the State Solicitor's advice does support the increases, but it does so on

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grounds that the committee concluded were deeply flawed. The State Solicitor's advice actually led to one of my all-time favourite sentences in a committee report, which is at paragraph 13 on page 29. It reads —

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.

I would have been very interested to hear Hon Helen Morton take on that subject and actually try to mount an argument to persuade each and every honourable member in this place that one can calculate the value of fish and water in the same way that one can calculate the cost of providing access to a parking bay. I can tell members that the eight members of the committee sat for hour after hour, held hearings, considered a wealth of evidence and put many hours of deliberation into the question of whether the State Solicitor's advice was well founded. Each and every one of us came to the conclusion that it was not. The minister is not prepared to take on the argument here. She just thinks she can stand and say that the State Solicitor's advice rules the day. The committee has argued very carefully that it cannot. The committee noted that the representatives from the Department of Health kept referring back to the parking strategy; that is, the "green scheme" to increase the use of public transport or, as Hon Ken Travers said, the big stick of making it too expensive to park. The committee noted that the DOH representatives often referred back to the strategy to justify the parking fees imposed. That, in itself, should give members of the government who want to disagree with the delegated legislation committee's report the clue to the grounds on which they have to argue. They should be coming in here arguing that somehow built into the strategy is a cost-recovery or a fee-for-service mechanism. It is not. It is quite clearly not there. We are talking about two distinct things. We are talking about on the one hand a green parking strategy, which is a policy document, and on the other hand a fee-for-service, cost-recovery mechanism where the government has clearly back-loaded capital costs onto a single financial year in an attempt to get more revenue for the department. Do not think that we are making this up; do not think that we are reading between the lines or jumping to conclusions that we cannot validate. I refer to paragraph 4.12 on page 9 of the committee report. The director of the metropolitan access parking department at the Department of Health is quoted as saying that what they capitalise in a year and get in revenue, they can spend. The direct quote is —

'[i]f we do not get it in, we cannot spend it ... I have to spend the money in the year that we earn it'.

This is a simple grab for cash. It is a grab for cash at the expense of workers who are not well paid and who have fought tooth and nail for every pay increase that they have been able to get, yet the government has turned around and taken it away from them with the other hand in the form of these increased parking fees.

I refer now to paragraph 4.17 on page 10, which states —

Statements by DOH officers indicate that parking fees are used to raise revenue to pay for capital expenditure required or undertaken in the fee period. Fees should appropriately reflect the cost of delivering a service in the period the fee relates to, which does not involve fee payers paying for capital items in full when they are incurred.

Hon Helen Morton spoke about all these—I cannot remember the exact phrase—hidden capital costs; that is, the costs not just in the concrete, but in the land clearance and all the other costs that go into building a car park. But that does not cut it either, because when the committee delved down into this, it found—I now refer to paragraph 4.24 on page 11 of the report—the following —

Between 58 per cent and 78 per cent of the total cost of providing the parking service at each site are 'Other Costs' (not running costs). Capital costs are a significant component of this category and therefore represent a significant portion of the total costs DOH rely on in its claim that parking fees reflect the cost of delivering the service.

The report then goes on to note a few items of concern.

What we have here is an admission by all the witnesses the committee called, and by the government's own statements about how these cost increases are being compiled, that it has lumped the capital costs in one year. That is simply not contemplated by the head powers that gave rise to these regulations. That is why the committee has come to the conclusions it has in this report, which, as I say, are that the disallowance motions in relation to those six sites should be disallowed.

I will not take up too much more of the house's time, but let me just assure the minister that, as she attempts to deflate the significance of what we are looking at tonight by constantly referring to the fact that we are looking only at the current financial year and that we are looking only at a matter of 70c in any one hit and that we should be ignoring the Department of Health's own figures, which are included in the committee report in one of the appendices and which show quite clearly that what is contemplated here is a rise to \$7.50 a week, we will come into this place every year and mount the same argument.

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Hon Ken Travers: Every six months.

Hon SALLY TALBOT: Every six months we will come into this place and mount the same argument. As I said at the beginning of my remarks, the argument is not that the increases are too much. The argument is not that the increases are unfair or that the revenue should be raised in a different way. The argument is that the government's whole premise is deeply flawed. This fundamentally contravenes the purpose for which the act was designed. We come in here today to tell the government that it cannot cherry-pick the five recommendations. It simply will not wash for the government to say that it is happy with recommendation 4, so it will disallow the Fremantle —

Hon Helen Morton: Can you just confirm that you said that the shift from \$3.40 up to \$4.10 is not too much?

Hon SALLY TALBOT: I do not think the honourable minister has listened to anything I have said.

Hon Helen Morton: No. I have listened to everything else. I just want you to clarify that you said that the actual increase is not too much.

Hon SALLY TALBOT: No, I did not say that.

Hon Helen Morton: Yes, you did.

Hon SALLY TALBOT: The minister has just betrayed the fact that she has not understood —

Hon Sue Ellery: Why did you ask her to clarify it then?

Hon Helen Morton: I wanted her to be clear that that is what she said.

Hon SALLY TALBOT: No. The minister has quite deliberately—I say this from looking at her face because she is obviously quite enjoying herself —

Hon Helen Morton: No. I'm absolutely clear on what you said.

The DEPUTY PRESIDENT (Hon Col Holt): Order, members! I think you welcomed the interjection in the first instance, but I think we have gone a little too far, so perhaps you should direct your comments towards me.

Hon SALLY TALBOT: Thank you very much, Mr Deputy President. I will indeed, because I am sure that you will help me to explain to the honourable minister that what I have been doing throughout my remarks is directly addressing the report of the Joint Standing Committee on Delegated Legislation. Do not point me at the Deputy President.

Hon Helen Morton: I thought you were talking to him; that's all.

Hon SALLY TALBOT: That is absolutely fine; I can look wherever I like in the chamber. If I choose to catch the minister's eye, I will do that.

Hon Simon O'Brien: Just don't look too long; you might turn us to stone!

Hon SALLY TALBOT: I can only hope!

Hon Ken Travers: Would we notice the difference in your case?

Hon SALLY TALBOT: I am going to labour this point because it is fundamental to the whole argument in this report. The committee makes the point—it is in a paragraph that honourable members will find if they choose to look it up—that whether the increase was 10 per cent, 20 per cent or 50 per cent, the arguments in this report would still be valid, because the committee found that the cost increases were illegitimately made. That is why committee members will stand in this place and argue that all five disallowance motions must be supported if the principles of this legislation are to be respected.

HON SUE ELLERY (South Metropolitan — Leader of the Opposition) [8.47 pm]: I want to make a short contribution to the debate because some other members of the house also may have had this experience. I was visited by representatives of the Australian Nursing Federation at my electorate office on Friday to discuss this issue. The minister made the point that the regulations we are debating tonight are about a 70c increase, not about the government's plans to continue to increase parking fees at hospitals. The minister wants us to ignore the fact that this is part of a plan and just concentrate on that 70c. The ANF rallied some of its members today and has organised nurses to visit members in marginal seats. My electorate office is in the marginal seat of Riverton and so on Friday I was visited by a nurse who lives in the suburb of Willetton, which is smack bang in the electorate of Riverton. Although the minister wants us to talk tonight only about the 70c, I think the nurses have been quite clear and unapologetic, if the minister listened to them at the rally earlier today. They see the debate tonight as a way of shining a light on the real picture; that is, it is part of the government's plan to continue to increase parking fees at hospitals. I say "the real picture" because that is what it is. It is not the big

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picture of a bunch of buildings in the CBD; it is the real picture about this government's continued attack on the costs of living of ordinary working people.

In this case, it is an attack on staff working at hospitals. Today the nurses drew our attention to what it means for them. This was the point that was made to me on Friday by the nurse who came to see me on behalf of her colleagues in the ANF. She has spent the last 14 years working part-time at King Edward Memorial Hospital for Women, and she also works at a major private hospital. Indeed, she has worked at a variety of public hospitals across the state. The point she made about King Edward Memorial Hospital in particular was the lack of parking spaces. As parking space has been resumed for the expansion of the Sexual Assault Resource Centre and the Mother and Baby Unit, less and less space is available for staff parking, particularly nurses. She said that King Edward Memorial Hospital has lots of graduate nurses and perioperative students who need to do their practical work in the wards and theatres of the hospital. They have to leave the floor every two hours to move their cars such is the limited parking around King Edward Memorial Hospital. She told me—I thought this was quite interesting—that she is happy to pay costs that cover the real cost of providing her parking. She said that she was aware of the committee's report and that clearly the increases are excessive. She also made the point that she knows nurses who have left the system because they cannot face the 15 to 20 minute drive around the campus of King Edward Memorial Hospital to find a parking spot—it is simply too much hassle. She wanted me to be clear about the fact that she is an experienced nurse in a public hospital and she is seriously concerned about the cost and availability of parking. She suggested that members of Parliaments should think about whether they would want their wife, mother or daughter—bearing in mind that nurses are predominantly female—to be waiting at bus stops at 10 o'clock at night or at 5.00 in the morning. She also said that this issue is about not only nurses but also all hospital staff. She went to the effort of going online to the public transport website to see what would be the easiest way for her to get from Willetton to King Edward Memorial Hospital. There is no direct route. If she were to choose, as the minister suggested she do, to use public transport—she either starts at 7.00 am or is on nightshift, which adds further complication—there is no direct route. She cannot jump on a bus at a bus stop a few minutes away from her home and arrive at her workplace in a short period. She would have to change modes of public transport a couple of times. She printed off her public transport options to show me that it is no small feat for her to travel from home to her workplace. She said that our state is short of nurses and that we need to do everything possible to recruit and retain them.

This is just another way that the government is sending a message to nurses that it does not value them and that it is not interested in making it easier for them to continue to work in our hospital system. She also made the point that police and teachers, who represent equivalent professions and are highly regarded in the community, are provided with free parking at some of the bigger high schools and TAFE campuses. Why is it that nurses have to pay for parking? She said that no additional bus services had been put on since the fees were increased and that there had been no demonstrable improvement in security and lighting. She was aware that the parliamentary committee had described the fee as a tax. She made the point that many staff work 12-hour shifts, such as those in ICU and emergency departments. If they travel for long periods on public transport after their shift, they do not have enough time to recover from their shift and to sleep. She wanted me to understand that this was the first time she had gone to see a politician and that what that meant for her was that she took the issue pretty seriously. She had taken time on her day off—she is a nurse who works in two hospitals—to see a person she had never met before, a politician she had never had a conversation with before, to get across how seriously she views this issue. The minister belittled the government when she said we should concentrate this debate on only a 70c increase. The government clearly has a plan—it gave evidence of that plan—to continue to increase parking fees. Nurses are a big group in our community. They are also a powerful group if they decide that they are not happy. The nurse to whom I refer from the seat of Riverton came to speak to me on behalf of her colleagues who also live in that electorate. She is not happy with what the government is doing. She wanted Labor to do what it is doing tonight. I am proud to be a part of what we are doing on her behalf.

HON SIMON O'BRIEN (South Metropolitan — Minister for Finance) [8.56 pm]: I want to throw a different angle on this debate. I do not intend to take long because time is limited and other members may wish to make a contribution. A number of issues have been raised tonight by the opposition and they will no doubt be made again if this debate is revisited in another place. That is something for the Minister for Health in the first instance or his representative in this house to address.

I turn to some other issues. The fundamental problem as identified by the Joint Standing Committee on Delegated Legislation in its fiftieth report is that age-old question: when is a fee not a fee, but a tax? That has been debated ad infinitum in this house—indeed, since time immemorial. When I arrived at this place in 1997, I was appointed to two committees on my first day—namely, the estimates committee and the Joint Standing Committee on Delegated Legislation. I served for five years on the Joint Standing Committee on Delegated Legislation. I well remember this matter being argued in various settings over the years. My attention, of course, was drawn to a report which dealt with a revisiting of this particular argument. I think it was the case that the

government, in particular the Minister for Health, sought reliance on a number of matters that had already been debated over the years when considering the question of when a fee is a legitimate charge for the cost of providing a service—whatever that service—or when is it characterised as an excessive raising of revenue beyond that point so that it becomes a tax. In looking at the purposes for which this money is being raised, it is clearly to pay for the parking that is provided for staff at the several hospitals mentioned. That is the basis of the government's position and the State Solicitor's advice has confirmed that that is a legitimate thing to do. I do not see—perhaps I am in a position where I am able to see better than others—that any of this money will be diverted for other purposes.

Hon Ken Travers: That is not what the PowerPoint presentation given to health workers said.

Hon SIMON O'BRIEN: Which part is the member referring to?

Hon Ken Travers: The section that reads “Where do the fees go?”

Hon SIMON O'BRIEN: I do not have the document.

Hon Ken Travers: You might not. I have a copy of the PowerPoint presentation given to health workers under the heading “Where do my fees go?” and it includes things like TravelSmart. What does that have to do with parking?

Hon SIMON O'BRIEN: Hon Ken Travers has just held up something, and I do not know what it is he is talking about. What I do have is the benefit of —

Hon Ken Travers: It's about your broader green policies.

Hon SIMON O'BRIEN: Hang on, hang on!

I do have the benefit of the briefing notes that have been provided to government ministers, and also some other formal advice that I am not able to table. I found it interesting to examine and contrast that with my experience of previous debates about these matters. That took me back to this whole question of what it is that can be justifiably called a fee rather than a tax. It is an inexact science and I have seen arguments from both sides of the house over the years. I recall that sometime in the course of 1997, when I was a new member, section 45A was inserted into the Interpretation Act 1984 that discussed the question of fees for licences. Section 45A(1) states —

A power conferred by a written law to prescribe or impose a fee for a licence includes power to prescribe or impose a fee that will allow recovery of expenditure that is relevant to the scheme or system under which the licence is issued.

It is my clear recollection—I think if members refer to the *Hansard* of the day they will discover it to be so—that section 45A was specifically introduced to overcome some of the matters that had been identified in a debate very similar to the one we are having today. Perhaps it was about a process of charging for the issuing of licences and the like, but nonetheless the same principles were clearly involved. On the evidence provided to the committee and contained in its fiftieth report, there seems to be a clear relationship between the fees proposed to be introduced and the expenditure reasonably related to that fee.

Hon Ken Travers: They would still have to fall within the cost-recovery provisions.

Hon SIMON O'BRIEN: As the member would know very well, it is an inexact science when these things are reviewed by members. It may be convenient for the member to take a very narrow view on this occasion. I am just reminding the house, with the benefit of experience we have already had that is not referred into the report, but it should be part of the consideration of members in deciding how they are going to treat these particular disallowances.

The other thing that occurs to me is that there is a debate amongst staff members of the affected hospitals, and understandably so. I remember, quite a long time ago, being a shift worker employed at Fremantle Hospital, so I understand the practicalities of getting to work. I understand that for a genuine shift worker on a 24/7 roster, all options for transport are not available in all situations, and that there are some times when, practically, a private vehicle is needed to get to and from work. I know what it is like to come in for an afternoon shift at 3.00 pm and go round and round and round the staff car park until a parking place is eventually found right over on the far side. I understand, too, what it is like to come out at 10.00 pm or 11.00 pm, having finished a shift, and the day workers who were occupying those spaces have all gone, and there, on a dark night, is your car on its own way out on the other side of the car park. I get all that. I understand that it is not practical, if someone is starting work at midnight at King Edward Memorial Hospital and they live in Willetton, to catch public transport. I understand that as well. I also understand that comparisons are always drawn between people who happen to be working in a place where staff parking is provided but for which there is a charge, compared with the circumstances of colleagues perhaps employed by the same authority or department or employer who work somewhere else but

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where free parking is provided. I understand all that, and it is a ground for an opposition to talk to people about. I do not know what the opposition is saying it would do as an alternative to these particular matters. For example, how would they address the question of providing parking for all staff members and visitors to Queen Elizabeth II Medical Centre in the future?

There was a plan under a previous government, I understand, to provide a lesser number of parking bays and force people to find alternatives, and they were going to charge for those parking bays to make sure they were not oversubscribed. They were going to charge for them in a punitive way, or a way to discourage people from bringing their vehicle to work, requiring them to use public transport. That is the fact of the matter; that was what was being proposed. But this government, I understand under Minister Hames, has decided, "No, we recognise that people do need—may need—to use private transport to get to and from work, and so therefore they have to have the option of somewhere to park it."

Hon Helen Morton: And at a 25 per cent reduction for night shift.

Hon SIMON O'BRIEN: Yes; and all those other very pertinent points that were raised.

The government and the management of the health department, of course, are not blind to these issues because they have to deal with them every day. Heck, I am turning my mind back to what things were like 30 or 40 years ago as a junior employee at Fremantle Hospital, where we did have free parking for staff if they had a little sticker to go on their car. But Kim Snowball and others have to deal with this all the time, and they know it is a vital issue for their staff, patients and visitors to hospitals, and they have to try to balance all of the elements there. But I think what is clear is that if 5 000 bays are going to be provided at QEII in future so that everyone has a parking space if they need it, then somehow they have to pay for that at a rate that is about recovering the direct cost of providing that infrastructure, which presents interesting circumstances as the complex has expanded, and that is something successive governments have clearly recognised has to happen. Are these amounts proposed to be charged consistent with the cost of providing the service? It would appear there is a very direct relationship. Furthermore, is it a cost, from the point of view of the employee, commensurate with the cost of other parking in the near vicinity—if they had to locate that sort of parking as an employee of some other undertaking in the near vicinity? I suspect that at \$3.40 or now \$4.10 a day, one would be doing very, very well as an employee to find permanent guaranteed parking in that locality.

I will conclude on that point because I know there are members who want to comment on this. I hope I offered a different input and dimension to this debate. I note that the Minister for Mental Health pointed out to us that this is about the charges that were levied on 1 January to take fees in some places from \$3.40 to \$4.10 a day. She is right when she says that is what this is about. The only thing that would be derailed if we were to uphold this disallowance motion is that there would be a reversion to \$3.40 a day in those particular areas —

Hon Ken Travers: And it would draw a line in the sand about future increases at public hospitals.

Hon SIMON O'BRIEN: The interesting thing, Hon Ken Travers, is that I viewed the table that the department provided to the committee, which was included in its report. I am advised that the relevant authorities have not gone ahead with the 1 July 2012 increases.

Hon Ken Travers: Can you rule it out after the election, going back to —

Hon SIMON O'BRIEN: I am not a spokesman for the government on this, so I do not know. But I am just making the observation —

Hon Ken Travers: But you're on the EERC, you would know whether or not you've readjusted your figures on the EERC. You'd know!

Hon SIMON O'BRIEN: I am making the observation that clearly the message is not lost on the health department, or indeed on the government, that people have concerns about where the fees that they are required to pay will eventually lead them, and the government is responsive to those sensitivities. I think that addresses another issue members have raised tonight.

I note what we have been advised by the Minister for Mental Health and I hope that the house, particularly some newer members, will go back to some of those debates from 1997 and other times as we handle other dimensions of the same issue that we are still revisiting today.

HON ALISON XAMON (East Metropolitan) [9.11 pm]: I rise on behalf of the Greens to indicate that the Greens will also support the disallowance motions that we are cogently debating. I understand that as the government has indicated that it will support two of the disallowances, tonight we are primarily talking about parking fees as they pertain to Royal Perth Hospital, Sir Charles Gairdner Hospital, Princess Margaret Hospital for Children and King Edward Memorial Hospital for Women.

Extract from Hansard

[COUNCIL — Tuesday, 11 September 2012]

p5374c-5392a

Hon Helen Morton; Hon Ken Travers; Deputy President; Hon Dr Sally Talbot; Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Philip Gardiner

I want to correct a few things or at least give a different perspective. One comment the Minister for Mental Health made in her contribution was that Wilson Parking determines the fees at Royal Perth Hospital. It is my understanding that this is not the case; that it is actually an arrangement between Wilson and the hospital.

Hon Helen Morton: It's just for visitors.

Hon ALISON XAMON: Therefore, I understand the Minister for Mental Health is actually agreeing with what I am saying in that there is a special arrangement between Wilson and RPH for parking prices for staff currently, and that has been the case for at least 20 years.

This issue of parking for nurses is not new to me. I recall dealing with this 11 years ago when I was an industrial officer at the Australian Nursing Federation—an excellent union. At that time, there was the ongoing issue of the lack of parking places that were available for nurses. It was a very real issue that impacted on safety and working conditions quite dramatically. Therefore, it is a little frustrating that a lot of the arguments we had to have at the time to try to make apparent the issues that these workers faced pretty much need to be revisited today.

I want to respond in two parts to this debate. In the first part I will talk about the workers who will be primarily affected by these changes and in the second part I will look specifically at the Joint Standing Committee on Delegated Legislation report and the implications of why we seek a disallowance. I think that the second part was canvassed particularly well by Hon Ken Travers and Hon Sally Talbot. The issue of no permanent guarantee of parking for staff has been around for a very long time. It is a problem and it would be good if we could finally have some resolution. As both an industrial issue and an occupational health and safety issue, it is not something that we should have to revisit constantly. I certainly hope that we will not have to revisit this debate every six months as we look at steady increases in the parking fees. I do not want to be too limited and I do not think that we can ignore the evidence that the committee has put in front of us by pretending that we are talking about a matter of only cents, because we actually have the Department of Health's own plans about the sorts of increases that it is proposing. I prefer not to have these debates in a vacuum; I like to be able to look realistically at what it is that we are dealing with. Clearly, that has been outlined for us within this report.

The issue of parking and how we address congestion on our roads is an issue that, obviously, we need to try to grapple with, particularly as Perth grows and we find our roads becoming more and more congested. Therefore, I understand that, broadly speaking, there is a desire by many, including the Greens, to encourage people to take public transport, ride bikes or walk, when possible, to their places of employment and elsewhere. That is really worthwhile and it is obviously something that we should support and it is one reason why it is important that we invest heavily in our public transport systems. However, there will be times when this is not possible and that is why I want to speak about the specific issues that affect nurses as a group of employees who need the special needs of their employment recognised. Our hospitals are open 24 hours a day and I think we are all pretty grateful for that! We would not have it any other way, but it means that hospitals need to be staffed 24 hours a day and people need to be able to get there. Quite simply, public transport does not make its way to our public hospitals 24 hours a day. In fact, in some outer metropolitan areas, Bullsbrook for example, public transport may come only once a day. Let us be realistic about this; let us not pretend that we live in a large metropolis that has a well-functioning, huge public transport system operating 24 hours a day, because that is absolutely not the case. Given the sorts of time frames involved for people who work outside the nine-to-five environment, it is unrealistic to expect them to travel between home and their place of employment by public transport. Likewise, I must admit that I was very disappointed to hear the Minister for Mental Health talking about shiftworkers being able to ride bikes. I think that is pretty unrealistic, particularly if they return home at 2.00 or 3.30 in the morning.

Hon Helen Morton: At night-time there is a 25 per cent reduction if they want to take their car.

Hon ALISON XAMON: I hear what the minister is saying, but I am talking about the special needs of people who work shifts. These words were said in this chamber and I am responding specifically to the things that were said. It is offensive to nurses, I think, to come out with those sorts of comments because it trivialises the sorts of issues that these shift workers have to deal with.

I would also like to point out that nurses are an ageing workforce. I want people to think about the age of some of our nurses who are working in our system and again think about what we are saying when we tell them that they can just ride a bike home in the middle of the night. I think we really have to be a lot more respectful to the people we are talking about and keep that in mind.

I also want to make a comment about taxis. Taxis sometimes get thrown out as an option. Taxis are expensive, but, personally, I am increasingly feeling as though taxis are not a particularly safe option, particularly for small women. A lot of people would not necessarily feel safe catching a cab late at night. I feel quite strongly about this. It is a statement I feel quite comfortable making in this place.

Extract from *Hansard*

[COUNCIL — Tuesday, 11 September 2012]

p5374c-5392a

Hon Helen Morton; Hon Ken Travers; Deputy President; Hon Dr Sally Talbot; Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Philip Gardiner

People need to drive to work in some circumstances. Nurses who work shifts in particular belong to one of those categories. These people do not have a choice.

Hon Helen Morton: They can drive to work, is what I am saying. That is what the parking is for.

Hon ALISON XAMON: I implore the minister to go back and look at her own *Hansard*. I listened to her very carefully and I am responding to the sorts of comments and characterisations that were made here.

Hon Helen Morton interjected.

The DEPUTY PRESIDENT (Hon Col Holt): Order, members!

Hon ALISON XAMON: For a lot of people, there is no choice. No public transport is available. It is not a realistic option. Taxis are out of the question. They live too far away to ride, and taking their car is the only way they can get to work. There is also a cohort of workers who largely have —

Hon Simon O'Brien interjected.

Hon ALISON XAMON: I point out to both ministers that I did not interrupt during either of their contributions.

The DEPUTY PRESIDENT: Good point, member. Continue.

Hon ALISON XAMON: I point out that for this particular group of workers, a disproportionate number of whom are women, a lot of them have children and have to pick up their kids from childcare or school and are trying to juggle that as well. That is also an added complicating factor that means that public transport, in the ideal world in the way we would like to see it, simply is not an option. We need to be very mindful of this.

Finally, there is the issue that choosing not to do shift work for many, many nurses is simply not an option. They are simply obliged to undertake at least a portion of their work undertaking shift work. Quite a few of them also undertake extended shifts of about 12 hours. We are talking about a workforce that needs to have mobility, and the ability to get to and from work needs to be as easy and accessible as possible.

I also want to mention safety issues. A lot of women in particular do not necessarily feel safe taking public transport in the evening. I feel quite safe taking trains in the evening, mainly because I have been privy to a lot of our current security systems, but I do not feel the same way about the buses. I can tell members that if I were to catch public transport home and I was attacked while walking from the public transport to my home, I would bet anything that there would be a whole bunch of people out there who would think that it was my fault that I got attacked, because what on earth was I doing walking around the streets at night?

The reality is that for a lot of women it is just not considered a safe option to take public transport in the evenings. In fact, women who get attacked sometimes get blamed for the fact that they get attacked because apparently they put themselves in a position whereby they have somehow willingly taken a risk with their safety. I do not agree with that, but I certainly have seen the way that that is characterised, and I do not think we should understate that.

There is a legitimate comparison with nurses and other public servants who are in comparable roles. It is true to say that in the main teachers not only have the opportunity to park for free, but also generally work within normal set hours when public transport will be readily available. Likewise, police officers, who are more likely to do shift work, also have the opportunity to have free parking. We should never divorce the sorts of conditions of one set of workers, whom we value in a similar way, from the sorts of conditions of other workers.

Clearly, the vast majority of nurses are not going to quit their jobs over the increase in parking costs they face, but it becomes yet another issue that begins to wear down on the profession and begins to reduce morale and make it just that little bit more difficult to make ends meet. Hon Ken Travers talked about the costs of living, and it is true that it all adds up. These sorts of increases of parking costs, especially when people do not have a choice and have to take their cars—I have outlined why that is the case—cannot be divorced from all the other increases that we are seeing in Perth and in WA, particularly at the moment.

They are the comments that I wanted to make specifically about nurses as a workforce. I think they are amazing people. I think they are doing an incredible job. I think they put up with an awful lot. In the time that I was working at the Australian Nursing Federation I was in constant awe of the amazing integrity and fortitude of these people who, as it was said today at the rally—which I have to say was one of the loudest rallies I think I have been to out on those steps—are the backbone of our hospitals. I do not want us to forget that.

I want to turn quickly to the issue of the report. I appreciate that, for the purposes of the disallowance, we want to be talking about why this house should consider that these particular regulations should be disallowed.

As other members have drawn attention to, I also draw attention to part 4.1 of the report, which says —

DOH has approached the task of fee-setting from a policy rather than cost recovery perspective.

Extract from Hansard

[COUNCIL — Tuesday, 11 September 2012]

p5374c-5392a

Hon Helen Morton; Hon Ken Travers; Deputy President; Hon Dr Sally Talbot; Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Philip Gardiner

That is a pretty unambiguous and clear statement. I note also that this is a bipartisan report. It was quite clear in saying that the regulations as proposed are not simply cost recovery or fee-for-service, but it is bringing about a tax and therefore it is disallowable.

I appreciate that the Minister for Commerce stood up and talked a bit more about the substance of this particular debate by trying to distinguish between whether in fact it is a tax or cost recovery. However, I am persuaded fairly strongly by the report itself that indicates that the sorts of fees that are being looked at now are actually taxation. I have noted the media reports and I had a chance to speak to some nurses today, and hear comments similar to those that were directed to Hon Sue Ellery. I note that the nurses are prepared to pay a reasonable fee and are prepared to look at an increase in fees based on the consumer price index. These are reasonable people. I also note the reasonable expectations of these people are reflected by several representatives, such as those from their union. There is probably a powerful argument to be made for why we might want to look at subsidising parking arrangements, particularly for shiftworkers or people who certainly work outside those nine-to-five hours, but I note that even then the workers themselves are just saying, "Can you please just cut us a bit of slack? Can you please not expect us to be paying more than what is our fair share?"

I have been advised that unions were not actually consulted on or involved with the deliberations on these matters; letters were sent to them, simply advising them that this was what was going to happen, and I was really concerned to hear that. Enterprise bargaining agreement negotiations for the nurses will soon be coming up yet again, and I think it would be fair and reasonable to look at the sorts of increased costs that are being presented here becoming part of the negotiations, and that they are undertaken by the government in good faith. Again, I go back to the Department of Health's own figures, which indicate that it is looking at substantial increases in the future. Just as we do not renegotiate our EBAs every six months—they are looked at two or three years in advance—I would expect that any examination of parking fee increases would have to take place in that light, rather than simply talking about a 40c an hour increase or any of the other figures that we are looking at today. We have to look at the whole package as it goes into the future.

A number of solutions could arise through negotiations that are undertaken in good faith. In the meantime, for the reasons outlined in the committee report, we should be looking to disallow the regulations as they have been presented to us today. However, if it is decided that there needs to be an increase in parking fees, even if it is for a potential cost-recovery model going into the future, that will have to be considered within the overall EBA negotiations. That means that the government will need to change the way it has approached this and sit down with the unions who represent these workers. Members in this place say that they value these workers, but they have to actually show that, and the government has to look at how these costs can best be offset. For so many of these workers, there is no choice. We are a very long way away from being able to provide even improved public transport of the sort that we actually need, and even then, for some people the reality will be that they will need to drive their own vehicle in order to make sure our hospitals are running to their best capacity, and to make sure we have staff in our hospitals 24 hours a day.

HON LJILJANNA RAVLICH (East Metropolitan) [9.31 pm]: I too rise to support this disallowance motion. I do so because information relating to the current and proposed staff car parking fees in metropolitan hospitals came to light during a hearing of the Standing Committee on Estimates and Financial Operations. I remember that when this information came to light, I was absolutely shocked by what I heard. Additionally, I too have been approached by a constituent who sought an appointment with me to put forward her concerns about the increased parking fees. One of the defining characteristics of this government is its extraordinary cost imposts on Western Australian families. We have here yet another example of the government adding to that cost pressure on the mums and dads out there in the community, who are already finding it incredibly hard, given all the other costs imposed on them by this government. Our nurses are now being asked to bear the burden of these proposed parking fee increases.

The constituent who came to me is a specialist nurse who worked at Princess Margaret Hospital for Children, and she worked on call for two or three weeks at a time. The fact is that there is insufficient car parking at public hospitals, and the parking that is available is normally reserved for doctors and consultants, not nurses. It is very difficult for nurses on call to work out exactly when they will need a car park, what time they will be leaving the job, and so on and so forth, and the cost of street parking can be quite exorbitant. For example, \$4 an hour is not out of the ballpark and when the meter runs out after a couple of hours, which is the maximum, they have to go and feed the meter again. Of course, a nurse who is doing a specialised job does not have the luxury of going out to feed the meter, so what do they do? They may be penalised for allowing the meter to expire, and next thing is they have a hefty penalty to pay. If there is no parking on site, an alternative is a \$15-a-day Wilson Parking space, but given the costs already imposed on Western Australian families, this is an additional burden; \$15 a day, five days a week, is a significant cost impost.

I am told that there will be no additional parking at the new children's hospital, and given its location there will clearly be a lack of public transport. I drive past that site on a daily basis; there are no trains there and I do not see many buses going in that direction. There is a serious lack of parking, which means it is much harder for public hospitals to keep good nursing staff. Parking spaces are afforded to nurses at private hospitals but they are not afforded to them in the public hospital system, so no doubt the private sector has an advantage there. If the government is not careful, it will continue to lose specialist nurses to the private hospital sector.

The minister said that these regulations deal only with the costs imposed as at 21 January, but when we look at the schedule of the current and proposed future staff car parking fees at metropolitan public hospitals, we see that this is clearly just an indication of how those fees will increase from 1 January 2012 through to 1 July 2014. This government quite clearly cannot be trusted when it comes to the issue of fees and charges; it has gouged utilities to pay for its own extravagance. We are now seeing another example of the government imposing a tax on the good people of this state—principally the nurses—purely and simply to raise revenue. It is not about cost recovery; this has nothing to do with cost recovery, and Hon Simon O'Brien knows it. It is simply not good enough for this government to say, "Trust us"; the average mum and dad out there does not trust the government when it comes to fees and charges. They have no faith in the government whatsoever because it has let them down in that regard, and the government knows it.

I am mindful of the time. This government cannot be trusted on this issue; it cannot be trusted on the issue of fees and charges.

Hon Simon O'Brien: Why do you keep saying the same thing over and over again?

Hon LJILJANNA RAVLICH: Because Hon Simon O'Brien does not seem to understand. Fancy telling this house that this is about cost recovery! This is not about cost recovery; this is about gouging. I support this disallowance.

HON PHILIP GARDINER (Agricultural) [9.39 pm]: My remarks will be a bit different from the remarks that have already been made, although I was very interested in much of what has been said. Life was never meant to be fair, and that is what we are talking about here. It is very unfortunate that we are discussing a charge that is focused on nurses because it is to do with parking at hospitals. The point has been well made, and we all understand, how important this profession is to all of us individually and collectively. In the short time that I have I want to talk about the point that is worrying me about this; that is, as a state, as a country maybe and as countries around the world, we have to start to become aware of the impact of our borrowings. Let us take the QEII Medical Centre at Sir Charles Gairdner Hospital. The cost the new car park is \$100 million or \$110 million—something like that. Someone has to pay for that cost. Someone has to get enough money—revenue—to be able to repay the borrowings as a result of that expenditure. Whatever the structural arrangement is between government and the parties, that amount has to be covered. Someone has had to either borrow that money from banks or get equity from shareholders. If we say the interest on \$110 million is eight per cent, that is roughly \$8.8 million. That excludes the management fees, which are probably \$1 million, and also excludes repairs and maintenance and that kind of thing. I understand all the difficulties to do with the pressures on people because of the hours and everything else, but if we just take the charge of \$4 a day on 5 000 parking spaces at that particular centre, the revenue comes to only \$7.2 million, which is less than the actual cost of doing the building, let alone all the other costs. I just make this point because the borrowings for this state when we took over government were about \$3 billion and are now about \$16 billion. Really, like our own households, people only invest when they are pretty sure that they can pay it back. It is easy to borrow, but how does one pay it back? Every business faces the same problem. Every household faces the same problem. People can pay back their housing loans if one person's salary is big enough to have some surplus to pay back some interest and the principal or, as is happening more and more, there are two salaries in a household to be able to pay back the principal and the interest. We all adapt to having to pay back the borrowings.

What we have here, in a sense, is that the government has built this building, even though it is through a subcontract or under a sublease or something, as I understand it, and that cost has to somehow be repaid. Should that be repaid by those who use it or by the police in their taxes, teachers in their taxes or small businesses in their taxes? No; I think it is best to make those who use it pay. It is just unfortunate that what we are beginning with, in a way, is nurses' quarters, but it has to be much bigger and broader than this if we are going to pay back the \$16 billion in borrowings we currently have and what we are going to get to in the future, because I know the forward estimates take it higher. Do not forget that the revenue in this state is pretty unpredictable. Sure we have royalties, which is a substantial part, but we know the volatility of that from recent experience. Apart from that, our taxation revenue totals about \$7.7 billion. When we do these things and build this infrastructure, we are banking on revenue arising from the general growth in population and in the transactions that occur. The biggest tax, apart from payroll tax, which amounts to \$3.3 billion and which comes from people who are employed, is taxes on property, which amount to \$2.4 billion. That makes up most of the \$7.7 billion. The point I am making

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is that we all have to meet our bills in some way or another. Although the circumstances for each of us are affected by what we do and the hours we work, the best way to cover those who work difficult hours has to be through discounts on the parking, but we have to have this repayment.

Question (Women's and Children's Hospitals Amendment By-laws (No. 2) 2011 — Disallowance) put and a division taken with the following result —

Ayes (11)

Hon Matt Benson-Lidholm
Hon Robin Chapple
Hon Sue Ellery

Hon Adele Farina
Hon Lynn MacLaren
Hon Ljiljanna Ravlich

Hon Sally Talbot
Hon Ken Travers
Hon Giz Watson

Hon Alison Xamon
Hon Ed Dermer (*Teller*)

Noes (15)

Hon Jim Chown
Hon Wendy Duncan
Hon Phil Edman
Hon Brian Ellis

Hon Donna Faragher
Hon Philip Gardiner
Hon Nick Goiran
Hon Alyssa Hayden

Hon Col Holt
Hon Robyn McSweeney
Hon Michael Mischin
Hon Norman Moore

Hon Helen Morton
Hon Simon O'Brien
Hon Ken Baston (*Teller*)

Pairs

Hon Jon Ford
Hon Helen Bullock
Hon Linda Savage
Hon Kate Doust

Hon Max Trenorden
Hon Liz Behjat
Hon Nigel Hallett
Hon Peter Collier

Question thus negatived.

Question (Queen Elizabeth II Medical Centre (Delegated Site) Amendment By-laws (No. 2) 2011 — Disallowance) put and a division taken with the following result —

Ayes (11)

Hon Matt Benson-Lidholm
Hon Robin Chapple
Hon Sue Ellery

Hon Adele Farina
Hon Lynn MacLaren
Hon Ljiljanna Ravlich

Hon Sally Talbot
Hon Ken Travers
Hon Giz Watson

Hon Alison Xamon
Hon Ed Dermer (*Teller*)

Noes (15)

Hon Jim Chown
Hon Wendy Duncan
Hon Phil Edman
Hon Brian Ellis

Hon Donna Faragher
Hon Philip Gardiner
Hon Nick Goiran
Hon Alyssa Hayden

Hon Col Holt
Hon Robyn McSweeney
Hon Michael Mischin
Hon Norman Moore

Hon Helen Morton
Hon Simon O'Brien
Hon Ken Baston (*Teller*)

Pairs

Hon Jon Ford
Hon Helen Bullock
Hon Linda Savage
Hon Kate Doust

Hon Max Trenorden
Hon Liz Behjat
Hon Nigel Hallett
Hon Peter Collier

Question thus negatived.

Question (Royal Perth Hospital Amendment By-laws (No. 2) 2011 — Disallowance) put and a division taken with the following result —

Ayes (11)

Hon Matt Benson-Lidholm
Hon Robin Chapple
Hon Sue Ellery

Hon Adele Farina
Hon Lynn MacLaren
Hon Ljiljanna Ravlich

Hon Sally Talbot
Hon Ken Travers
Hon Giz Watson

Hon Alison Xamon
Hon Ed Dermer (*Teller*)

Noes (15)

Hon Jim Chown
Hon Wendy Duncan
Hon Phil Edman
Hon Brian Ellis

Hon Donna Faragher
Hon Philip Gardiner
Hon Nick Goiran
Hon Alyssa Hayden

Hon Col Holt
Hon Robyn McSweeney
Hon Michael Mischin
Hon Norman Moore

Hon Helen Morton
Hon Simon O'Brien
Hon Ken Baston (*Teller*)

Pairs

Hon Jon Ford
Hon Helen Bullock
Hon Linda Savage
Hon Kate Doust

Hon Max Trenorden
Hon Liz Behjat
Hon Nigel Hallett
Hon Peter Collier

Question thus negatived.

Extract from *Hansard*

[COUNCIL — Tuesday, 11 September 2012]

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Hon Helen Morton; Hon Ken Travers; Deputy President; Hon Dr Sally Talbot; Hon Sue Ellery; Hon Simon O'Brien; Hon Alison Xamon; Hon Ljiljana Ravlich; Hon Philip Gardiner

Question (Fremantle Hospital Amendment By-laws (No. 2) 2011 — Disallowance) put and passed.

Question (Osborne Park Hospital Amendment By-laws (No. 2) 2011 — Disallowance) put and passed.